Laparoscopic extended “Warshaw” procedure with complete removal of the pancreatic tail

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1. Intraoperative damage of splenic hilum, resulting in splenectomy

2. Incomplete resection of pancreatic tail
   – chronic pancreatitis
   – risk of disease recurrence

3. Postoperative/intraoperative splenic infarction subsequently resulting in splenectomy.

4. Left-sided portal hypertension
   – gastric variceal bleeding during the follow-up
Video

Laparoscopic extended Warshaw procedure

- Successfully dealing with first 3 issues
Case presentation

- F/38

- Increasing cystic tumor size (3.8->5cm/2yrs)
Laparoscopic extended (subtotal) distal pancreatectomy with resection of both splenic artery and vein

Proposed potential indications

- Relatively large tumor
- Associated with chronic pancreatitis
- Tumor abutting splenic vascular structures
- Bleeding during the splenic vessel conserving procedure
Thank you for attention