

How to manage the remnant pancreas after laparoscopic pancreaticoduodenectomy

Appraisal for traditional end-to-side dunking pancreaticojejunostomy

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With the advance of laparoscopic experiences and techniques, it is carefully regarded that laparoscopic pancreaticoduodenectomy (lap-PD) is feasible and safe in managing peripapillary pancreatic pathology. Especially, laparoscopic management of remnant pancreas can be critical step toward completeness of minimally invasive surgery in PD. According to available literatures, there is wide range of technical differences in choosing surgical option in managing remnant pancreas after lap PD. For the evidence-based surgical approach, it would be ideal to test potential techniques by randomized controlled trials, but, currently, it is thought to be very difficult to expect those clinical trials to be successful because there are still lacks of expert surgeons with sound surgical techniques and experiences. In addition, lap-PD is so complicated and technically demanding that many surgeons are still questioning whether this surgical approach could be standardized and popular like laparoscopic cholecystectomy.

In general, surgical options are usually chosen based on following question;⁽¹⁾ Is it simple?⁽²⁾ Is it easy and feasible?⁽³⁾ Is it secure and safe?⁽⁴⁾ Are there any supporting scientific evidences?⁽⁵⁾ Is there any available simulation for improving surgical skill? It would be interesting to estimate which surgical technique would be appropriate in managing remnant pancreas under these consideration. In near future, we hope that well standardized multicenter randomized control study would be successful to test this fundamental issues based on sound surgical techniques and scientific background.

References

1. Gagner M, Pomp A. Laparoscopic pylorus-preserving pancreatoduodenectomy. *Surg Endosc*. 1994;8:408-410.
2. Asbun HJ, Stauffer JA. Laparoscopic vs open pancreaticoduodenectomy: overall outcomes and severity of complications using the Accordion Severity Grading System. *J Am Coll Surg*. 2012;215:810-819.
3. Zureikat AH, Breaux JA, Steel JL, et al. Can laparoscopic pancreaticoduodenectomy be safely implemented? *J Gastrointest Surg*. 2011;15:1151-1157.
4. Yang SH, Dou KF, Sharma N, et al. The methods of reconstruction of pancreatic digestive continuity after pancreaticoduodenectomy: a meta-analysis of randomized controlled trials. *World J Surg*. 2011;35:2290-2297.
5. Eugene P. Kennedy CJY. Dunking pancreaticojejunostomy versus duct-to-mucosa anastomosis. *J Hepatobiliary Pancreat Sci*. 2011;11:6.