

Laparoscopic pancreaticojejunostomy ; differences from open method

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Minimally invasive surgeries (e.g., laparoscopic or robotic surgeries) have been accepted and standardized as safe procedures, with comparable or better results compared to conventional open surgeries for managing various diseases of the intraabdominal organs. Likewise, the laparoscopic approach for the pancreas and biliary disease is performed more frequently.

Nevertheless, pure totally laparoscopic pancreaticoduodenectomy (LPD) is still not performed worldwide because of the complexity of the procedure. Most of the meta analyses found that LPD were feasible and oncologically safe procedures. LPD is consisted of two parts, resection and reconstruction. Among these two procedures reconstruction is usually more complex in LPD. And laparoscopic pancreaticoenteric(L-PJ) anastomosis is more complex procedure than choledochojejunostomy or enteroenterostomy. Pancreaticoenteric(L-PJ) anastomosis techniques in laparoscopic surgery are different those in open surgery. In this presentation, I am going to present the difference between open and laparoscopic pancreaticojejunostomy.