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## PANCREATIC DISORDERS & TREATMENT

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## Transition from an open to a robotic pancreas surgery center

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The pancreas has traditionally been considered one of the more challenging organs to work with and only a small percentage of surgeons across the world choose to dedicate their carriers treating patients with pancreatic pathology. Pancreaticoduodenectomy (PD) is considered one of the most challenging operations associated with pancreatic surgery. It was first performed in 1935 by Allen O Whipple. Over the years improving technology and science has allowed us to adopt minimally invasive techniques towards pancreatic surgery. Laparoscopic assisted PD was reported in 1994 with subsequent application of robot assisted PD in 2001 with over 400 cases reported by 2015. Review of the literature has shown steady improvement in operative outcomes, decreased mortality and morbidity, blood loss and length of stay with oncological equivalent outcome with the application of the robot compared to open surgery. Adopting the robot for pancreatic surgery has been slow and controversial however there is more evidence to support improved outcomes in select group of patients with pancreatic disease. Our early experience demonstrated decreased length of stay consistent with the data from 11.3 to 6.9 days post PD (p<0.002) in an older cohort of patients (66.2 years vs. 60.8 years; p<0.03), at equivalent cost compared to open surgery. Transition from a center that mostly performed open pancreatic surgery to a center of excellence for robotic surgery has been a challenging process however it is possible by investing the right resources and developing stringent protocols by a multi-disciplinary team. We will discuss the process involved in making this transition at a community hospital and will share some of our earlier results.

## **Biography**

Vichin C Puri received his Medical training at the Maharashtra Institute of Medical Education and Research in Pune, India. He was trained as a General Surgeon at New York Hospital Queens in Flushing, NY and then completed a fellowship in abdominal transplant surgery at Cedar Sinai Medical Center in Los Angeles, CA. He served as an Assistant Professor at Methodist University Hospital Transplant Institute at the University of Tennessee in Memphis. Prior to joining The Liver Institute at Methodist Dallas, he served as Primary UNOS Transplant Surgeon and Surgical Director at St. Thomas Medical Center in Nashville, Tennessee. He is currently expanding the robotic hepatobiliary and pancreatic surgery program.

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