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## Sealing pancreaticojejunostomy in combination with duct-parenchyma-to-mucosa-seromuscular one-layer anastomosis: A novel technique to prevent pancreatic fistula after pancreaticoduodenectomy

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**Introduction:** Pancreatic fistula (PF) is the most serious complication after pancreaticoduodenectomy (PD). Numerous techniques have been developed to treat PF, although none has effectively reduced its rate. Herein, we report our preliminary experience using a new technique known as pancreaticojejunostomy (PJ).

**Methods:** Twenty-two patients underwent PD for the treatment of neoplasms, with end-to-side sealing PJ in combination with duct-parenchyma-to-mucosa-seromuscular one-layer anastomosis, between January 2014 and March 2014. The postoperative outcomes of the patients were analyzed.

**Results:** The mean time of the PJ procedure was 18.5 min (range 12-30 min). One patient exhibited a grade A PF (4.5%). Three patients developed other complications, including a surgical site infection, pneumonia and a gastric stress ulcer with bleeding. The overall morbidity rate was 18.2%. There were no operative or hospital deaths.

**Conclusion:** This novel PJ technique was easy to perform and reliable, and it significantly reduced the occurrence of postoperative PF. Notably, this approach can be applied for any size duct and any consistency of pancreas.

### Biography

Zhaolin Zeng has completed his PhD from Harbin Medical University. He is the Vice-Director of General Surgery in the 2nd affiliated hospital of Harbin Medical University.

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