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Stented pancreaticoduodenectomy: Does it lead to decreased pancreatic fistula rates?

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Introduction: Pancreaticoduodenectomy (Whipple procedure) is a treatment of choice for patients with resectable carcinoma head of pancreas, lower cholangiocarcinoma, duodenal and ampullary and periampullary carcinomas. One of the much-dreaded complications of pancreaticoduodenectomy is pancreatic anastomotic leak leading to the pancreatic fistula formation, which can lead to septicemia and resultant complications leading to death of the patient. Stenting the pancreaticoenteric anastomosis has been postulated as reducing the pancreatic anastomotic leak and fistula rates up until now there is no convincing evidence supporting this fact.

Objective: To compare clinically relevant pancreatic fistula rates in patients with stented versus non-stented pancreaticojejunostomy.

Material & Methods: The study was conducted at Surgical Unit of 4 civil hospitals in Karachi, Pakistan, over a period of six years from September 2009 to August 2015. A total of 102 patients presenting to the unit with diagnosis of periampullary carcinoma, carcinoma head of pancreas, duodenal carcinoma involving the second part, and lower cholangiocarcinomas resectable on CT scan were included in the study. The primary study end point was pancreatic fistula or leakage, defined as amylase rich fluid (amylase concentration >3 times the upper limit of normal serum amylase level) collected from the peripancreatic drains on day 1, 3 and 7 post operatively which persisted beyond five days.

Results: A total of 102 patients were included in the study. Male to female ratio was (72:30). Mean age of the study population was 52.68 years, SD 11.6 (range 30-80 years) 53 patients had Pd stent (51.9%) while 49 did not have stented pancreaticojejunostomy (48%). Anastomotic leak was seen in 36 patients (35%). 37.7% patients with pancreatic stent and 32.6% patients without stent had a leak (p value 0.371).

Conclusion: There was no statistically significant difference in the pancreatic fistula rates between stented and non-stented anastomosis. We conclude that stented pancreaticojejunostomies do not lead to decreased pancreatic fistula rates.

Biography

Sajida Qureshi is a Professor of Surgery from Dow University of Health Sciences. She has graduated from Dow Medical College Karachi Pakistan in 1996, Fellow of College of Physicians and Surgeons Pakistan, 2002 and Fellow of Royal College of Surgeons, Ireland 2003. She has indexed 22 publications in various journals. She was the Supervisor of Post-graduate training in Surgery in Pakistan. She is a reviewer of two journals in Pakistan. She has her special interest in Cancer Surgery.

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