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Evaluation of BPG in prevention of pancreatic fistula

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Objective: Pancreatic fistula rate is high when pancreaticojejunostomy is performed in patients with soft pancreas, narrow pancreatic duct, major intraoperative bleeding and pathology of the resected pancreas other than pancreatic cancer and pancreatitis. Binding pancreaticogastrostomy (BPG) was proposed to reduce pancreatic fistula. This study aims at evaluation of BPG in prevention of pancreatic fistula.

Methods: One hundred and thirteen patients had BPG after pancreaticoduodenectomy (n=105) or central pancreatectomy (n=8). The BPG consisted of 2 purse string sutures around the pancreas stump and inner anchoring within the stomach and without suturing of the pancreas outside the stomach. The patients were categorized as negligible risk, low risk, intermediate risk and high risk of developing pancreatic fistula according to the presence of risks factors such as pancreas texture, size of pancreatic duct, volume of intraoperative bleeding and pathology of the resected pancreas. Pancreatic fistula of Grade B and C were considered as clinically relevant pancreatic fistulas (CRPF).

Results: Patients with negligible and low risk did not have pancreatic fistula. Three (6%) of 50 patients with intermediate risk and four (8.6%) of 46 patients with high risk developed CRPF (Grade B, 3 patients; Grade C, 4 patients). The overall CRPF rate was 6.2%. Non-fistulous complication rate was 14.2%

Conclusion: BPG is a feasible alternative to pancreaticojejunostomy for patients with high risk of developing pancreatic fistula.