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Impact and safety of the absence of nasogastric decompression during pancreaticoduodenectomy

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Does the absence of systematic nasogastric decompression with a nasogastric tube after pancreaticoduodenectomy affect the occurrence of postoperative complications? In addition to standardization and centralization of major surgical procedures, the most promising area of research is likely fast-track surgery programs (or enhanced recovery after surgery) to decrease postoperative morbidity. Among the key points of these programs is the lack of systematic nasogastric decompression using a nasogastric tube (NGT). In fact, an NGT itself can induce morbidity, in particular, as well as pulmonary events and increased length of hospital stay. In addition, NGT decompression (NGTD) has been abandoned in liver, gastric, and colonic surgical procedures. The lack of any advantage of systematic NGTD following PD has been previously suggested in a few retrospective studies although without the stronger level of evidence that is associated with the results of a randomized clinical trial (RCT). Moreover, the available data on safety from retrospective studies with historical controls may explain the reluctance by some surgeons in current practice to avoid the use of NGTD after PD. In this context of uncertainty concerning the utility of an NGT after PD, we conducted an open-label prospective study comparing systematic NGTD with no NGTD after PD. During pancreaticoduodenectomy, avoiding systematic nasogastric decompression may be considered safe.

Biography

Zhen-lu Li has completed his MD at the age of 29 years from Sichuan University. He is the secretary of minimally invasive surgery association of Chinese Medical Association. He has published 8 papers as first or co-first author in reputed journals.