

Our experience with pancreaticogastrostomy in comparison with pancreaticojejunostomy in Whipple procedure: A study of 50 cases

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Introduction & Aim: Pancreaticoduodenectomy (Whipple procedure) is the procedure of choice for tumors in and around the periampullary region. This major procedure consists of three important anastomoses, namely the hepaticojejunostomy, gastrojejunostomy and Pancreaticojejunostomy (PJ) or Pancreaticogastrostomy (PG). Our objective is to assess the outcome of PG in comparison with PJ in our center in terms of post-operative complications, duration of procedure, hospital stay and mortality.

Methods: All the patients diagnosed with periampullary mass and found to be resectable were included in our study after obtaining due consent and randomly allocated into two groups for PG (Group-A) and PJ (Group-B). CT with pancreatic protocol was performed for all patients along with routine pre-operative workup. Demographic data, operative time and postoperative complications like Pancreatic Fistula (PF), duration of hospital stay and outcome were documented. All patients were followed up for minimum period of 90 days.

Results: 25 patients in Group-A (17 males and 8 females) had a mean age of 52.6 years while 25 patients in Group-B (19 males and 6 females) had a mean age of 58.5 years. In Group-A, 4 patients (16%) and in Group-B, 6 patients (24%) developed PF which was confirmed by drain fluid analysis. Mean duration of hospital stay was 12.3 days in Group-A and 13.7 days in Group-B. Early mortality (during hospital stay) was much higher in Group-B (3 patients, 12%) than Group-A (1 patient, 4%) while there was no significant difference in 90 day mortality. Mean operative time for Group-A was 5.4 hours and 5.3 hours for Group-B.

Conclusion: Even though both PG and PJ are routinely done during Whipple procedure with almost similar outcomes in literature, in our study PG was found to be better than PJ in terms of overall post-op complications, duration of hospital stay and early mortality although there was no significant difference in operative time and overall mortality.

Biography

Hetish M Reddy is a Budding Surgeon and alumni of KIMS, Bengaluru. He has worked in the Department of Emergency Medicine and Nephrology as a Junior Resident in St. John's Medical College, Bengaluru. He is currently doing his Residency in Surgery from SMS Medical College, Jaipur. He has one publication to his credit.