

Robotic Hepatopancreatoduodenectomy For Locally Advanced Gall Bladder Cancer

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Background : Extended surgical resections such as hepatopancreatoduodenectomy (HPD) can offer a survival advantage in selected patients with locally advanced GBC. As HPD is a complex procedure, a minimally invasive approach was not commonly used. The technique of robotic HPD performed for locally advanced GBC is described in this video.

Methods : The procedure was performed with the patient in supine with a split leg position. The Xi robotic system is used, and the patient cart is docked from the right side of the patient. The bedside assistant surgeon stands between the patient's legs. Four 8-mm robotic trocars are placed in a curvilinear line at the level of the umbilicus with at least a 6 cm distance between trocars.

Results : The operative time and blood loss were 550 minutes and 500 mL, respectively. The patient had a chyle leak, which improved with conservative treatment. The patient was discharged on the 12th postoperative day. The pathological stage of the tumor was T4bN0M0. The patient is free of recurrence at 8 months follow-up.

Conclusions : The feasibility of robotic HPD for locally advanced GBC reported here must be documented in a large case series. As it is a technically challenging procedure, cumulative experience in performing minimally invasive hepatectomy and pancreatoduodenectomy is a sine qua non in successfully completing the procedure.

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