

SR 3

## Drain Management After Pancreas Surgery

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**Lecture :** Accumulation of anatomic knowledge, improvement of surgical techniques, and postoperative management have shown favorable postoperative surgical outcomes after pancreatic surgeries. However, pancreatectomy is still high-morbidity surgery, especially pancreatoduodenectomy. Postoperative pancreatic fistula (POPF) is one of the leading causes of high morbidity. Although many HBP surgeons have tried to reduce the POPF during several decades, about 10% of patients who underwent pancreatectomy experienced clinical relevant (CR)-POPF, and some of them showed fatal outcomes. Because of this, drain management after pancreatectomy is one of the most important issues. Many HBP surgeons agree that proper drain management affects the patients' outcomes, such as postoperative days and severity of complications. However, there is no guideline that many HBP surgeons accept. Although few guidelines deal with this issue, their evidence level is low. Most parts of these guidelines were proposed basis on the experts' recommendations. Therefore, many HBP surgeons empathize with the establishment of an evidence-based guideline. In this session, we briefly review the articles about drain management after pancreatic surgery and try to conclude reasonable drain management basis on evidence.