

Laparoscopic Total Pancreatectomy And Splenectomy – How I Do It

Stephen HWANG^{*1}, Yong Xian THNG¹, Louis WAI¹, Tian Zhi LIM¹

¹Hepatopancreaticobiliary Surgery, Ng Teng Fong General Hospital, SINGAPORE

Background : We showcase a “How I Do It” video presentation of a patient who underwent elective laparoscopic total pancreatectomy and splenectomy for head of pancreas adenocarcinoma with pancreatic tail cystic lesions. The patient was a 74 year old female, ASA2 with co-morbidities of parkinsons disease. She presented with symptoms of obstructive jaundice with no distant metastatic disease.

Methods : The patient’s surgery was performed in a tertiary hospital referral center using 3D laparoscopic techniques. Following diagnostic laparoscopy, careful dissection around the pancreatic parenchyma and coeliac axis was performed using energy devices. The hepaticojejunal anastomosis was performed using handsewn suture techniques. The antecolic gastrojejunal anastomosis was performed on the posterior surface of the stomach using staplers and reinforced with sutures. Specimen was subsequently delivered via a 4cm mini-laparotomy in the lower midline.

Results : Operative time was 13 hours and 7 minutes. Estimated blood loss of 700ml. There were no immediate postoperative complications. Patient spent 5 days in the intensive care unit, and was discharged to a community hospital for rehabilitation on day 13. Histopathology showed pT3N0 (0/9 lymph nodes) with clear resection margins. No invasive carcinoma was seen in the tail of pancreas or spleen.

Conclusions : This video presentation highlights useful tips, and potential pitfalls to avoid in laparoscopic pancreatic surgery. We believe that our technique can produce good surgical and oncological outcomes.

Corresponding Author : Stephen HWANG (stephen_hwang@nuhs.edu.sg)