ABSTRACT

TITLE

OUTCOME ANALYSIS OF PANCREATIC ANASTAMOSIS AFTER WHIPPLE’S OPERATION-OVER 3 YEARS

AIM OF THE STUDY

To analyse the pattern of morbidity and mortality between patients undergoing PG and PJ following a standard pancreaticoduodenectomy.

To analyse the perioperative variables predicting the outcome and hence formulate a standard method of patient selection, type of anastomosis and perioperative care to achieve good outcome after a whipple’s operation within our limited resources.

MATERIALS AND METHODS

All patients attending the outpatient Department of Surgical Gastroenterology with operable growth in the periampullary region were included in the study group. This is a non-randomized prospective study and the data of all the fifty patients were noted in a proforma. All patients in the study were subjected for a standard whipple’s pancreaticoduodenectomy. The data collected were entered in an excel sheet of Microsoft Office software and inference obtained after statistical analysis. The mean and standard deviation were reported for continuous variables and for categorical variables proportions were computed. To compare and find the statistical significance between the two group proportions chi-square test was used and to compare between the two group means independent t-test was used. All analyses were performed by using SPSS version 16.0.

DISCUSSION

Among the 50 patients 7 patients developed DGE, 6 patients developed DGE and pancreatic leak and 7 patients developed other complications along with DGE and pancreatic leak accounting for a morbidity of 40%. 20.8% of patients in the PG group and 15.4% in the PJ group developed DGE. Though there is a slight
apparent increase in the PG group it is not statistically significant (P value=0.721). Pancreatic leak occurred in 18 patients with grade A leak in 5(10%), grade B leak in 8(16%) and grade C leak in 5(10%) patients. All patients with pancreatic leak were managed by non-operative means. Similarly there is no statistically significant difference in the outcome between pancreaticogastrostomy and pancreaticojejunostomy in terms of other major morbidities. The mortality rate in our study was 8% (8.3% in PG group and 7.7% in PJ group) which is again statistically not significant (P value=1.000) between the two groups. Though our study showed a 41.7% leak in the PG group and 30.8% in the PJ group all the patients were managed successfully and no patients with leak had mortality.

CONCLUSION

There is no statistically significant difference in outcome between pancreaticogastrostomy and pancreaticojejunostomy after a standard pancreaticoduodenectomy.

A better patient selection, preoperative optimisation, meticulous intraoperative techniques and early recognition and aggressive management of complications with utmost perioperative care helps to improve the morbidity and hence prevent mortality after whipple’s procedure.

KEY WORDS

Periampullary Growth, Standard pancreaticoduodenectomy (Whipple's Procedure), pancreaticogastrostomy (PG), pancreaticojejunostomy (PJ)