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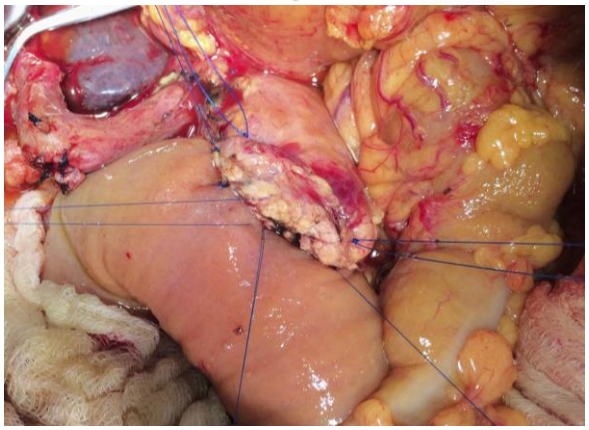

PANCREATODUODENECTOMY: BRAZILIAN PRACTICE PATTERNS

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24 AL 27 DE SEPTIEMBRE 2017

ABCDDV/

ABCD Arq Bras Cir Dig
2017;30(3):
DOI:

Original Article

PANCREATODUODENECTOMY: BRAZILIAN PRACTICE PATTERNS*

*Duodenopancreatectomia: prática padrão do Brasil**

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ABSTRACT - ***Background***: Pancreatoduodenectomy is a technically challenging surgical procedure with an incidence of postoperative complications ranging from 30% to 61%. The

CANCER OF THE PANCREATIC HEAD

- Fourth leading cause of death
- Surgical resection: potential of cure
- PD: Technically challenging procedure
- Mortality: 3-5%
- Morbidity: 30-61%

TECHNICAL FACTORS

- Complications
- High level of experience
- Centralization
- Practice patterns
  - Resection
  - Reconstruction
- Heterogeneity (Brazil)

OBJECTIVE

The aim of this study was to analyze the Brazilian practice patterns for pancreatoduodenectomy

METHOD

- Brazilian Chapter - IHPBA
- Questionnaire – 60 institutions
  - Specific training
  - Experience
  - Technical aspects
  - Clinical aspects
- Returned – 52 (86.7%)

RESULTS

NORTH	3.9 %
NORTHEAST	19.2 %
CENTER-WEST	7.7%
SOUTHEAST	48.0 %
SOUTH	21.2 %

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RESULTS

TABLE 1 - Characteristics of study population (n and %)

Specialty/Training	Experience	Number of PDs	DPs em 2015	Practice setting
General Surgery 4 (7.7)	Practice (PD) in years	1–20 2 (3.9)	1-5 6 (11,5)	Public (academic/university) 3 (5.8)
GI Surgery 8 (15.4)	0–5 0 (0)	21–50 12 (23.1)	6-10 14 (27,0)	Public(non-academic/non-university) 3 (5.8)
Surgical Oncology 9 (17.3)	6–10 9 (17.3)	51–100 16 (30.8)	11-15 9 (17,3)	Public and private 36 (69.2)
Hepato-pancreatobiliary 30 (57.7)	11–15 13 (25.0)	101-150 6 (11.5)	16-20 8 (15,4)	Private only 10 (19.2)
Pancreatic Surgery 1 (1.9)	16–20 12 (23.1)	151-200 2 (3.9)	21-25 6 (11,5)	
	>20 18 (34.6)	201-300 7 (13.4)	26-30 3 (5.8)	
		> 300 7 (13.4)	> 30 6 (11,5)	

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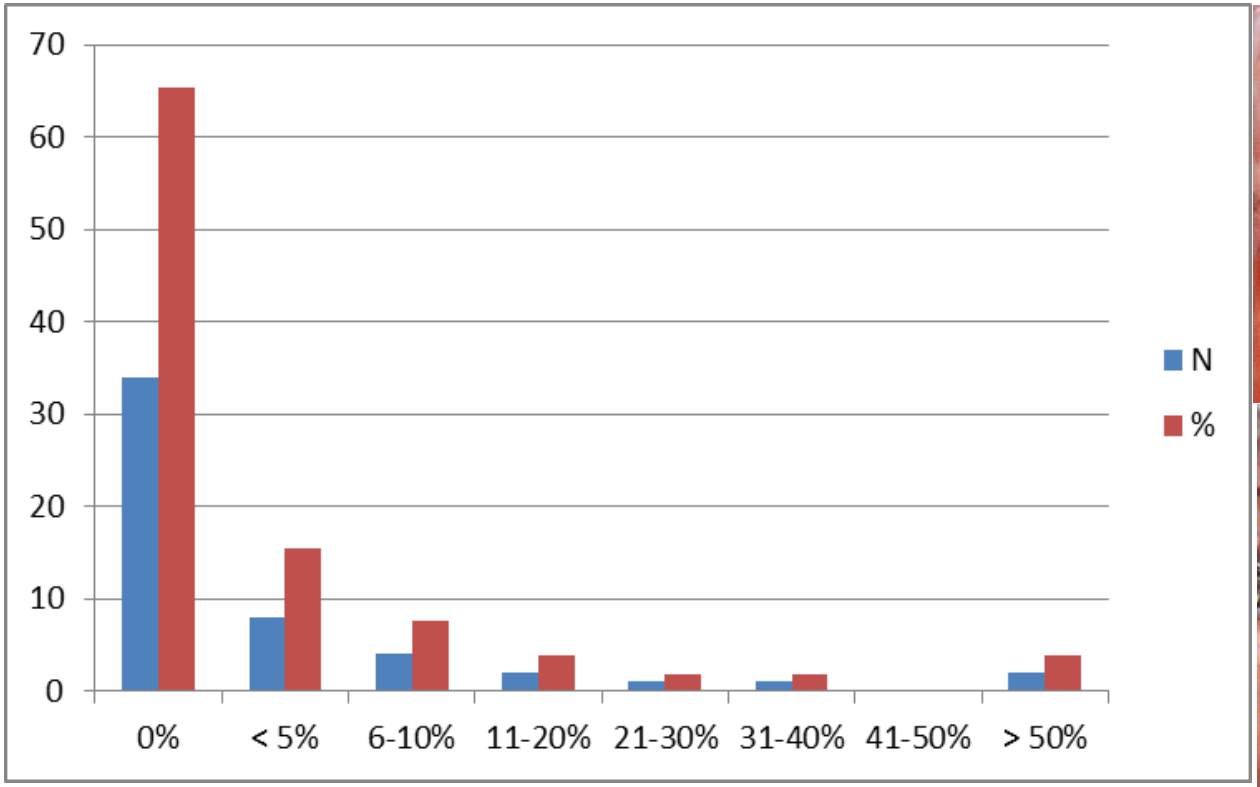
LAPAROSCOPIC PANCREATODUODENECTOMY



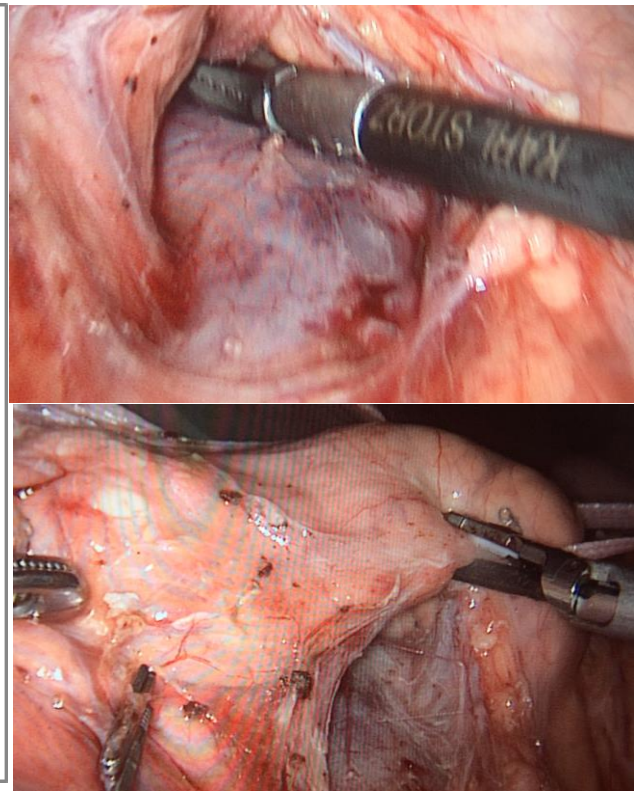


FIGURE 1 – Laparoscopic pancreatoduodenectomy (%) of their cases

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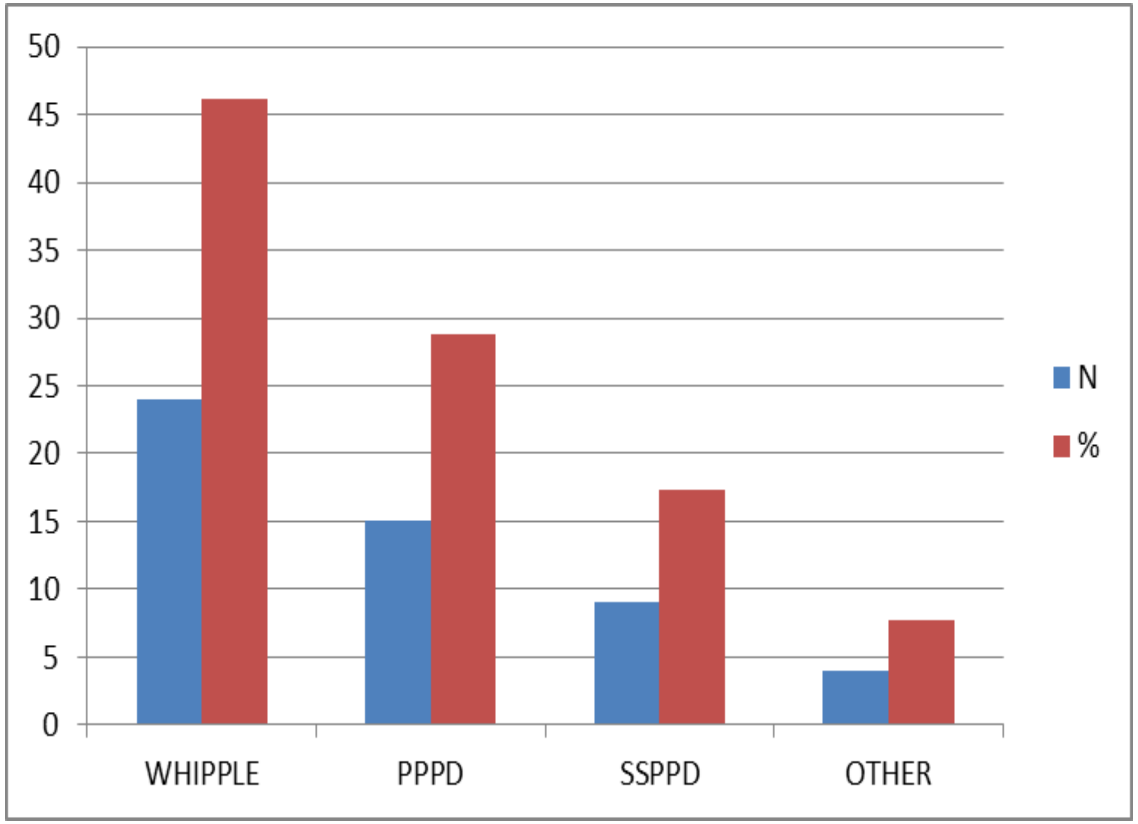
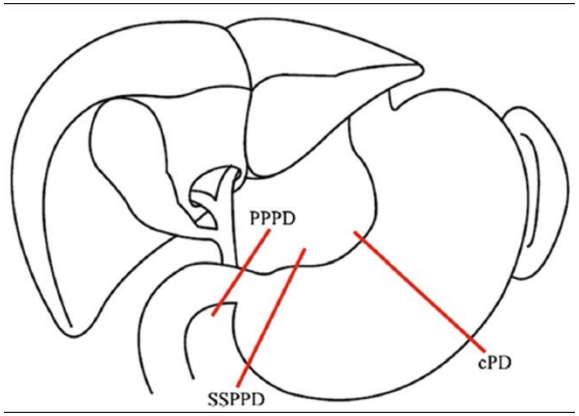
RESECTION





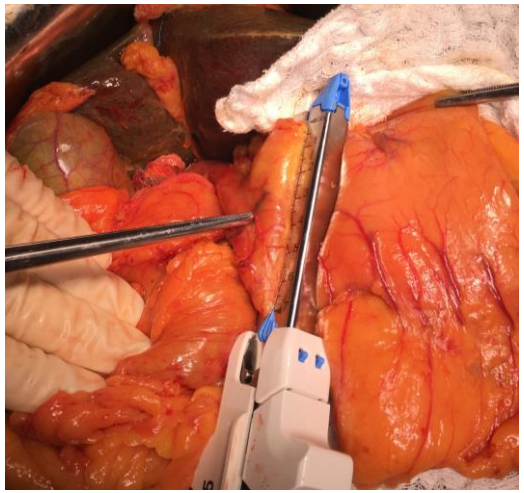


FIGURE 2 – Type of resection (%)

Pylorus-preserving – 28%

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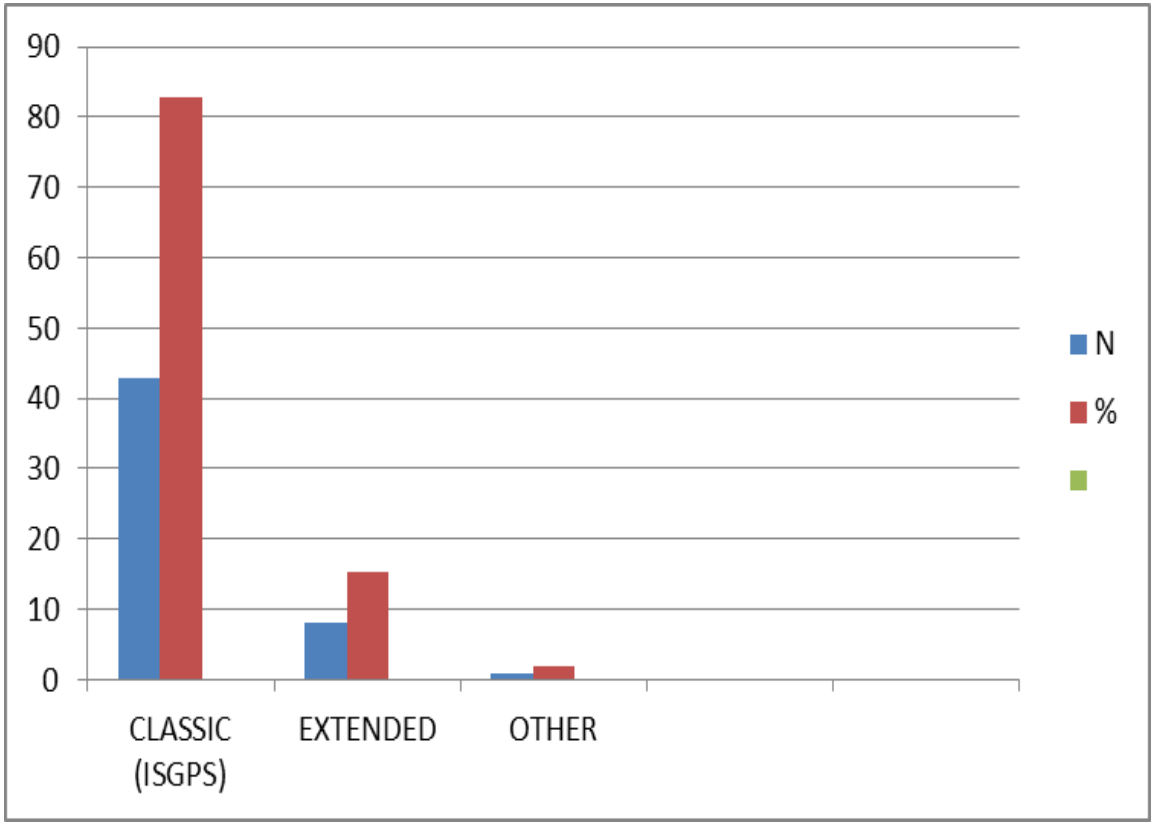
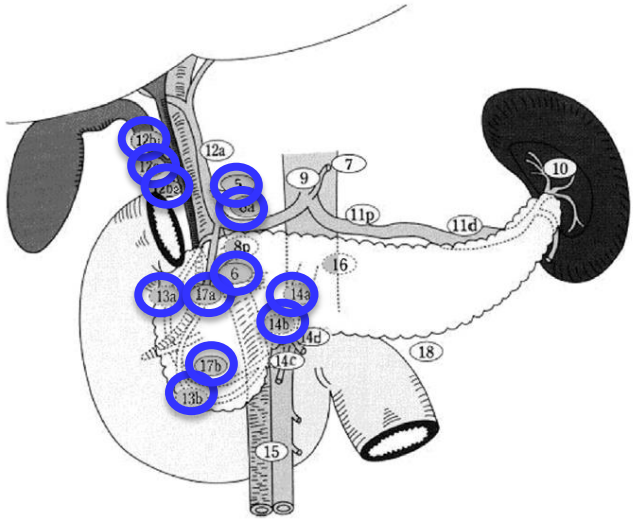
LYMPHADENECTOMY

- 5, 6, 8a, 12b1, 12b2, 12c, 13a, 13b,14a, 14b, 17a, and 17b.





ISGPS

FIGURE 3 – Type of lymphadenectomy performed in Brazil (%)

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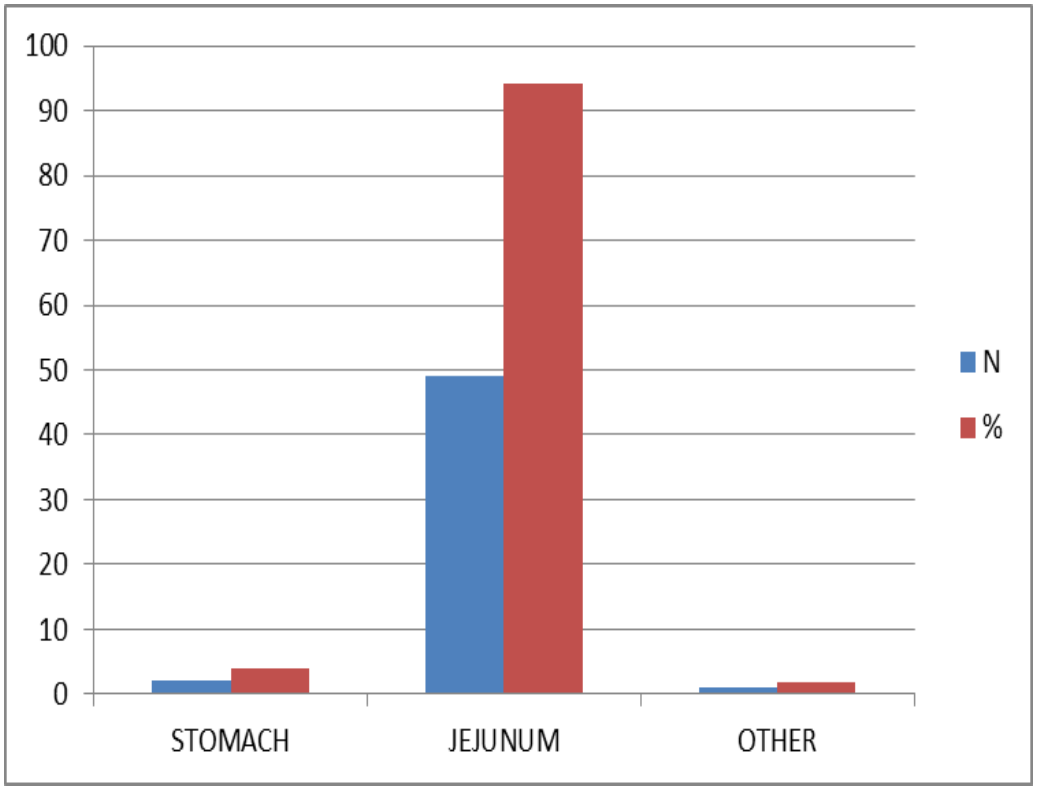
ANASTOMOSIS



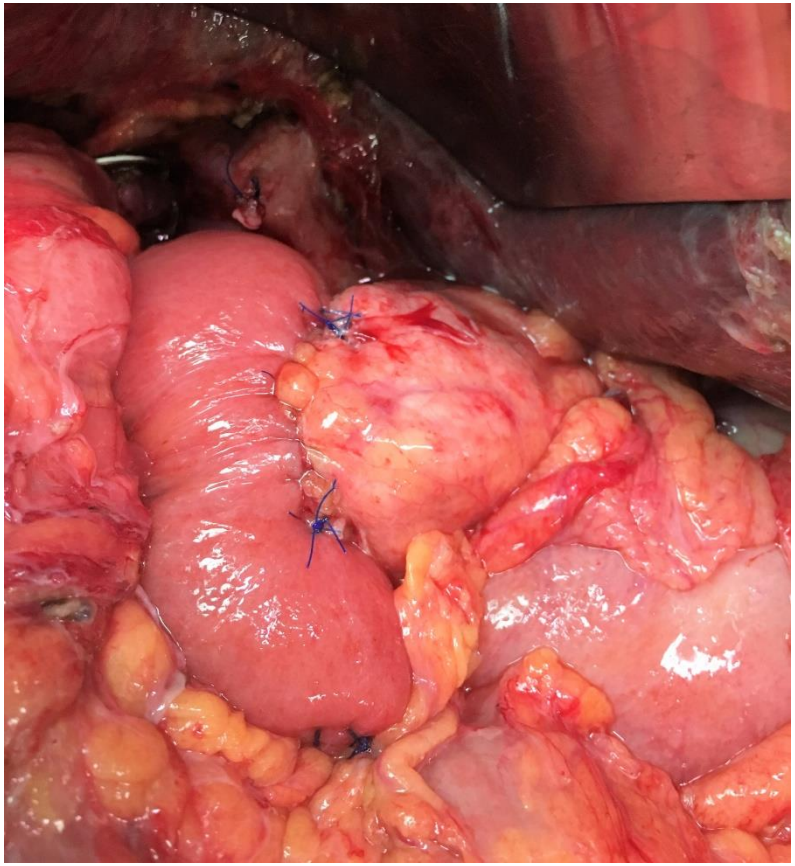


FIGURE 4 – Type of reconstruction (stomach or jejunum) (%)

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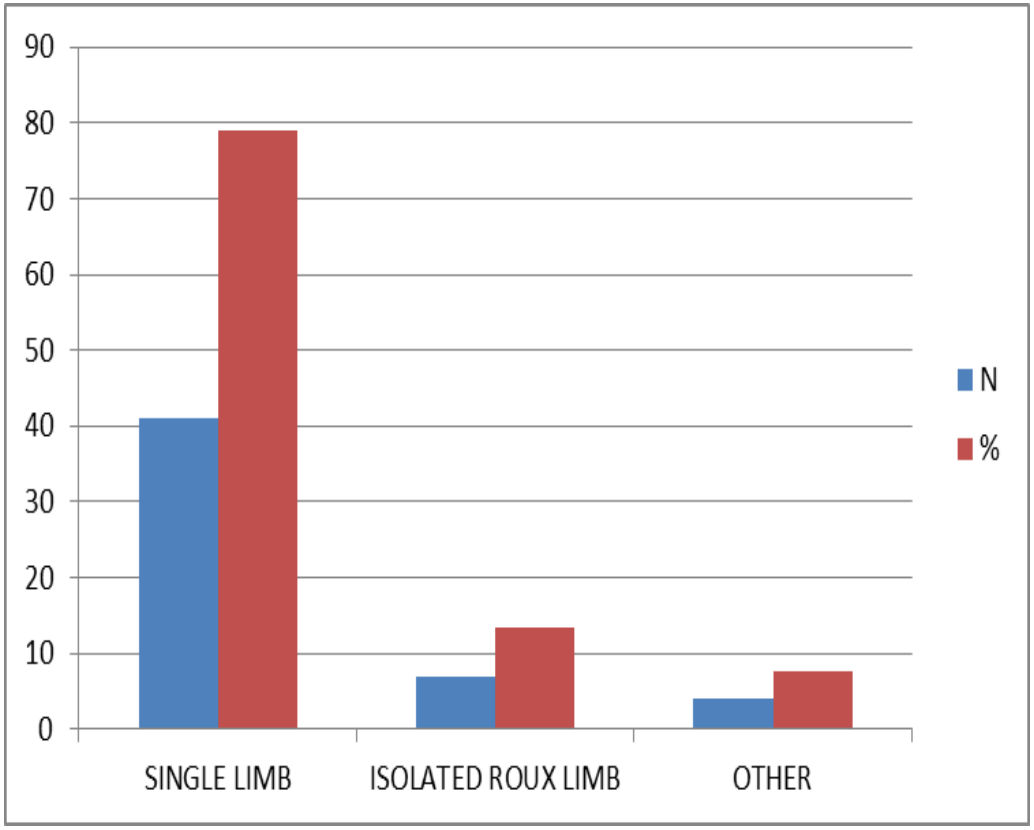
ANASTOMOSIS



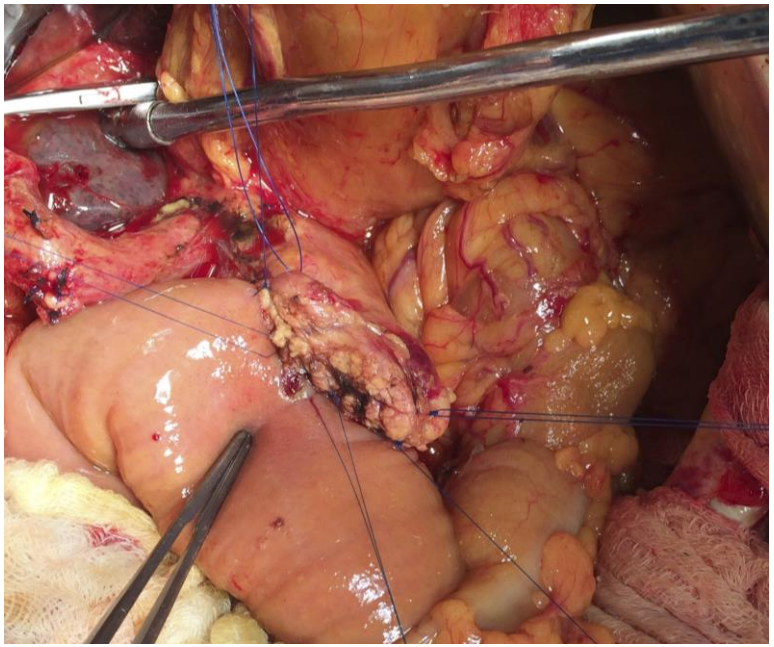


FIGURE 5 – Type of pancreatojejunostomy (single or Roux) (%)

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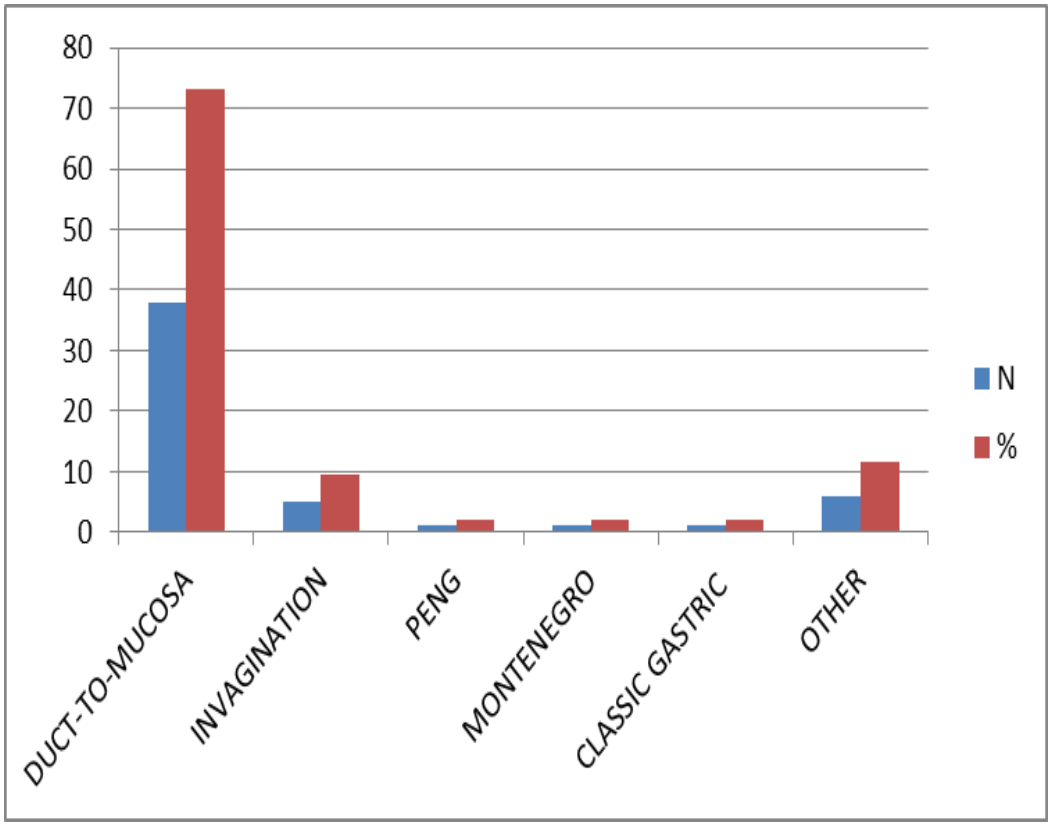
ANASTOMOSIS



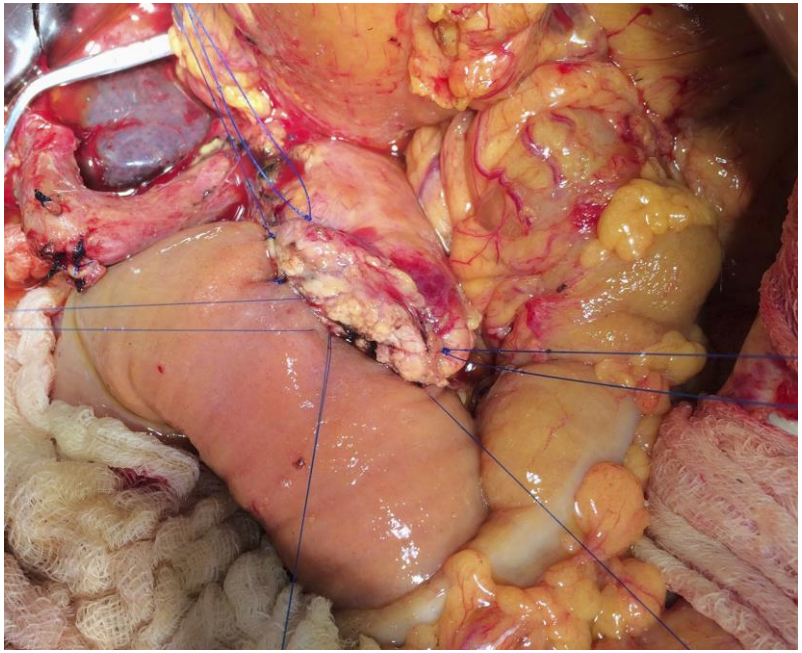


FIGURE 6 – Technical aspects (%)

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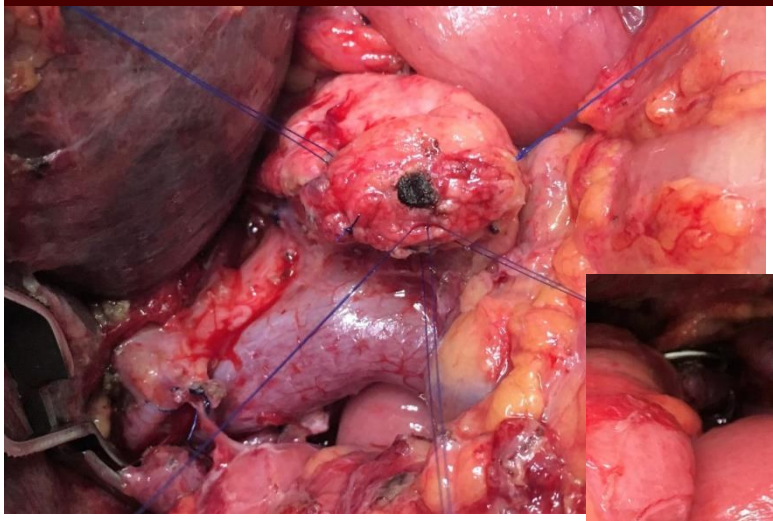
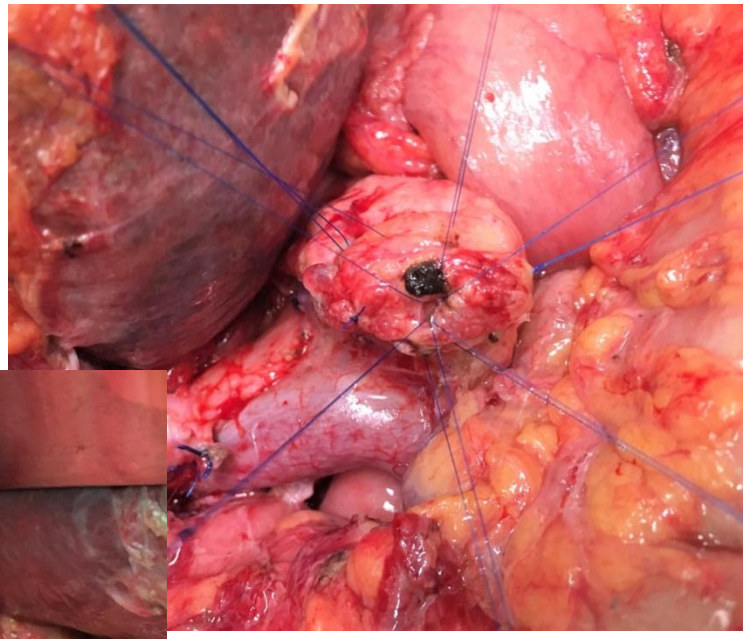
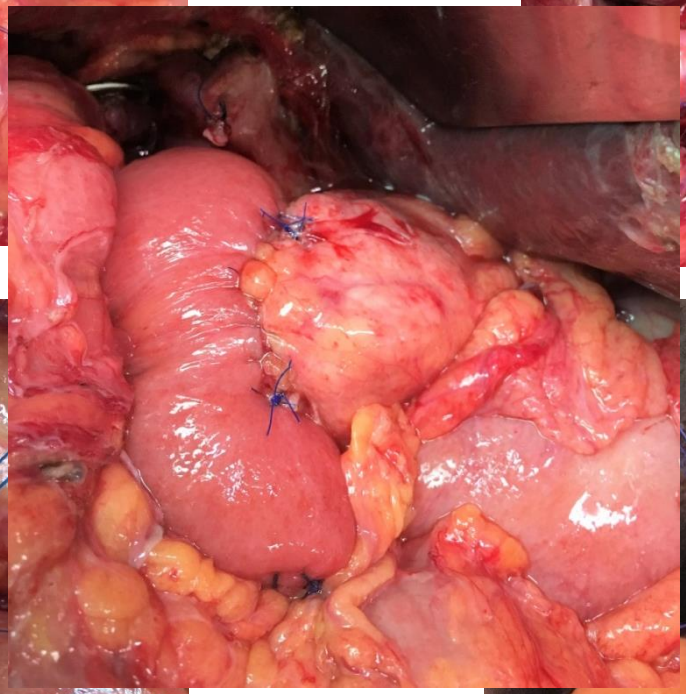
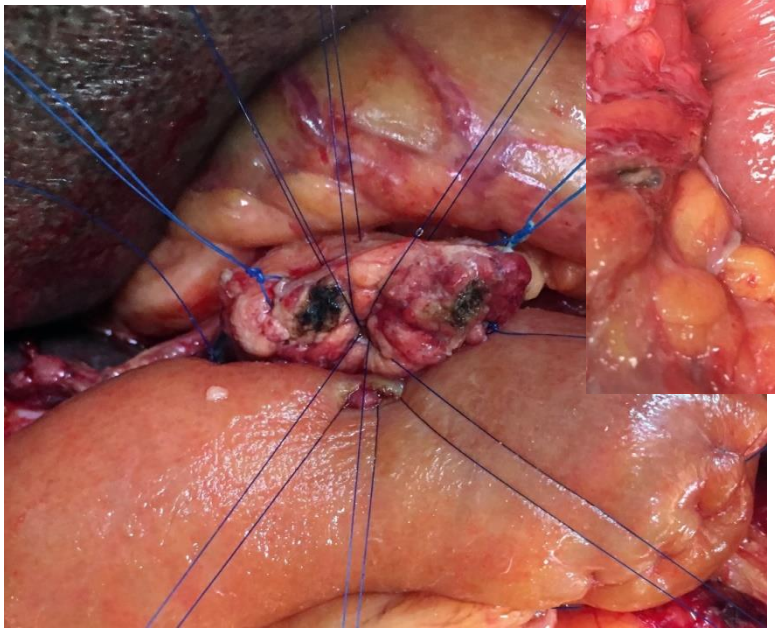
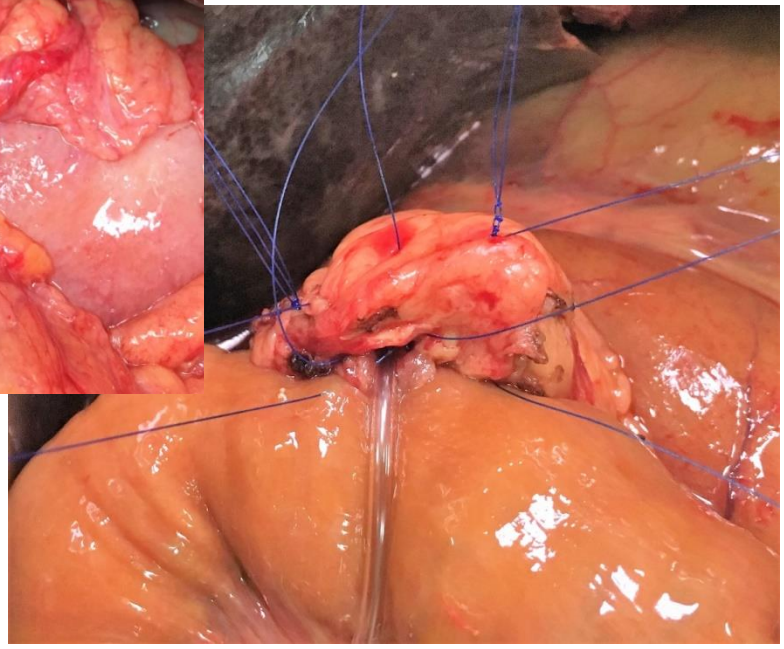
MODIFIED TECHNIQUE



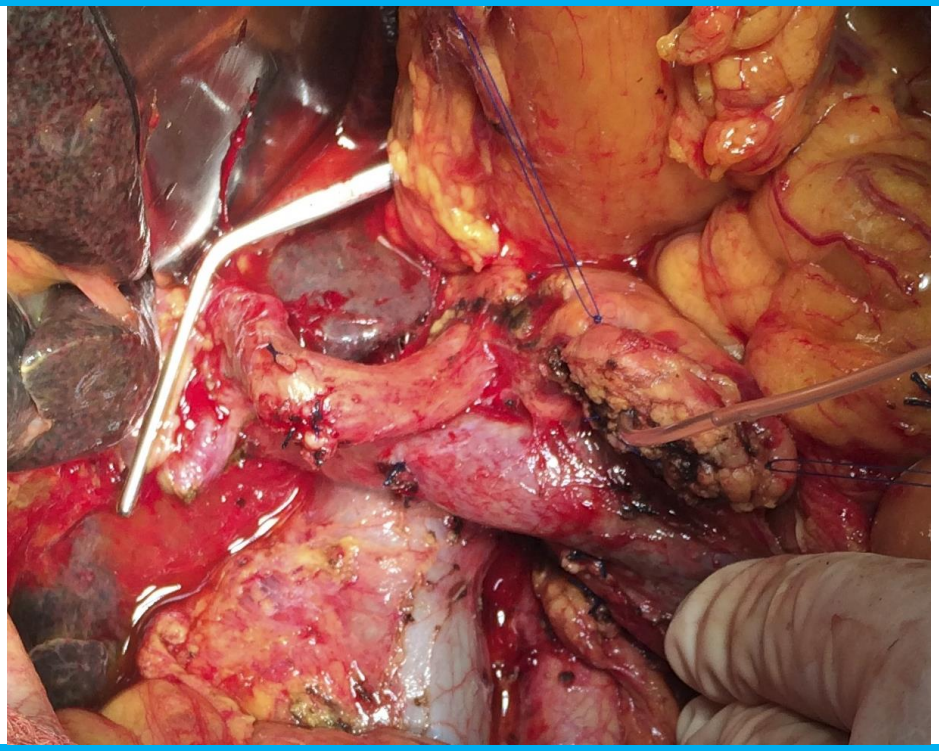








STENT INTO THE PANCREATIC DUCT



❑ INTERNAL	50.0%
❑ EXTERNAL	3.9%
❑ NO STENT	46.1%

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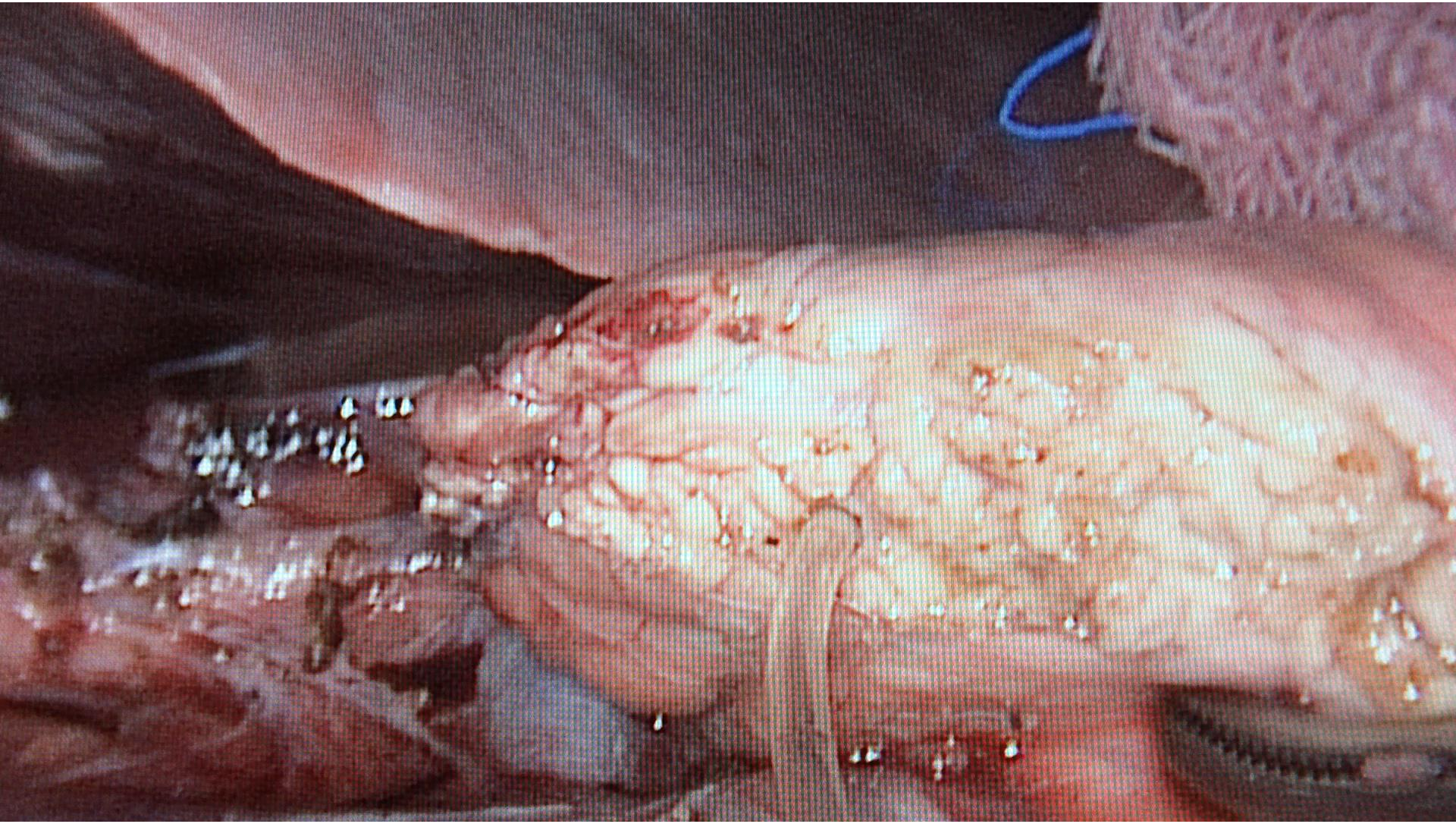


Anastomosis

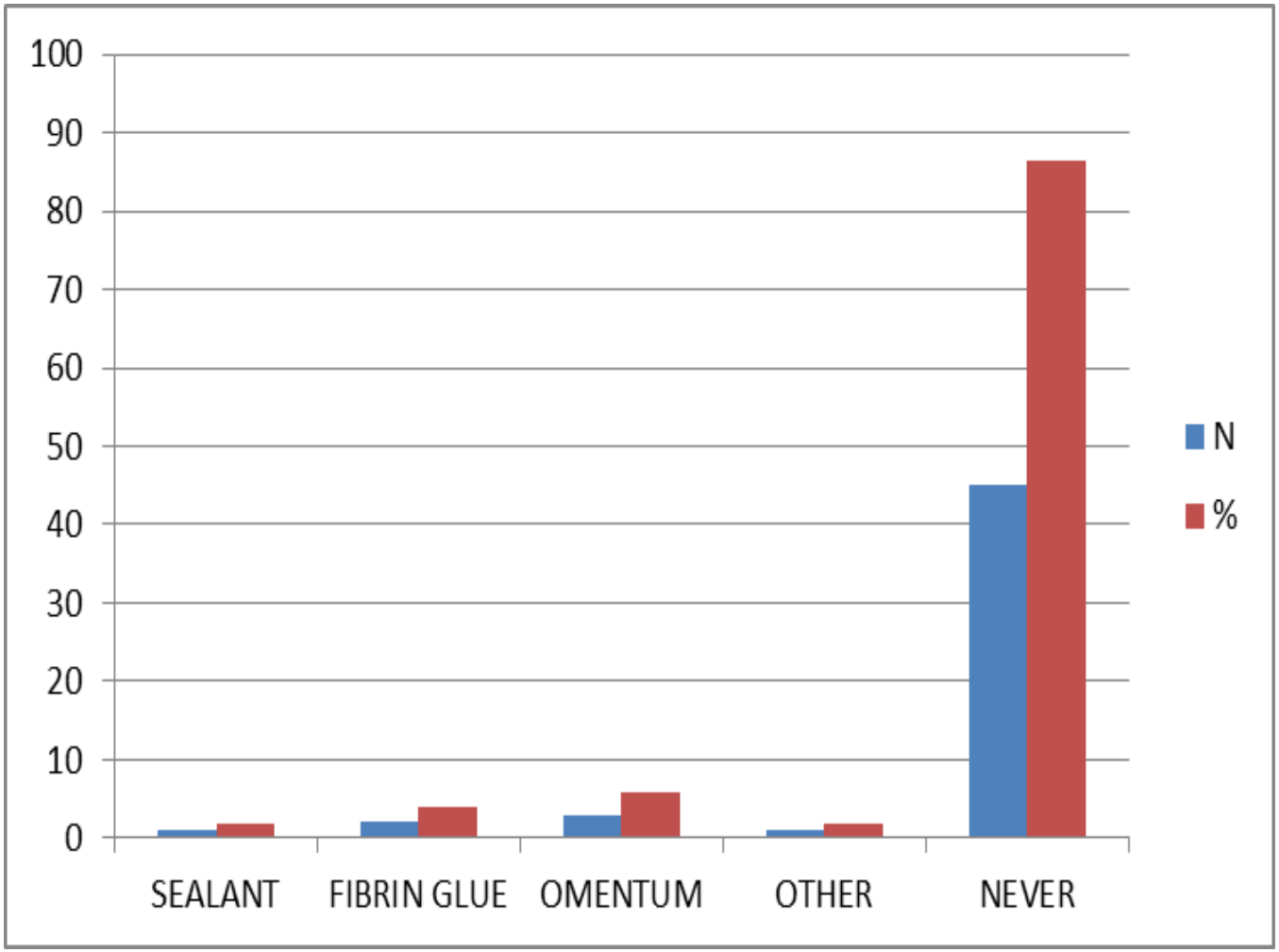
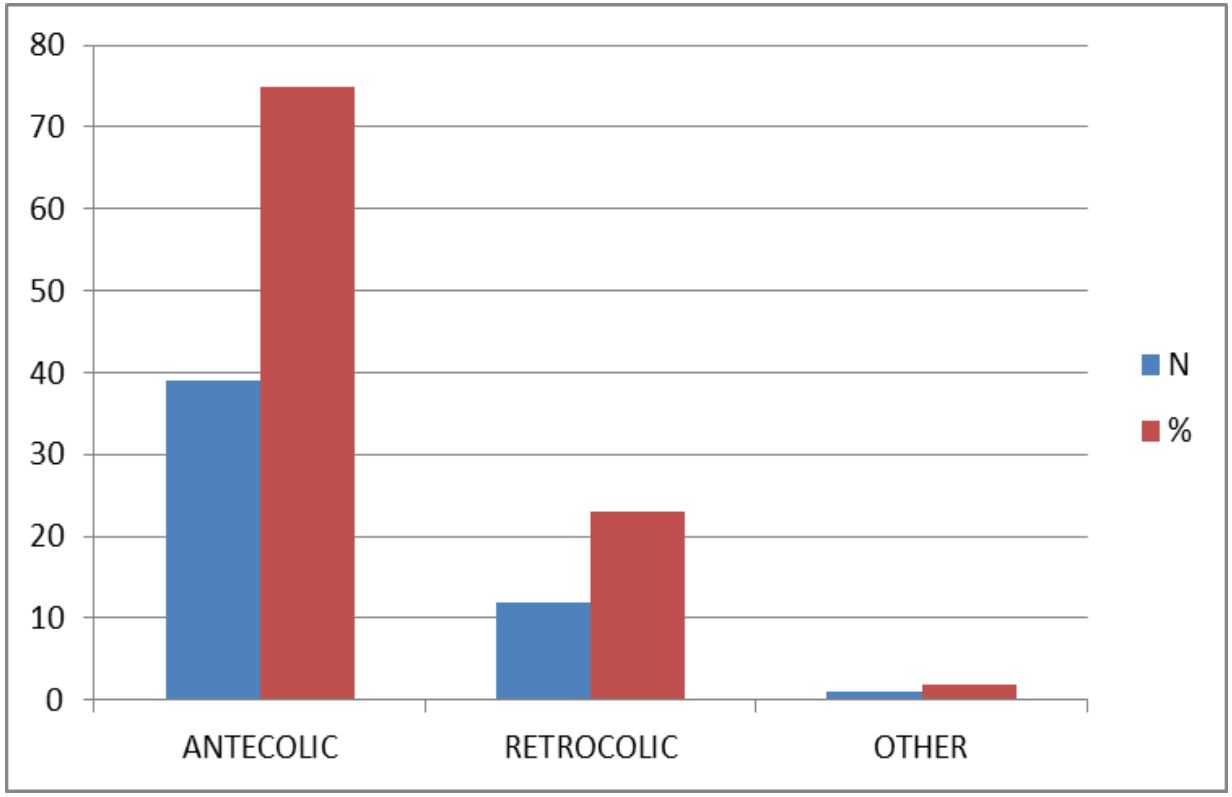


FIGURE 7 – Maneuver to protect the anastomosis (%)

Gastric Reconstruction



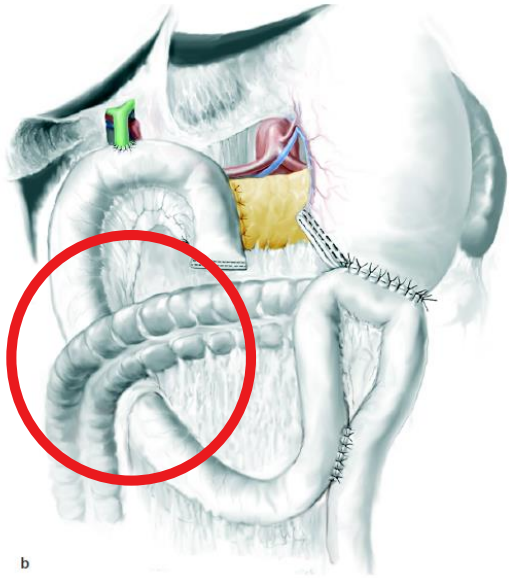


FIGURE 8 – Route of gastric reconstruction (%)

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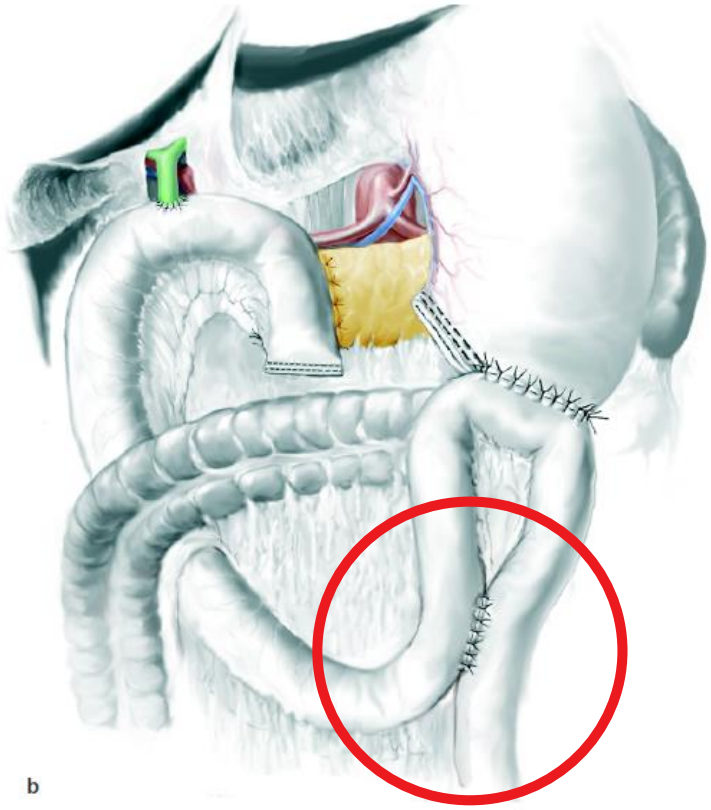
BRAUN ENTEROENTEROSTOMY



- ❑ YES 11.5%
- ❑ NO BRAUN 88.5%

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ABDOMINAL DRAINAGE

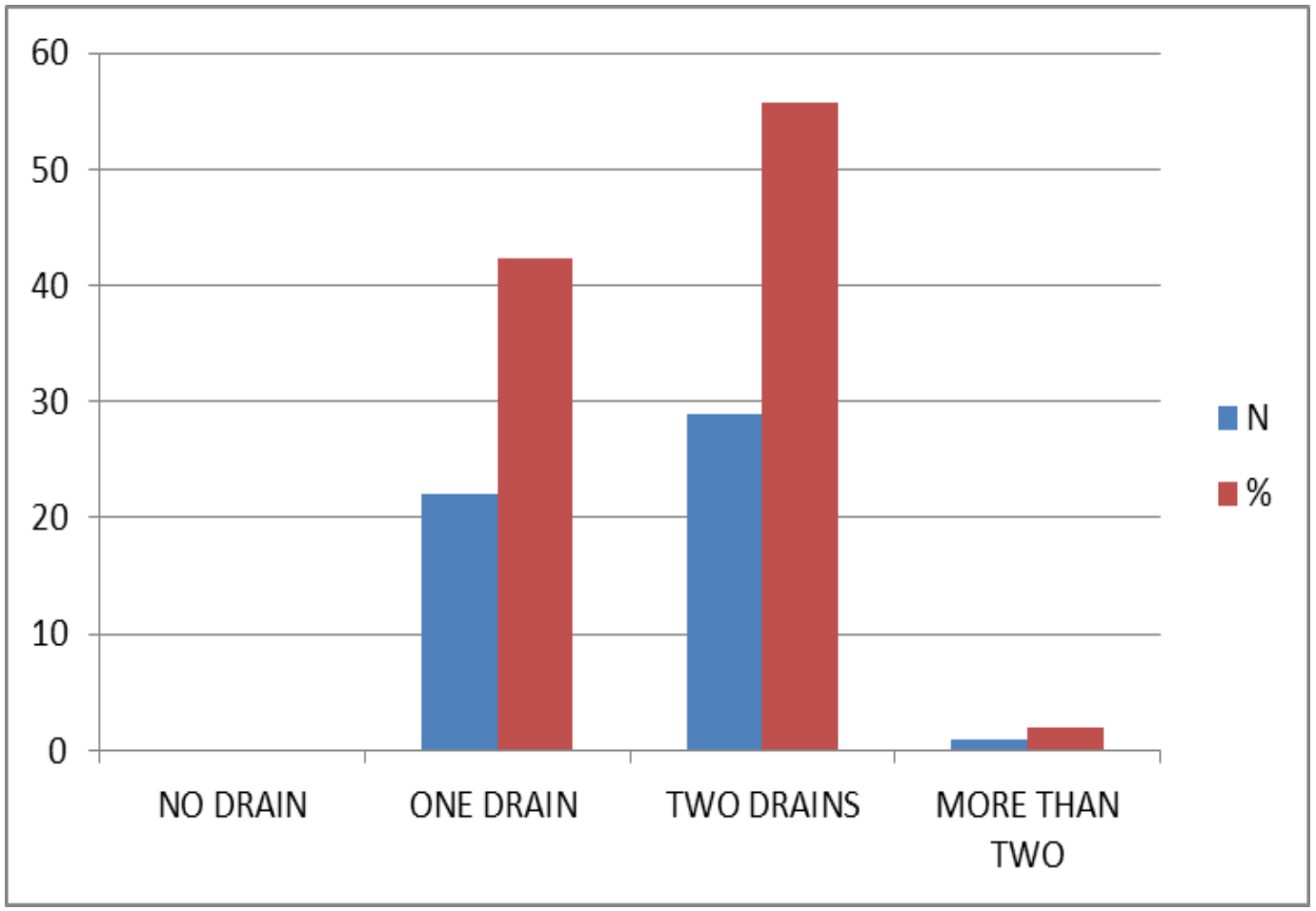

FIGURE 9 – Prophylactic abdominal drainage (%)

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EARLY FEEDING

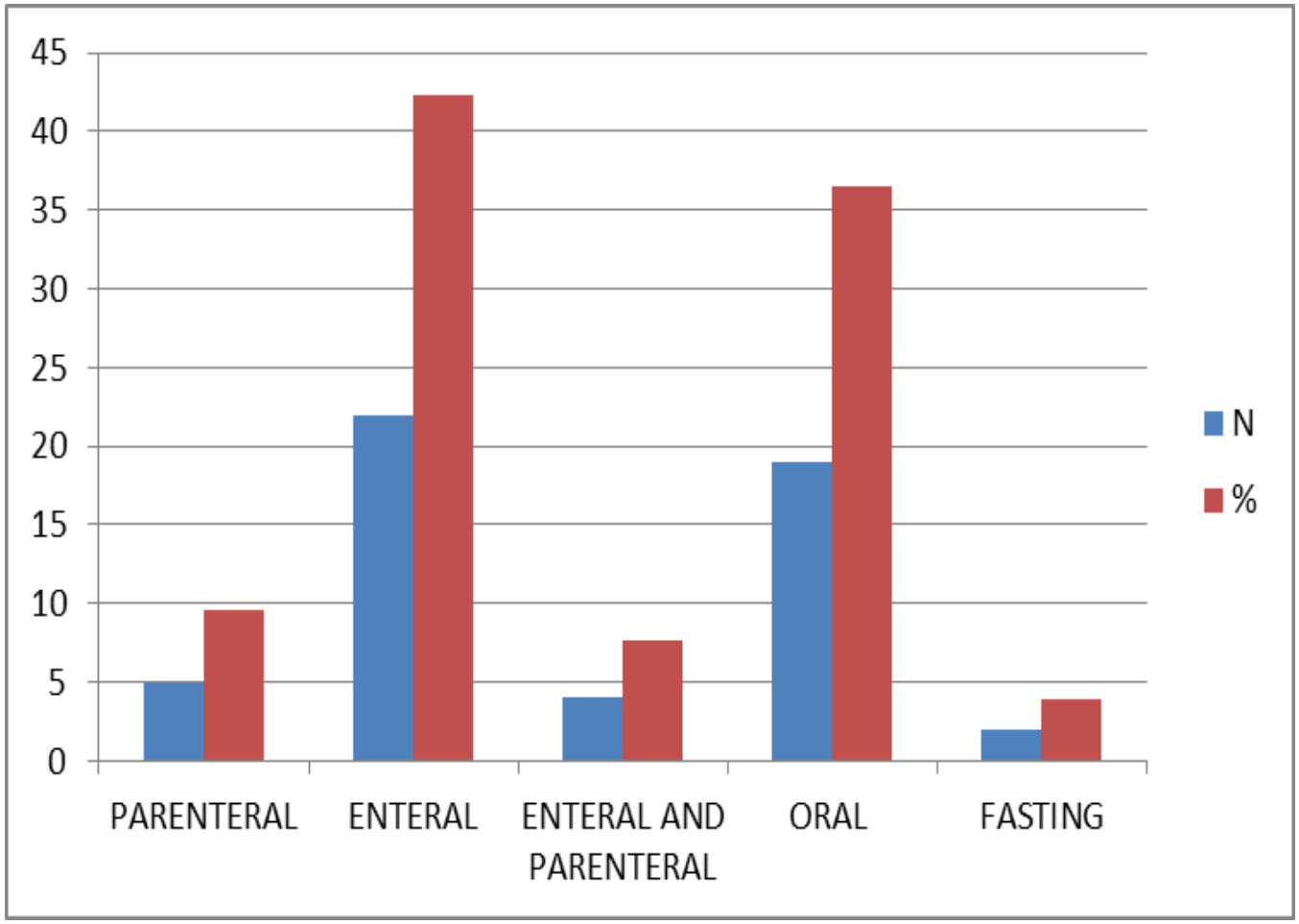
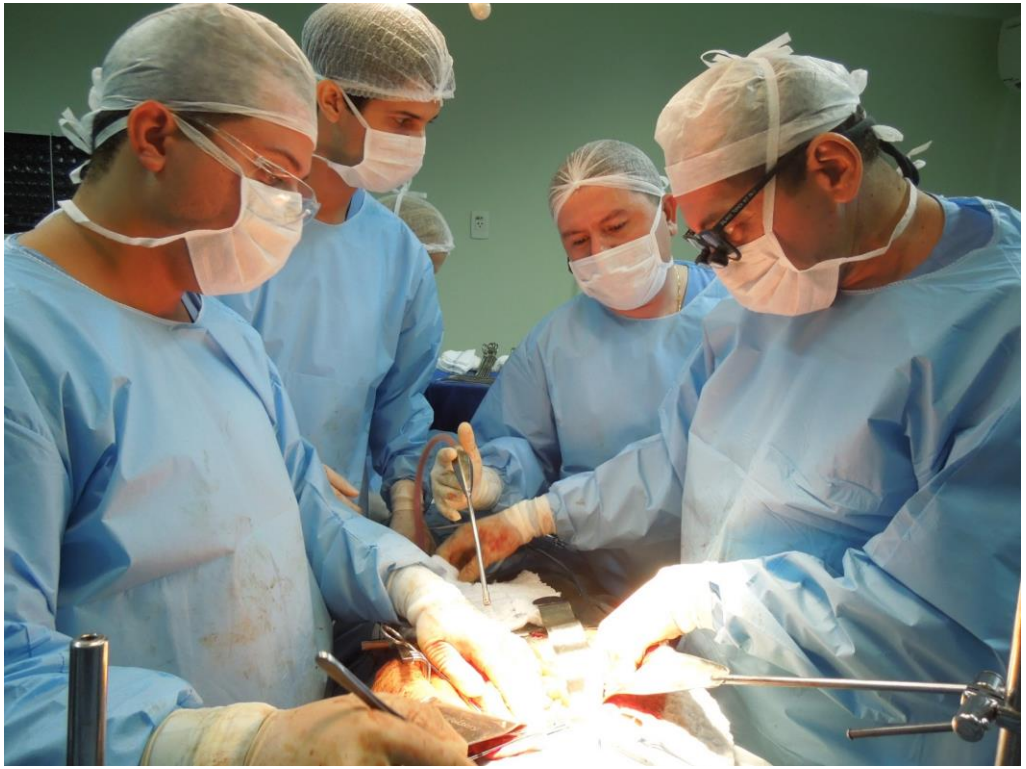
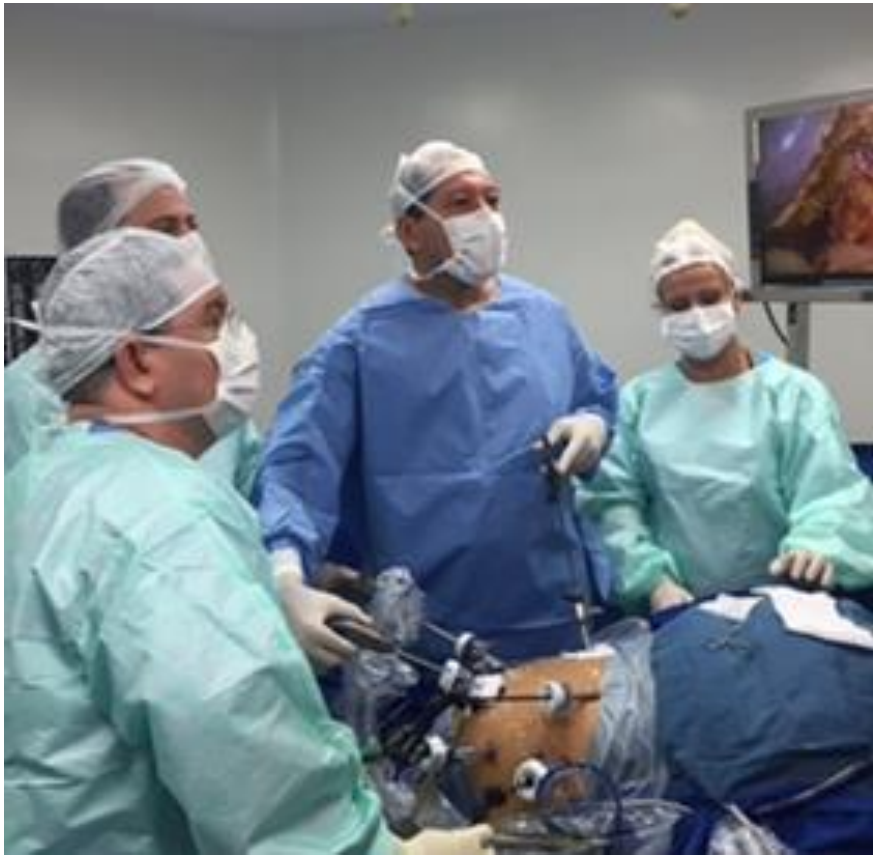


FIGURE 10 – Early feeding (%)





CONVENCIONAL

LAPAROSCOPIC

Thanks!