MODIFIED SHRIKHANDE TECHNIQUE FOR PANCREATIC ANASTOMOSIS

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A frustrating complication.
Major cause of morbidity and mortality.
Technical aspects of the anastomosis.
Various procedures have been described.
The ideal pancreatoenteric anastomosis:
- Good blood supply to the pancreatic stump
- Pancreatic juice flow into the intestinal or gastric lumen,
- Suitable for all pancreatic stumps and all pancreatic ducts,
- Easy to perform and easy to learn
AIM

- Introduced a new pancreatojejunostomy.
- Present initial results.
Transection of the pancreas

Two stay sutures (Prolene 4-0, Ethicon®) are placed on both margins of the pancreatic remnant (hemostatic sutures).

The pancreatic parenchyma is then transected with a sharp knife, and hemostasis is performed with electrocautery.
Three sutures are placed on the posterior wall of the pancreatic duct to the posterior pancreatic parenchyma. The stitches are performed with 5-0 double needle prolene at the 4 o’clock, 6 o’clock, and 8 o’clock positions.
Anterior duct-pancreatic suture

Three sutures are placed on the anterior wall of the pancreatic duct to the anterior pancreatic parenchyma. The stitches are performed with 5-0 double needle prolene at the 10 o’clock, 12 o’clock, and 2 o’clock positions.
Running suture with 4-0 single needle prolene on the posterior aspect the pancreatic parenchyma with the jejunal seromuscular layer.
The sutures in the 4 o’clock, 6 o’clock, and 8 o’clock positions are passed from outside to inside in the inferior edge of the jejunum at the same positions.
The sutures in the 4 o’clock, 6 o’clock, and 8 o’clock positions are passed from outside to inside in the inferior edge of the jejunum at the same positions.
The sutures in the 10 o’clock, 12 o’clock, and 2 o’clock positions are passed from inside to outside in the superior edge of the jejunum and are knotted with the plastic stent into the jejunal lumen.
A running suture is performed with 4-0 single needle prolene, on the anterior aspect of the pancreatic parenchyma with jejunal seromuscular layer.
The two previously placed hemostatic sutures on the superior and inferior edges of the remnant pancreatic stump are passed in the jejunal seromuscular layer and tied.
July 2016 to June 2017
17 patients
Soft texture of the pancreas – 6 (35.2%)
Duct size ≤ 3mm – 8 (47.1%)
Fistula grade – A 4 (23.5%) B and C (0)
No mortality
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RESULTS
CONCLUSIONS

- This technique is simple, reliable, easy to perform, and easy to learn.
- Useful to reduce the incidence of pancreatic fistula.

Vina del Mar - Chile  September 24-27, 2017
São Luís

Thanks!