

# MODIFIED SHRIKHANDE TECHNIQUE FOR PANCREATIC ANASTOMOSIS



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#### PANCREATIC FISTULA

- ☐ A frustrating complication.
- ☐ Major cause of morbidity and mortality.
- ☐ Technical aspects of the anastomosis.
- □ Various procedures have been described.



#### PANCREATIC FISTULA

☐ 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

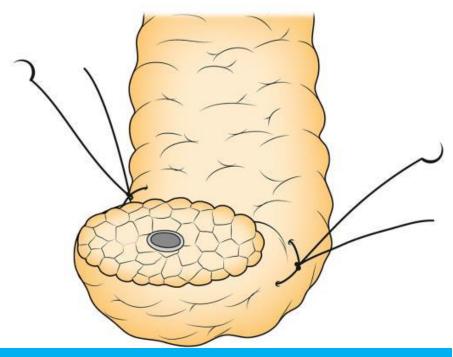
#### AIM

- ☐ Introduced a new pancreatojejunostomy.
- Present initial results.



#### Transection of the pancreas

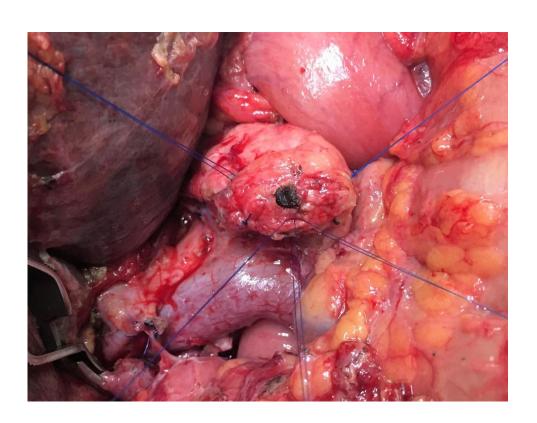
Two stay sutures (Prolene 4-0, Ethicon®) are placed on both margins of the pancreatic remnant (hemostatic sutures).

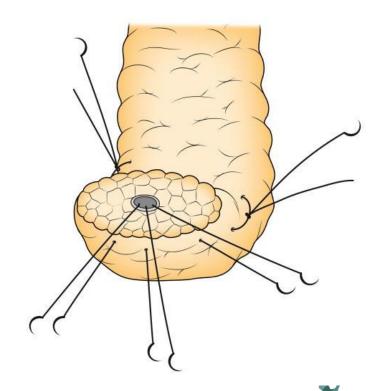


The pancreatic parenchyma is then transected with a sharp knife, and hemostasis is performed with electrocautery

#### Posterior duct-pancreatic suture

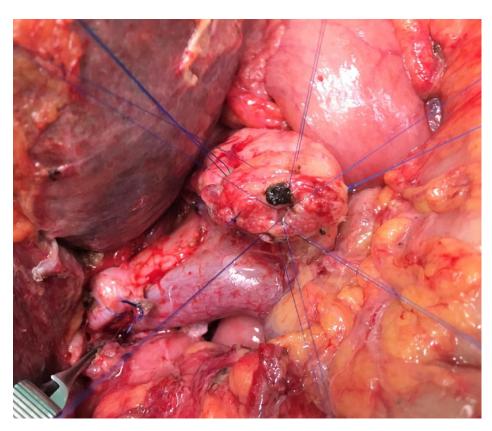
Three sutures are placed on the posterior wall of the pancreatic duct to the posterior pancreatic parenchyma. The stitches are performed with 5-0 double needle prolene at the 4 o'clock, 6 o'clock, and 8 o'clock positions.

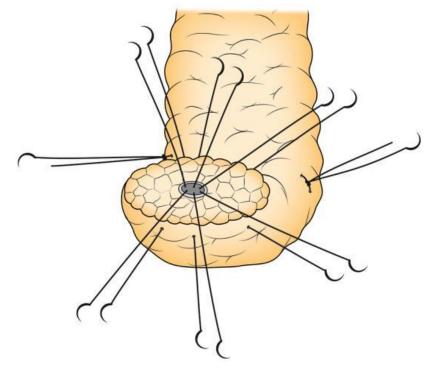




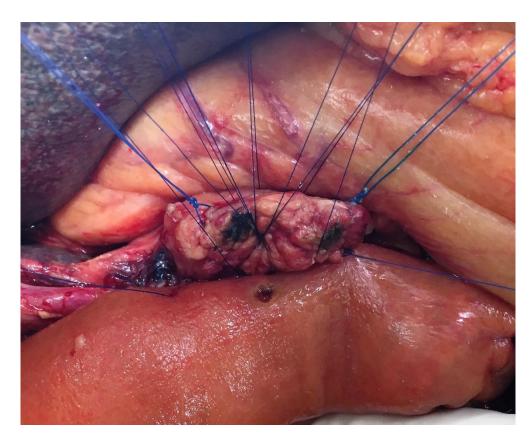
#### Anterior duct-pancreatic suture

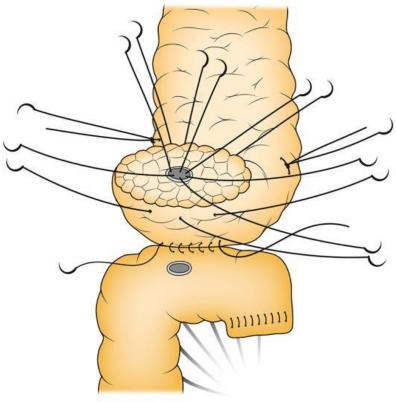
Three sutures are placed on the anterior wall of the pancreatic duct to the anterior pancreatic parenchyma. The stitches are performed with 5-0 double needle prolene at the 10 o'clock, 12 o'clock, and 2 o'clock positions.





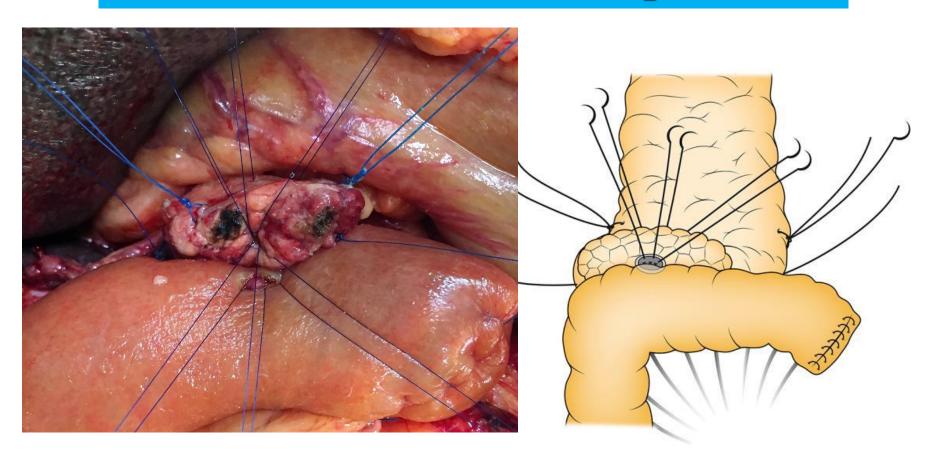
### Posterior outer layer





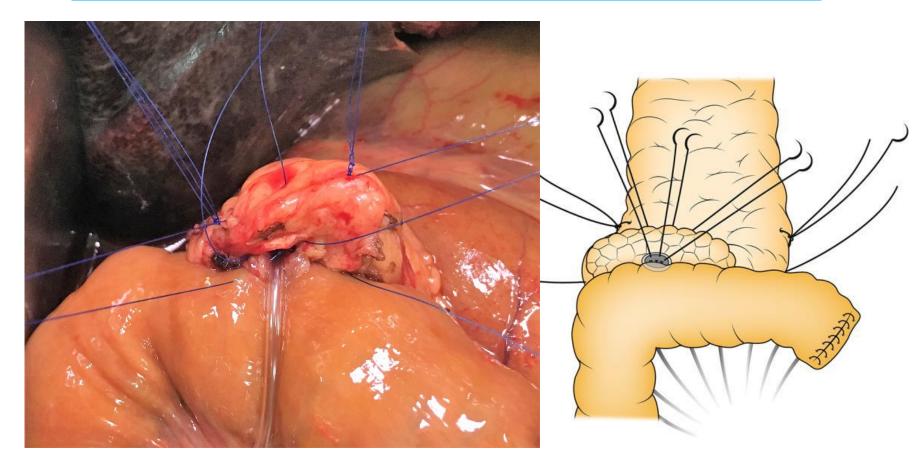
Running suture with 4-0 single needle prolene on the posterior aspect the pancreatic parenchyma with the jejunal seromuscular layer.

## Posterior inner layer



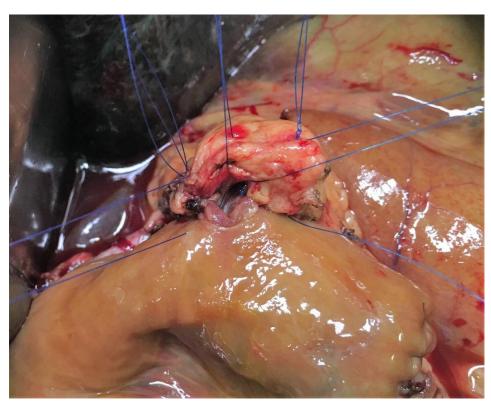
The sutures in the 4 o'clock, 6 o'clock, and 8 o'clock positions are passed from outside to inside in the inferior edge of the jejunum at the same positions.

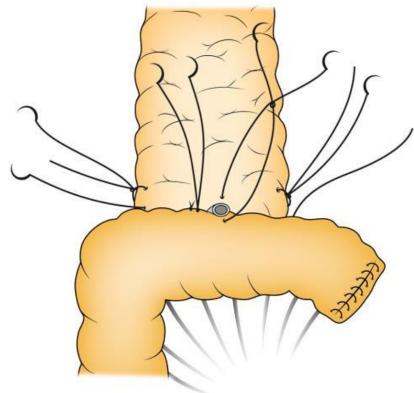
## Posterior inner layer



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.

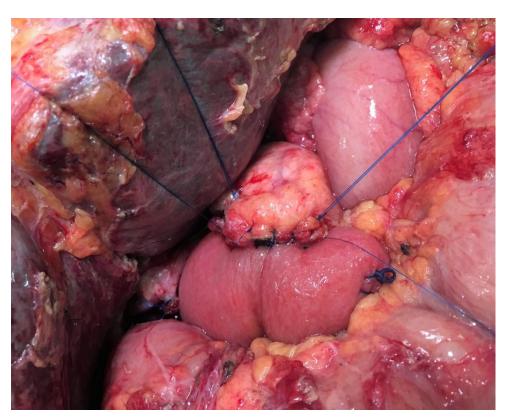
### Anterior inner layer

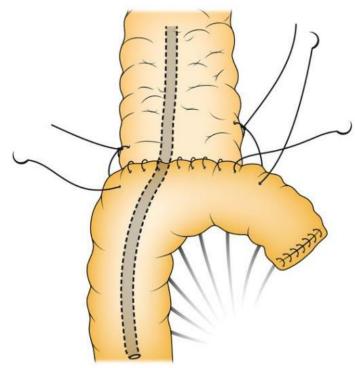




The sutures in the 10 o'clock, 12 o'clock, and 2 o'clock positions are passed from inside to outside in the superior edge of the jejunum and are knotted with the plastic stent into the jejunal lumen.

## Anterior outer layer

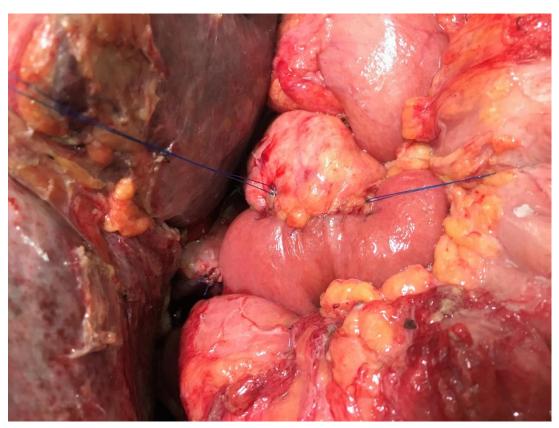


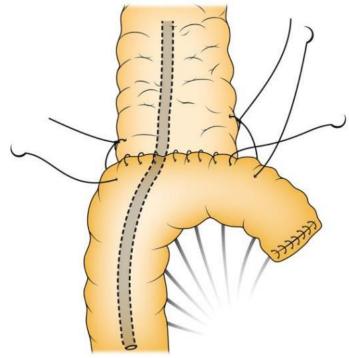


A running suture is performed with 4-0 single needle prolene, on the anterior aspect of the pancreatic parenchyma with jejunal seromuscular layer.

## Anterior outer 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.





## Final aspect





#### RESULTS

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□ 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

Characteristics	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Age	61	47	28	40	70	20	59	60	70	60	56	36	76	38	70	64	52
Sex	М	М	F	F	М	М	F	F	F	F	F	F	F	F	F	F	F
Diagnosis	AV	AD	FT	AD	AD	NE	AD	IP	AD	AD	AD	AV	NE	AD	CC	AD	NE
Pancreas text	S	F	S	F	F	S	F	F	F	F	F	S	S	F	F	F	S
Duct size (mm)	≤3	≤3	≤3	>3	>3	≤3	>3	>3	≤3	≤3	>3	≤3	>3	>3	>3	>3	≤3
Op. time (min)	315	484	310	499	393	590	485	343	395	400	355	406	475	340	380	350	365
Transfusion	Υ	N	Υ	Υ	N	N	N	N	Υ	Υ	N	N	Υ	N	N	N	N
UCI time (d)	19	2	8	4	3	4	6	4	4	5	5	4	10	4	5	2	3
Fistula grade	Α	-	Α	-	-	Α	Α	-	-	-	-	-	-	-	-	-	-
LoS (d)	37	10	13	11	9	13	12	8	16	12	19	14	20	13	14	7	8
Mortality	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N



#### CONCLUSIONS

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



#### Thanks!

