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DUODENOPANCREATECTOMIA NO BRASIL PERFIL TÉCNICO



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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 procedure requires a high level of experience, and to minimize surgery-related complications and mortality, a high-quality standard surgery is imperative. **Aim:** To understand the Brazilian practice patterns for pancreatoduodenectomy. **Method:** A questionnaire was designed

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

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 %

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)	

LAPAROSCOPIC PANCREATODUODENECTOMY

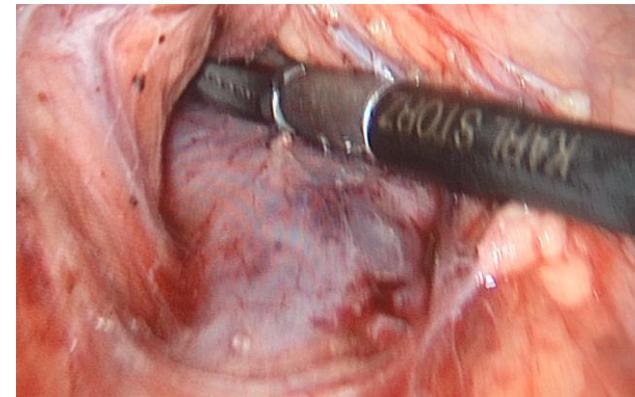
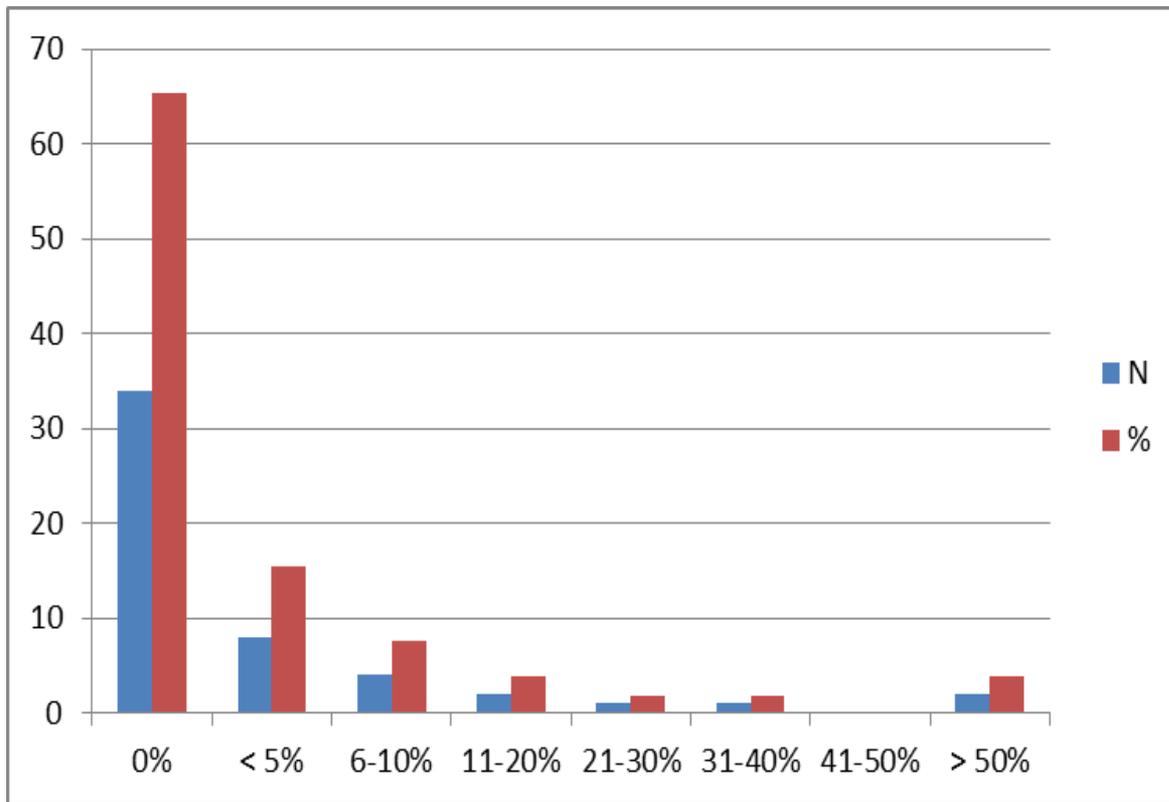


FIGURE 1 – Laparoscopic pancreatoduodenectomy (%) of their cases

RESECTION

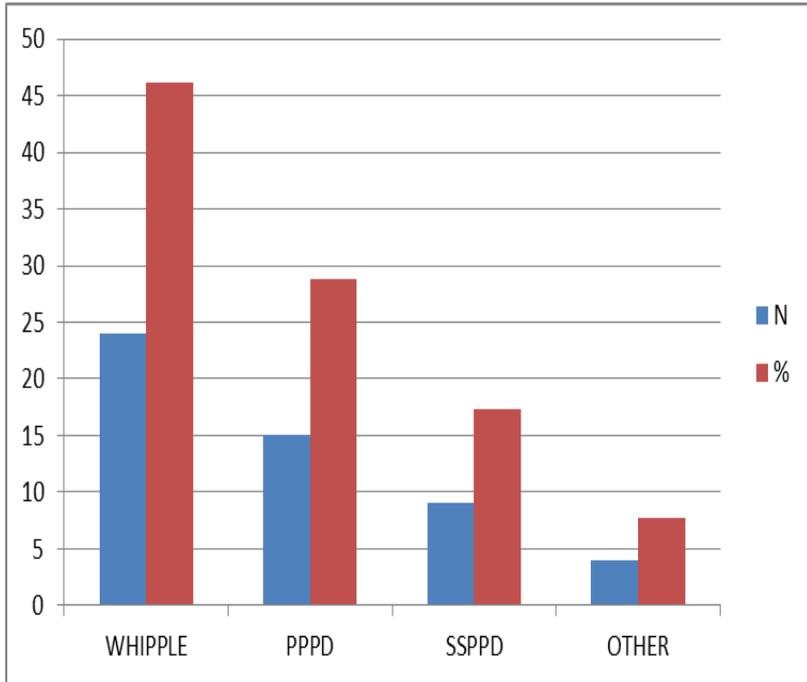
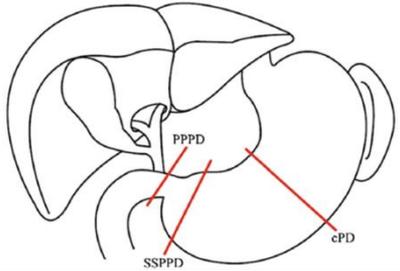
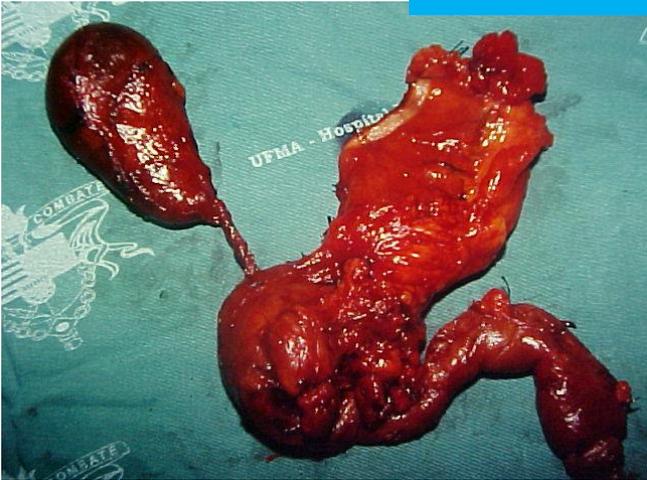


FIGURE 2 – Type of resection (%)

Pylorus-preserving – 28.8%

46.2%



RESECTION – SSPPD

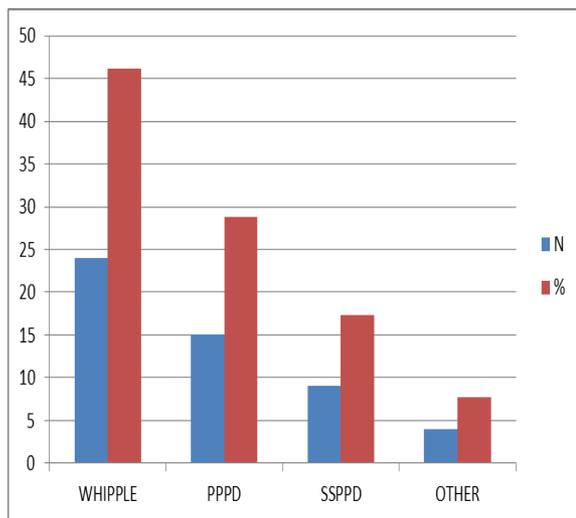
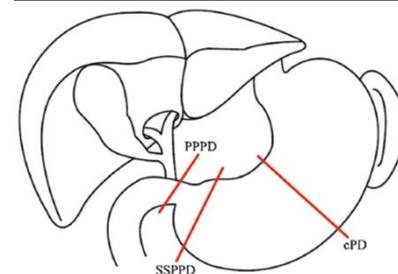


FIGURE 2 – Type of resection (%)

17.3%



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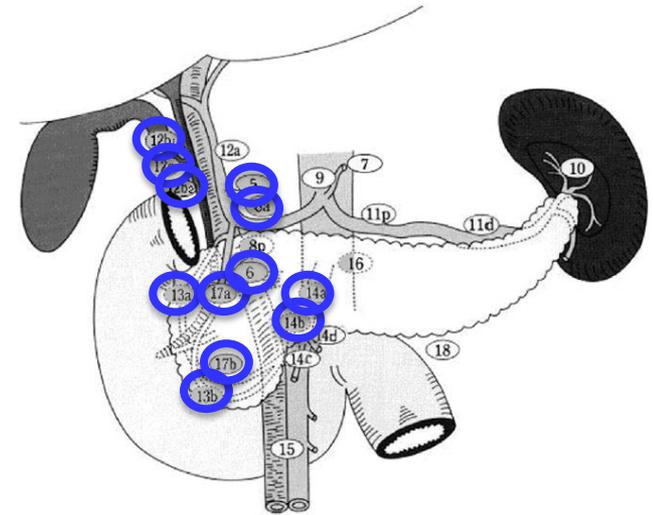
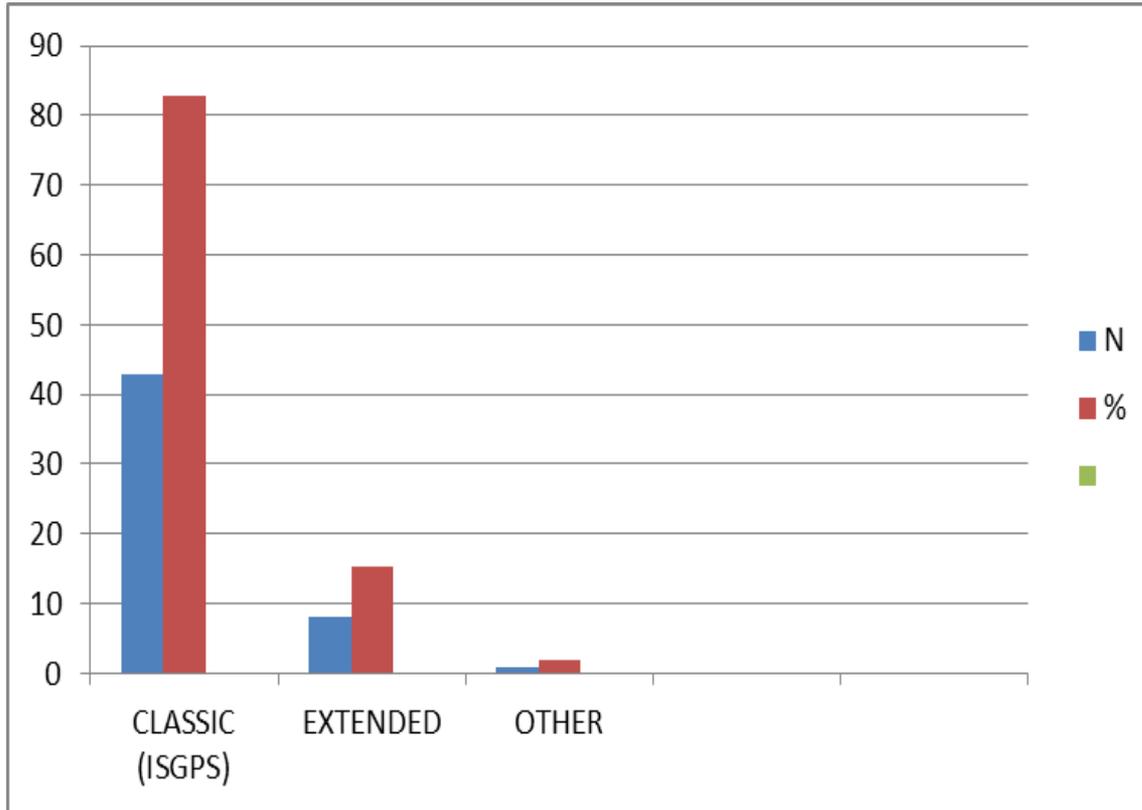
Editorial

THE OBITUARY OF THE PYLORUS-PRESERVING PANCREATODUODENECTOMY

O obituário da duodenopancreatectomia com preservação pilórica

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LYMPHADENECTOMY



ISGPS

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

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

ANASTOMOSIS

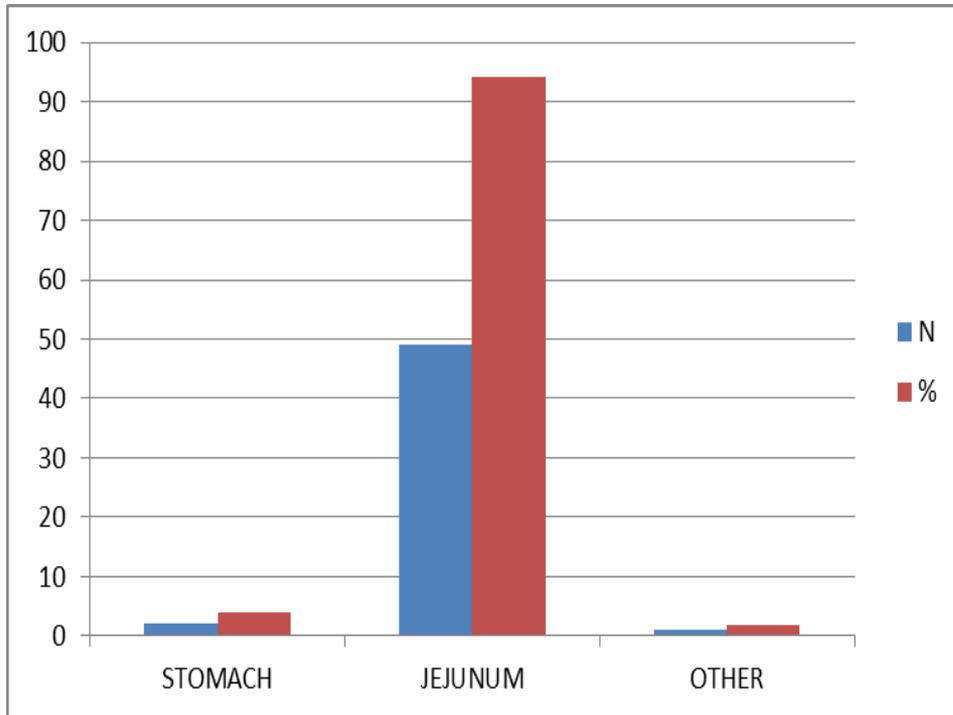
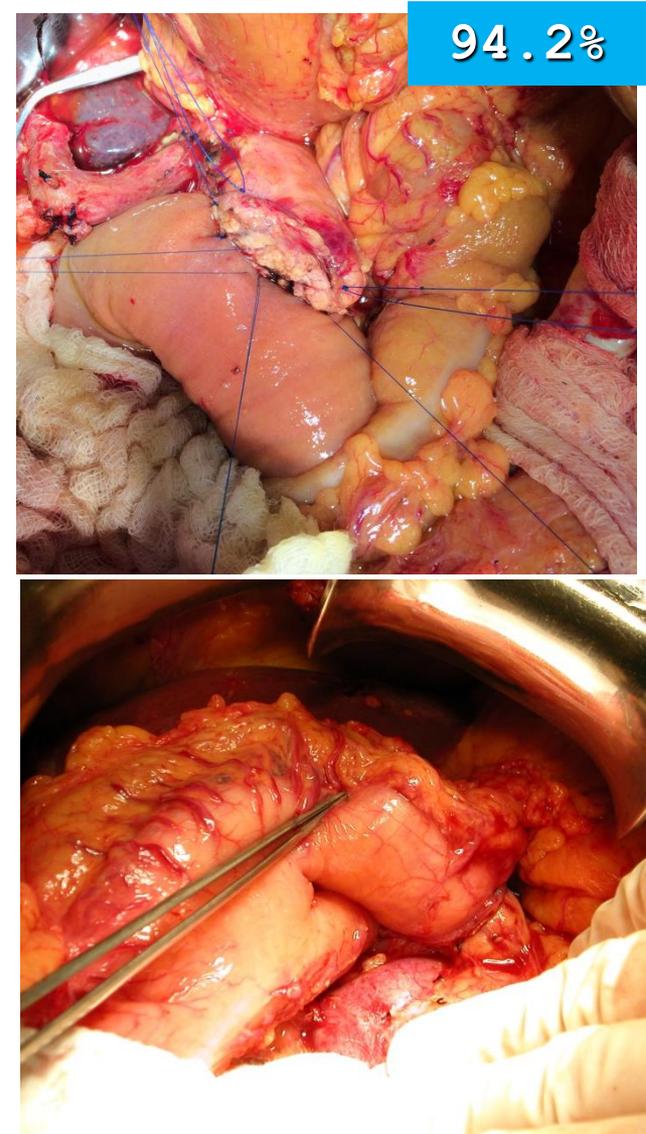


FIGURE 4 – Type of reconstruction (stomach or jejunum) (%)



ANASTOMOSIS

78.9%

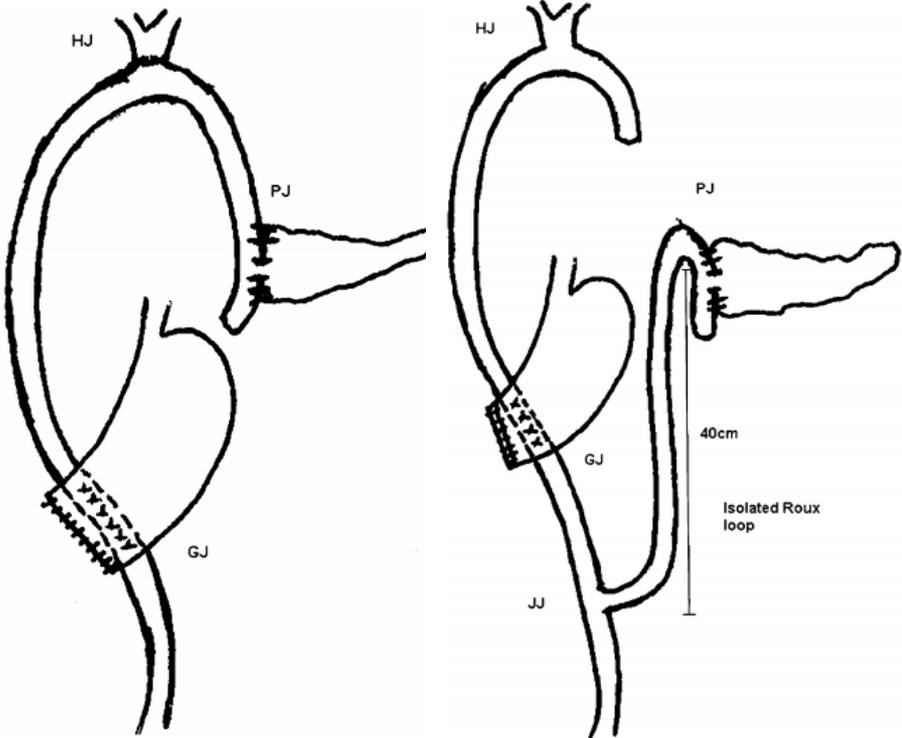
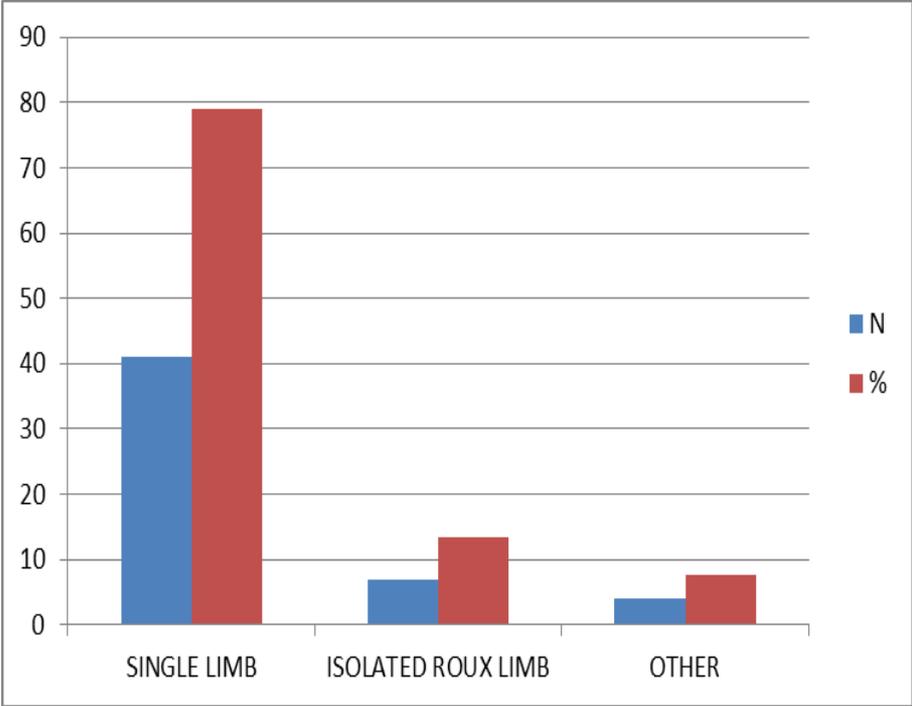


FIGURE 5 – Type of pancreatojejunostomy (single or Roux) (%)

ANASTOMOSIS

73.1%

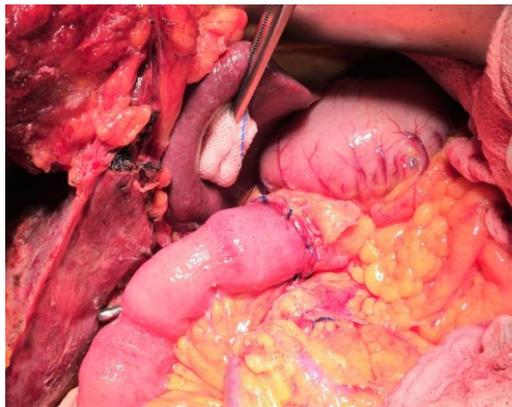
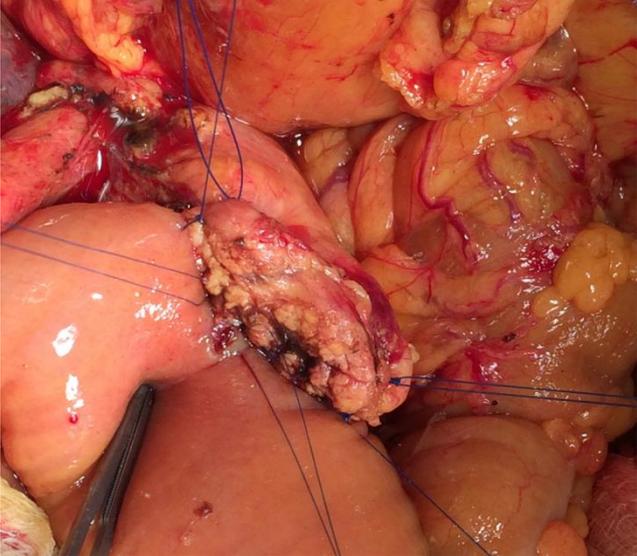
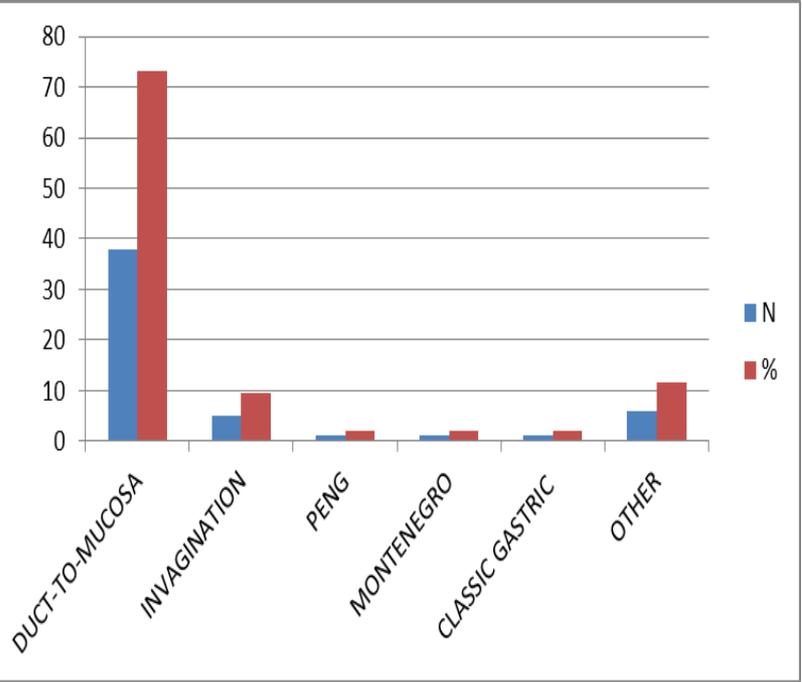
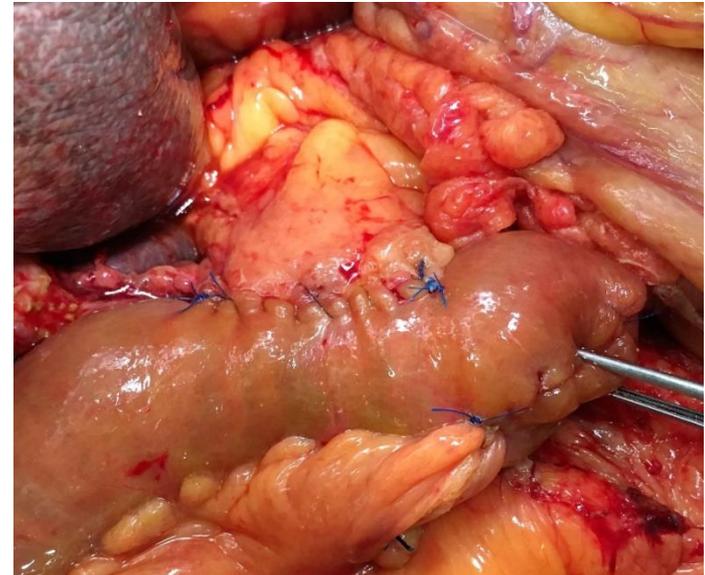
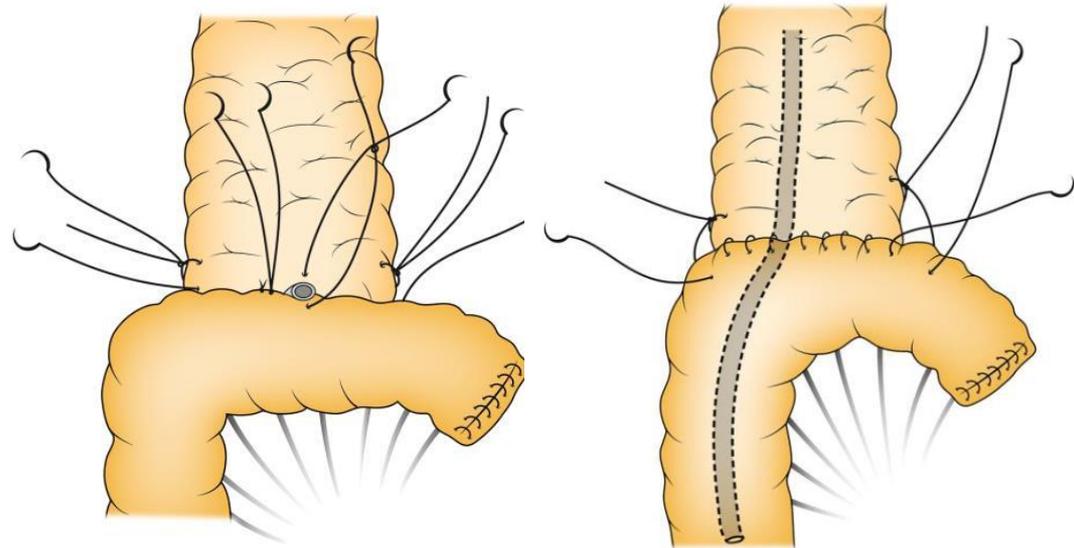
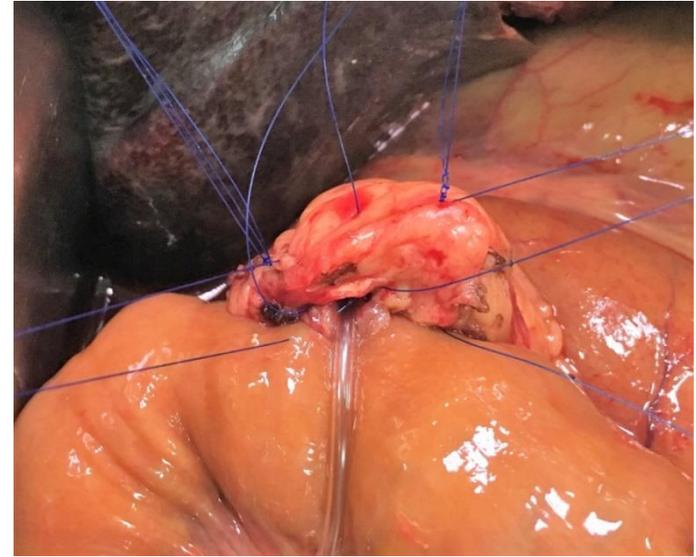
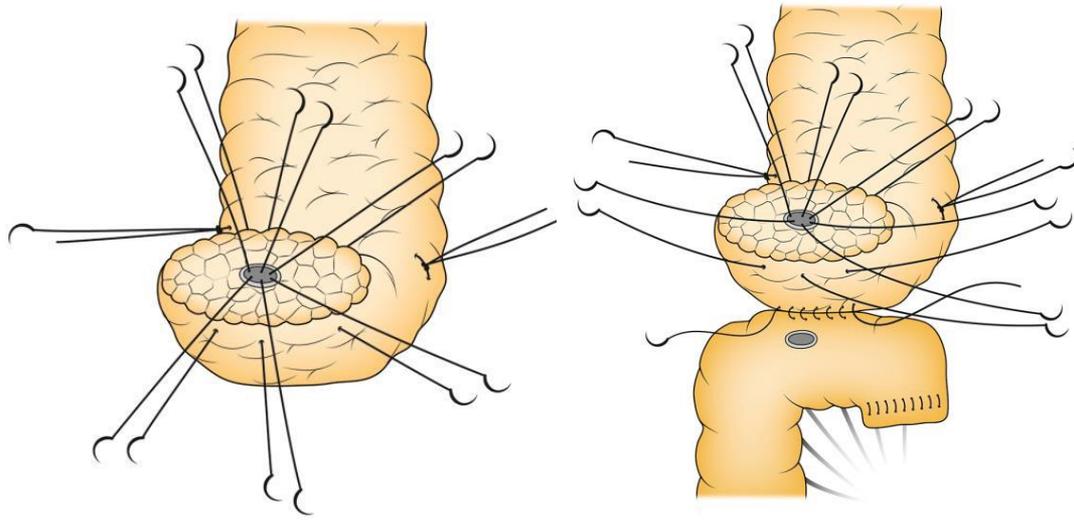
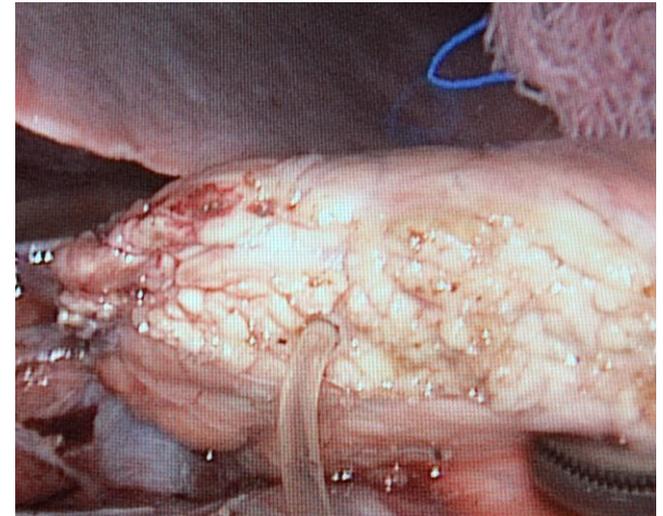
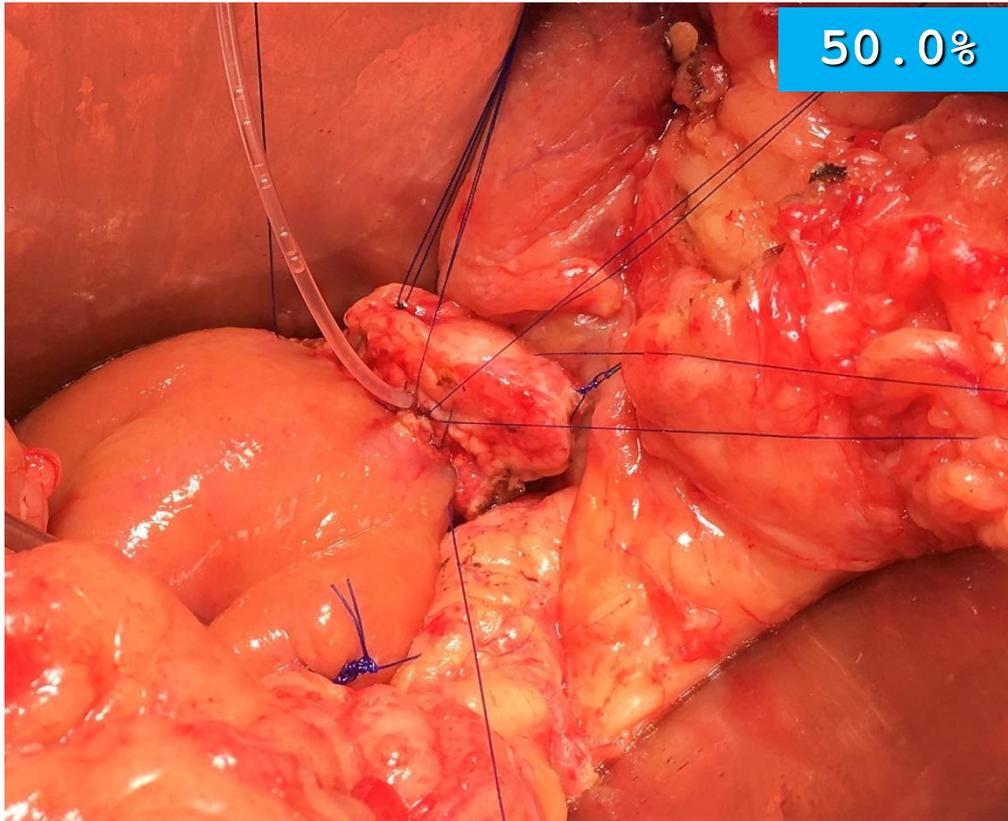


FIGURE 6 – Technical aspects (%)

MODIFIED HEIDELBERG TECHNIQUE

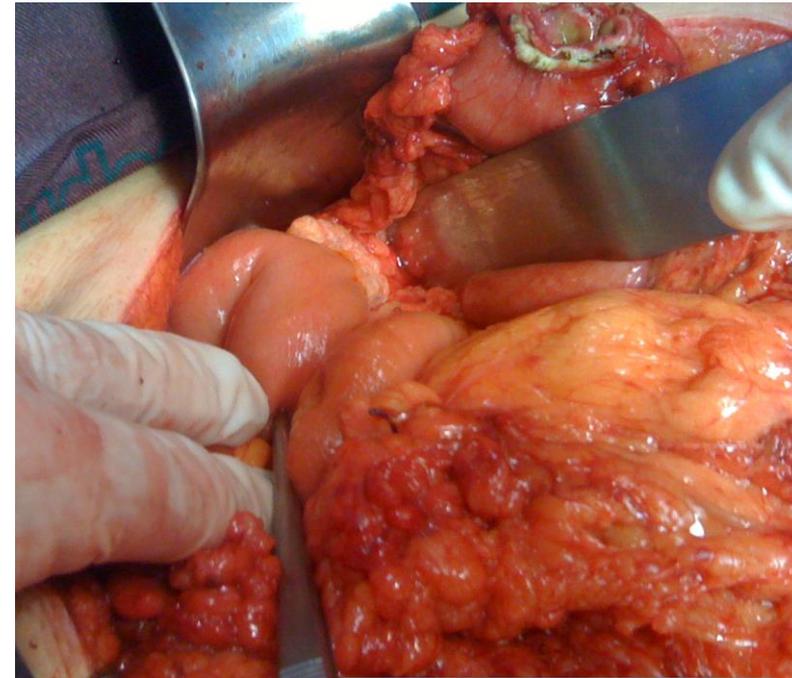
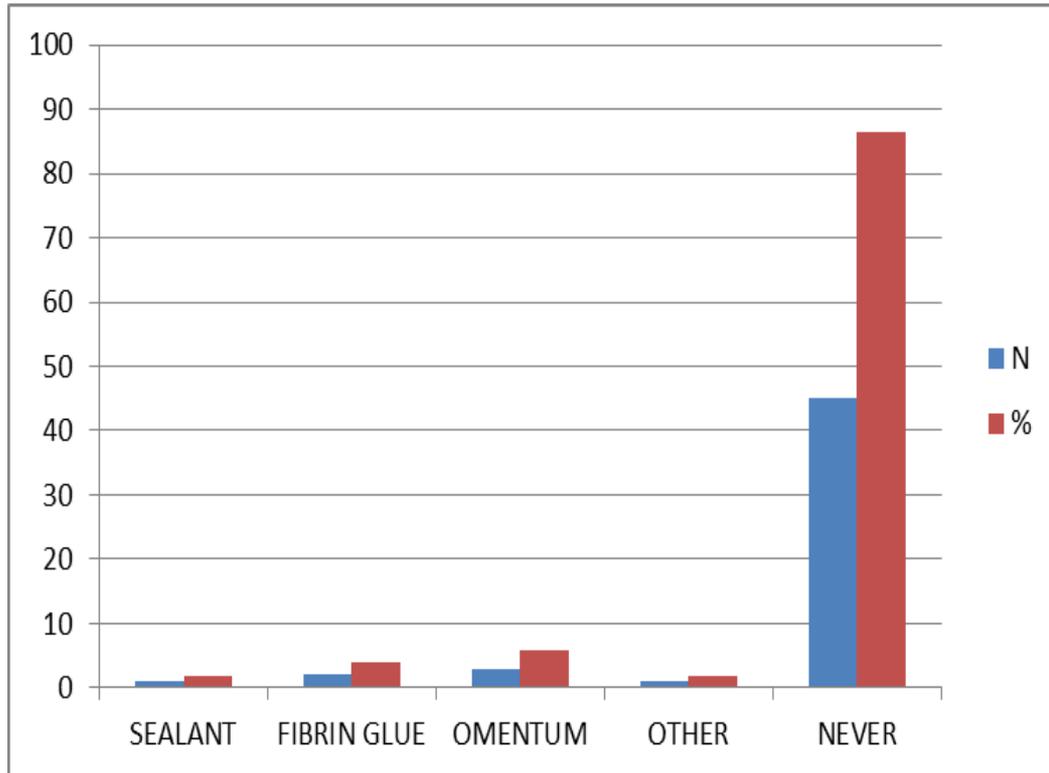


STENT INTO THE PANCREATIC DUCT



<input type="checkbox"/>	INTERNAL	50.0%
<input type="checkbox"/>	EXTERNAL	3.9%
<input type="checkbox"/>	NO STENT	46.1%

ANASTOMOSIS



TachoSil®

FIGURE 7 – Maneuver to protect the anastomosis (%)



GASTRIC RECONSTRUCTION

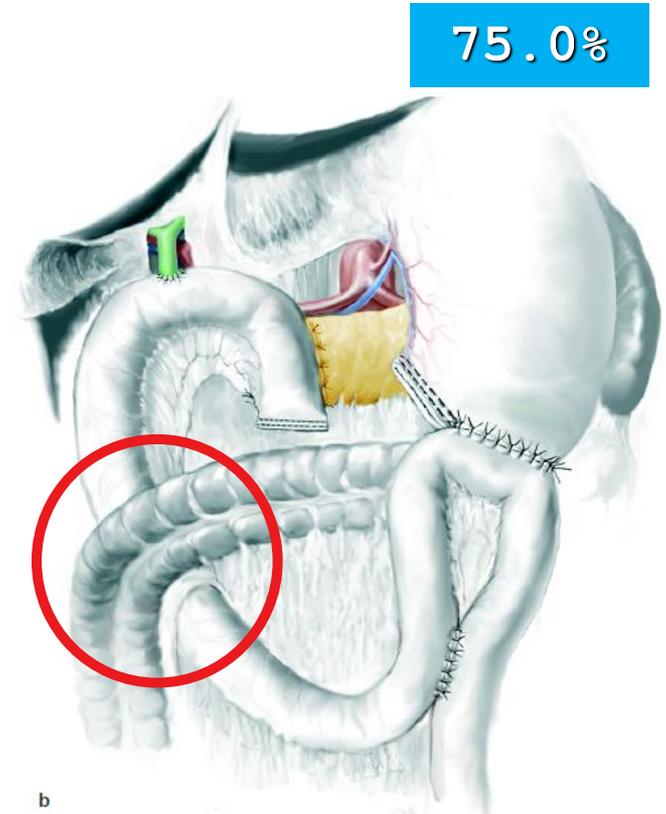
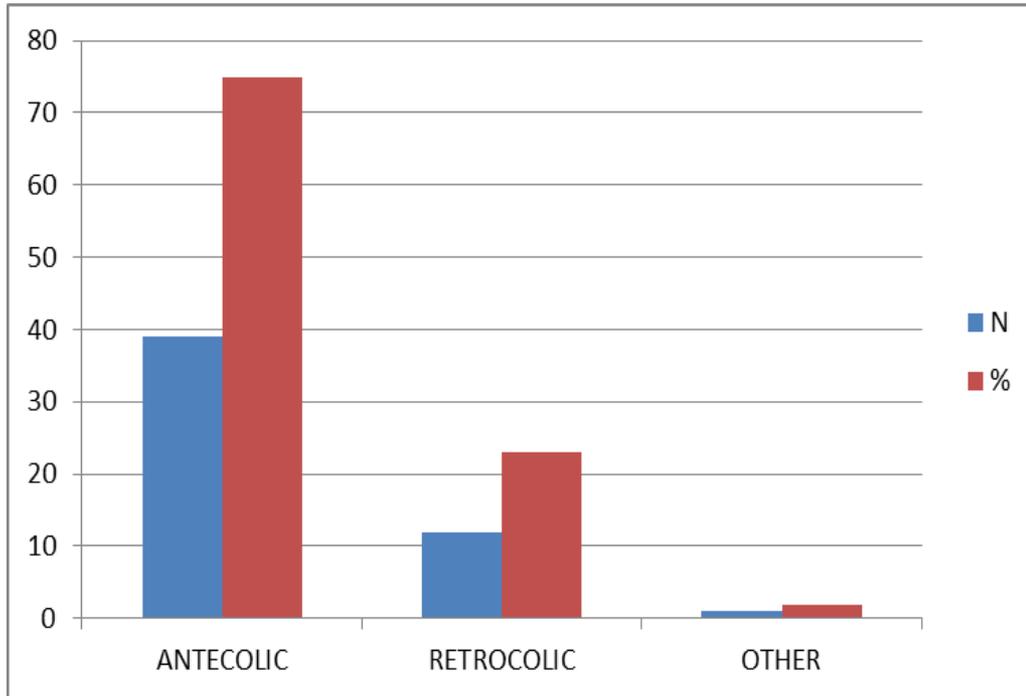
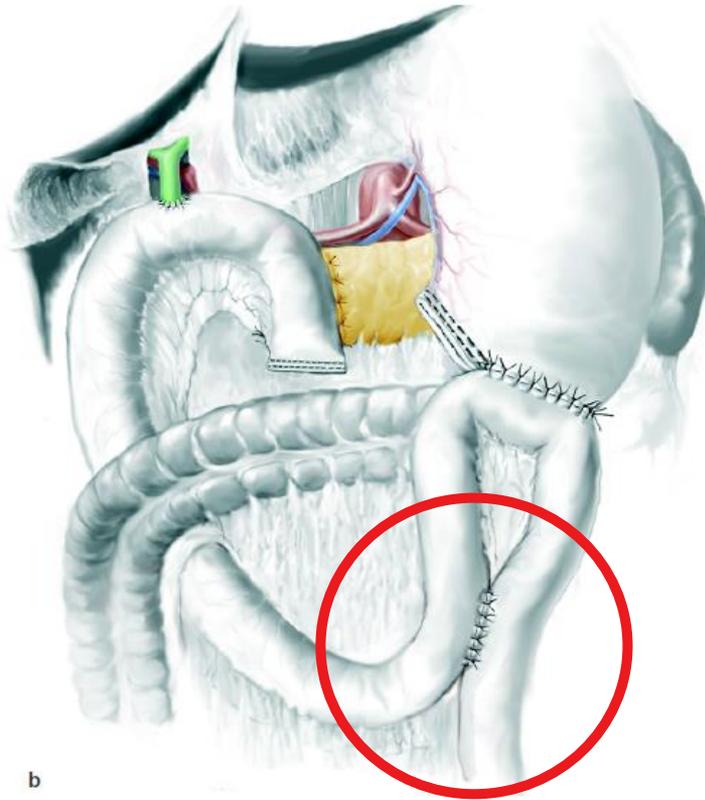


FIGURE 8 – Route of gastric reconstruction (%)

BRAUN ENTEROENTEROSTOMY



YES

11.5%

NO BRAUN

88.5%

ABDOMINAL DRAINAGE

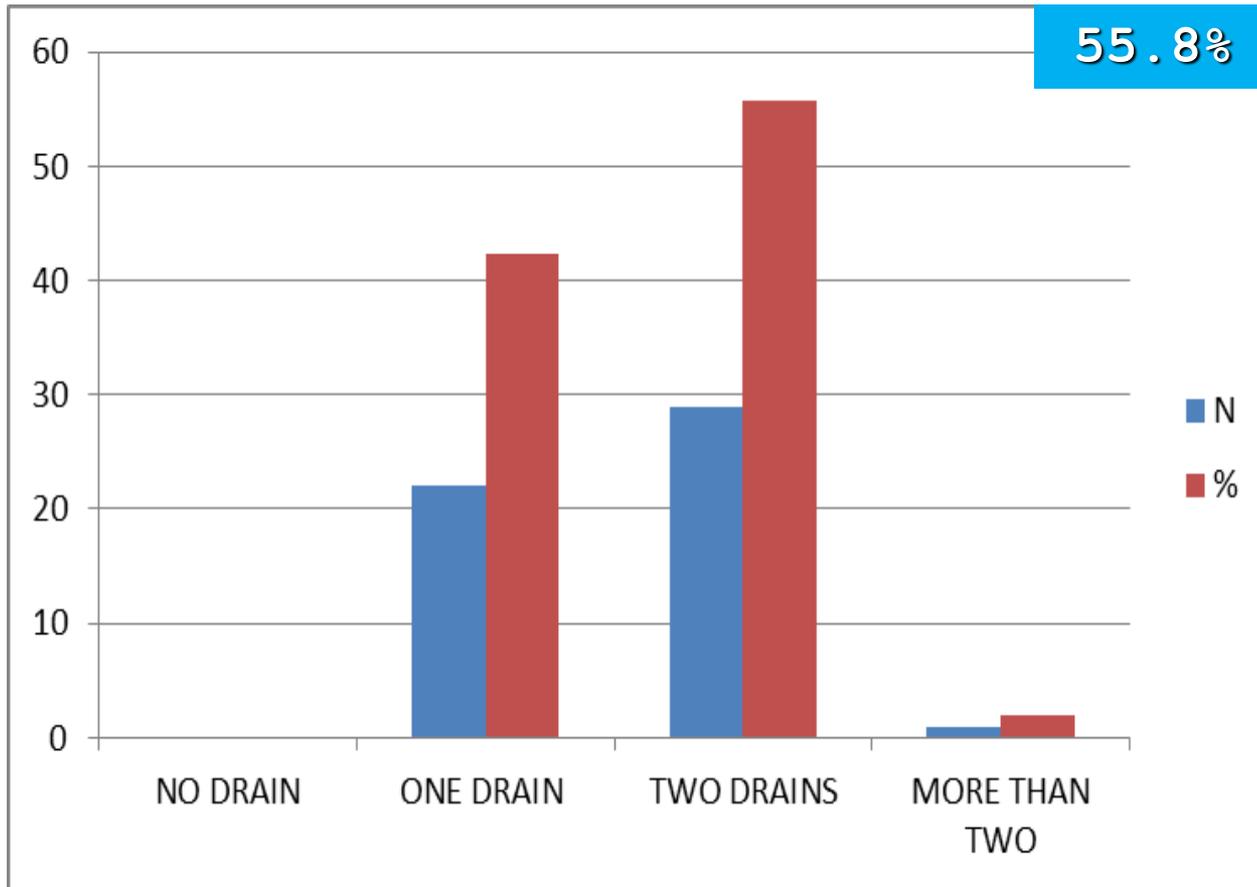


FIGURE 9 – Prophylactic abdominal drainage (%)

EARLY FEEDING

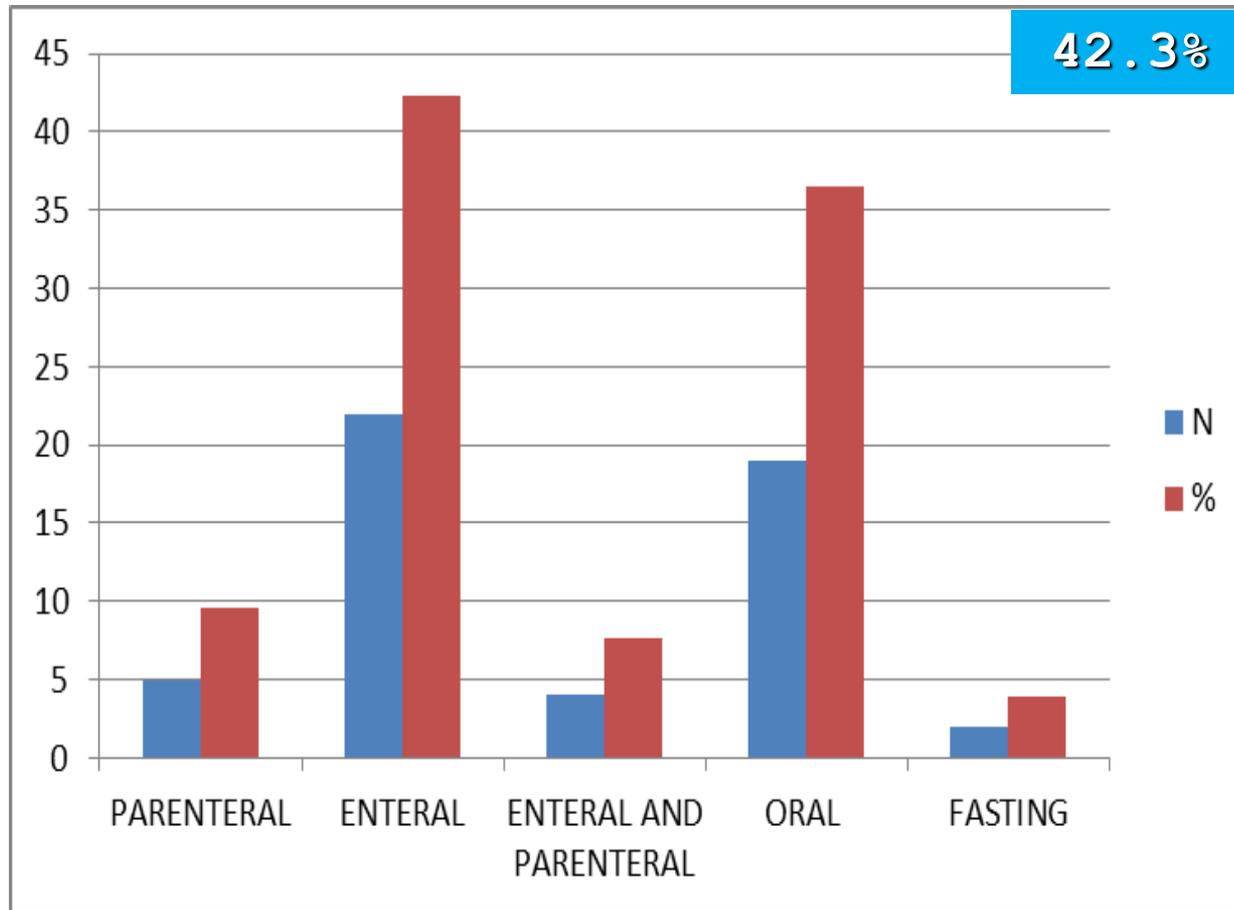


FIGURE 10 – Early feeding (%)

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Obrigado!



Lençóis Maranhenses