



35th IASGO WORLD CONGRESS



November 7 – 9, 2024



Intercontinental Cairo Semiramis Hotel, Egypt



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IASGO.EGYPT

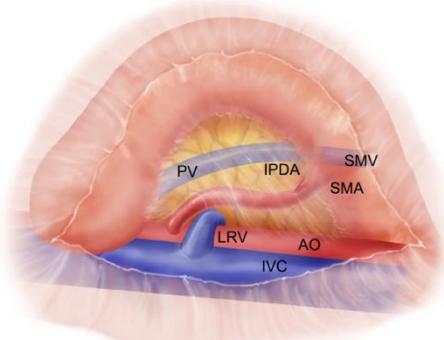
Pancreatic ductal adenocarcinoma

The perfect pancreateoduodenectomy

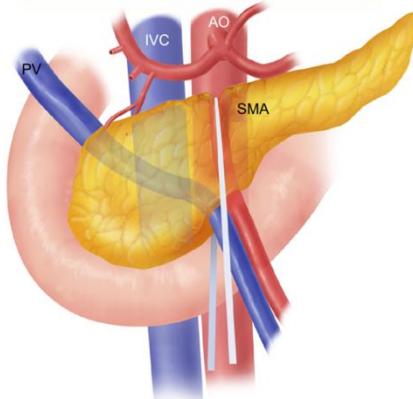
Orlando Jorge Martins Torres
Department of Gastrointestinal Surgery
Hepatopancreatobiliary Unit
Maranhao Federal University - Brazil

ARTERY FIRST APPROACH

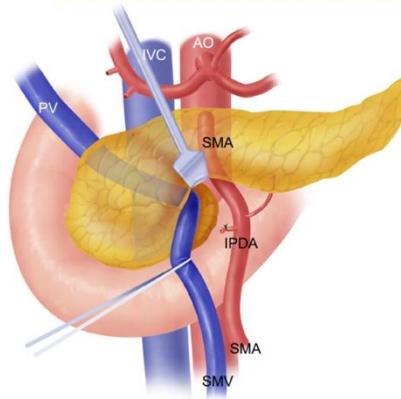
RIGHT POSTERIOR APPROACH



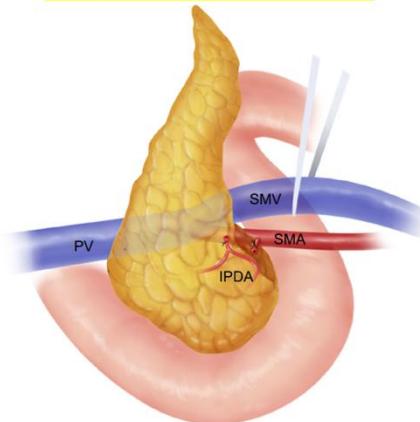
SUPERIOR APPROACH



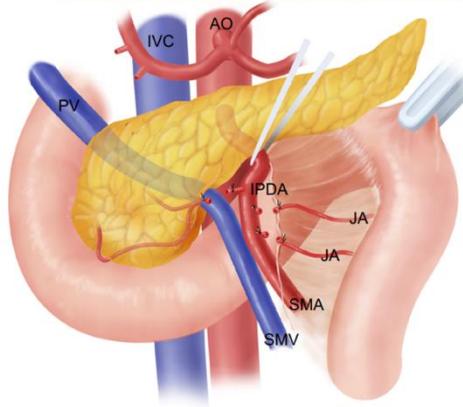
ANTERIOR APPROACH



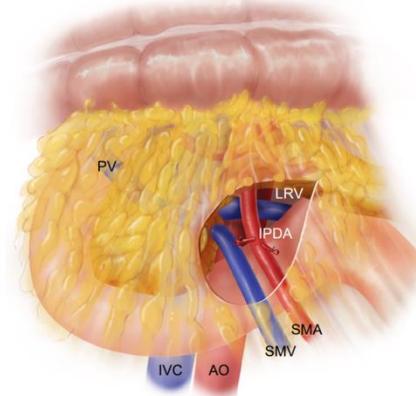
UNCINATE APPROACH



LEFT POSTERIOR APPROACH



MESENTERIC APPROACH



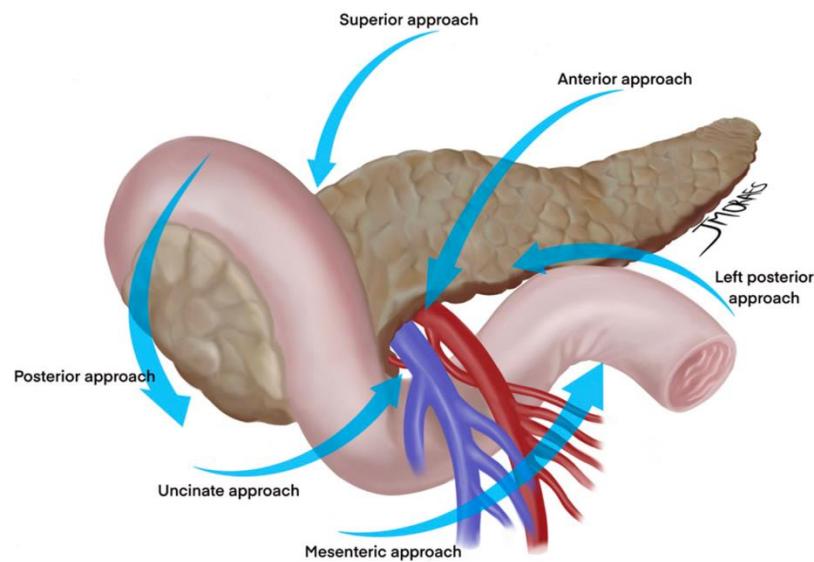


What do surgeons need to know about the mesopancreas

Eduardo de Souza M. Fernandes^{1,2} · Oliver Strobel^{3,4} · Camila Girão^{1,2} · Jose Maria A. Moraes-Junior^{5,6} · Orlando Jorge M. Torres^{5,6}

Table 3 Advantages of the artery-first approach (SHARMA) [35]

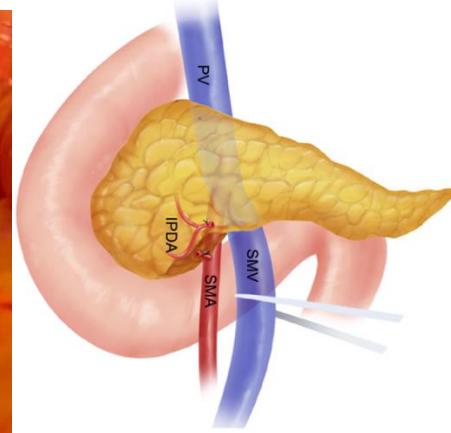
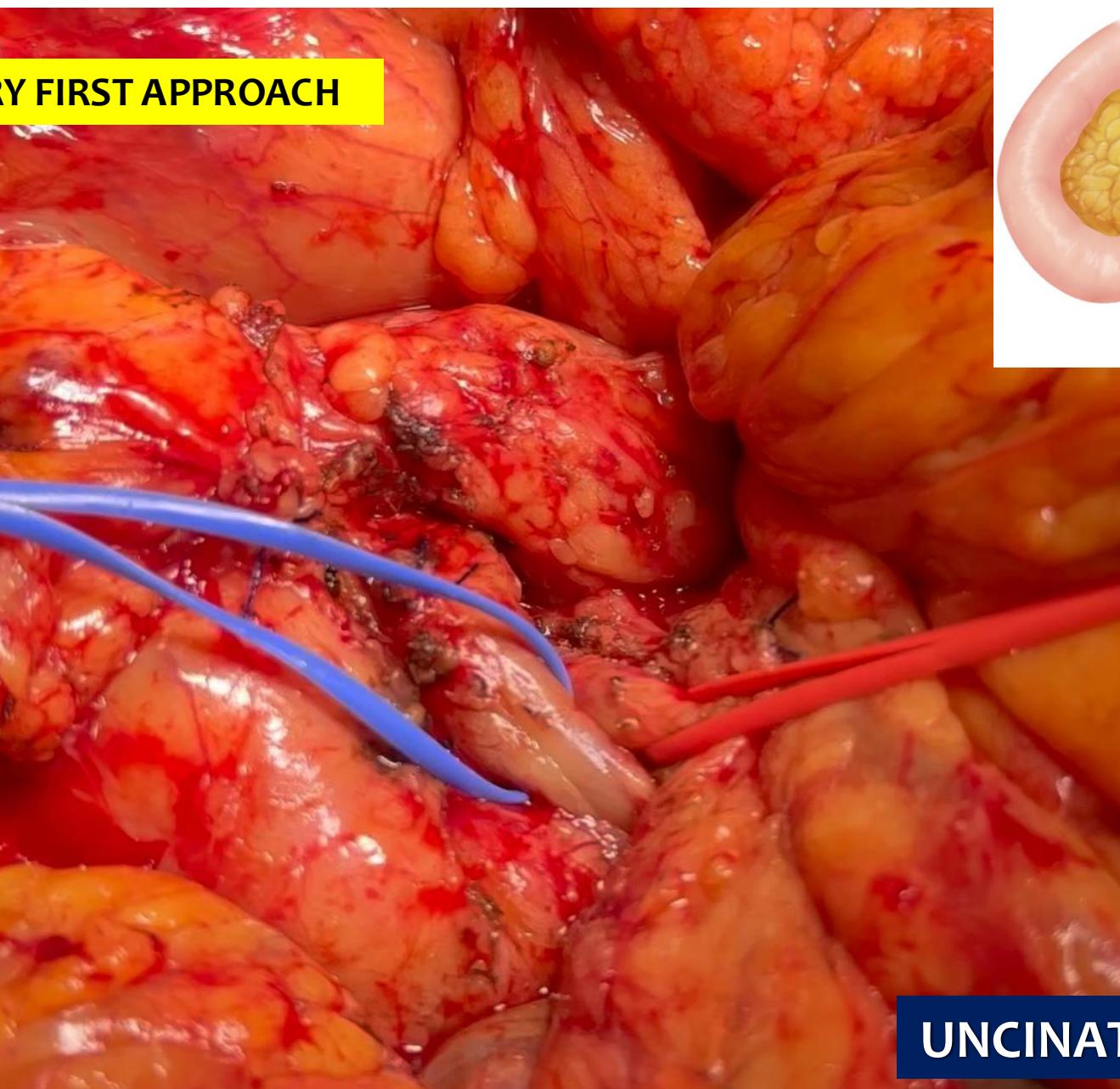
1. Resection without breaching the tumor extension plane, thereby minimizing cell spillage
2. Increases curative (R0) resection, decreases local recurrence
3. Complete resection of peripancreatic retroperitoneal tissue around the plexuses
4. Increased lymph nodal clearance
5. Early assessment of non-resectability (SMA involvement), avoiding useless R2 resections
6. Better delineation of SMA and identification of RHA anomalies
7. Easier en bloc resection and reconstruction of SMV-PV by “no touch” technique
8. Reduced need for graft substitutions
9. Reduced operative time and blood loss (early ligation of IPDA/JA1)



Fernandes ESM, et al. J Gastrointest Oncol 2023

ARTERY FIRST

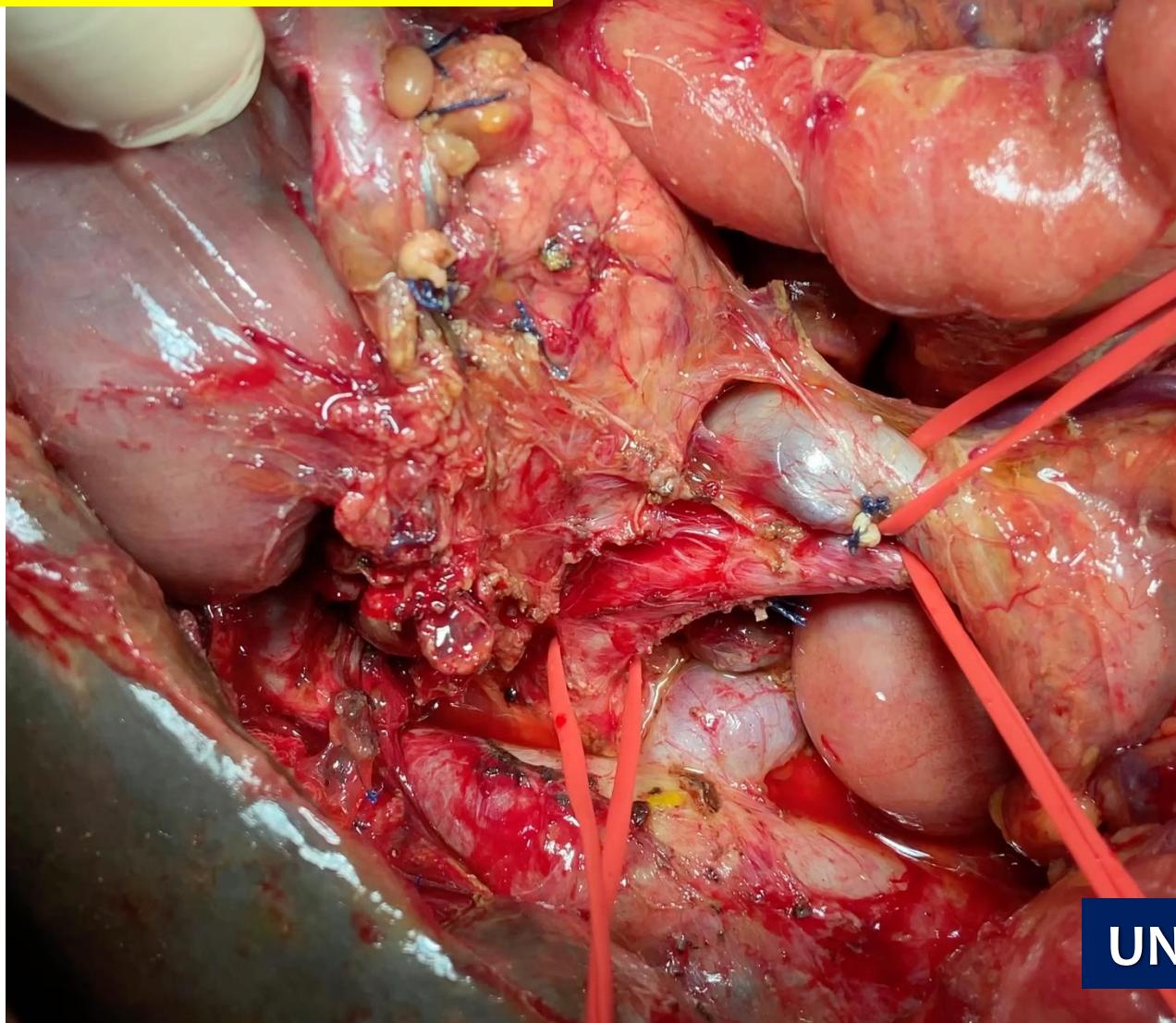
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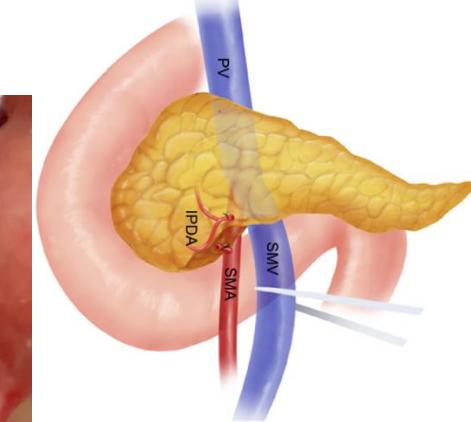
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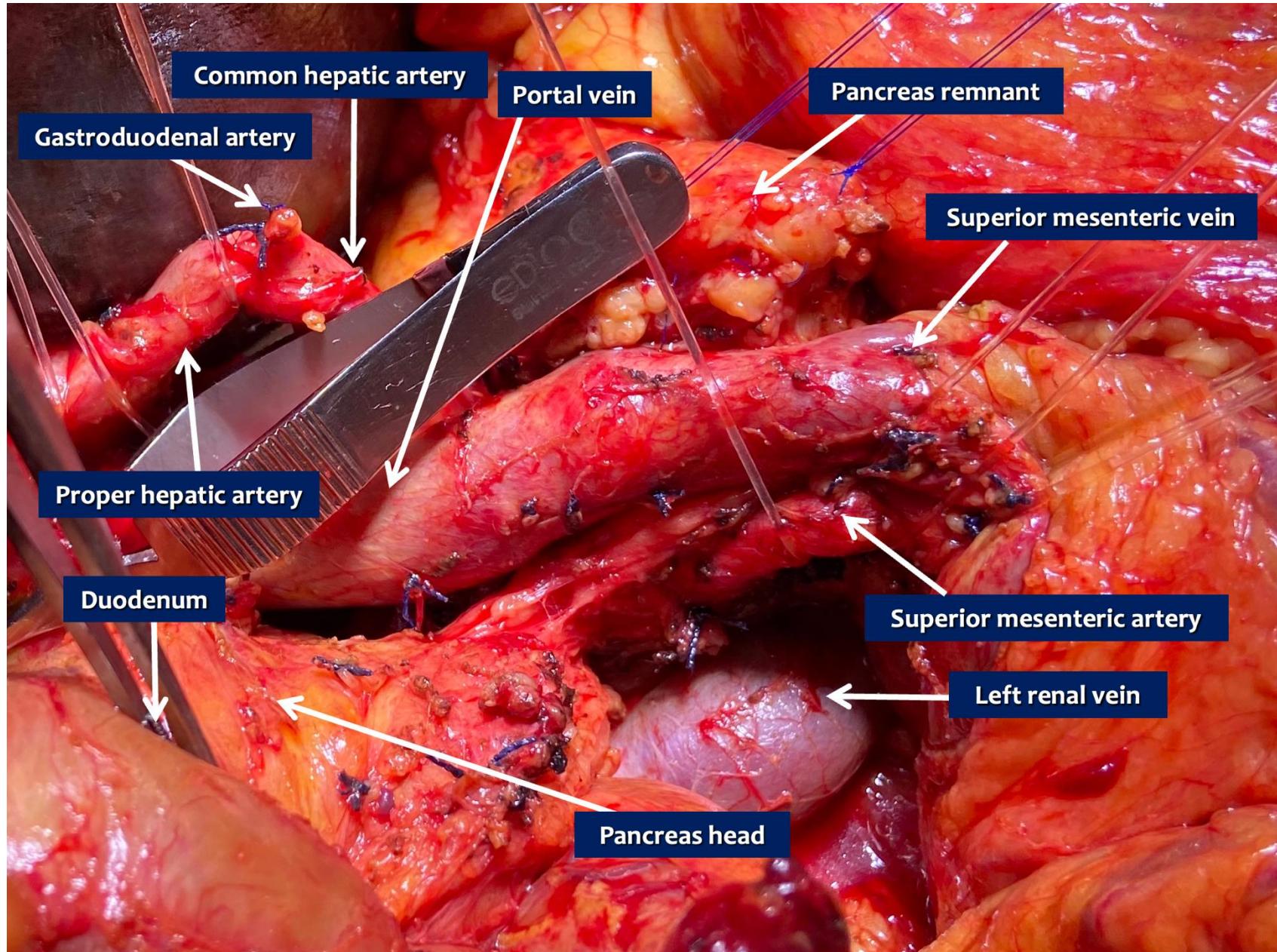


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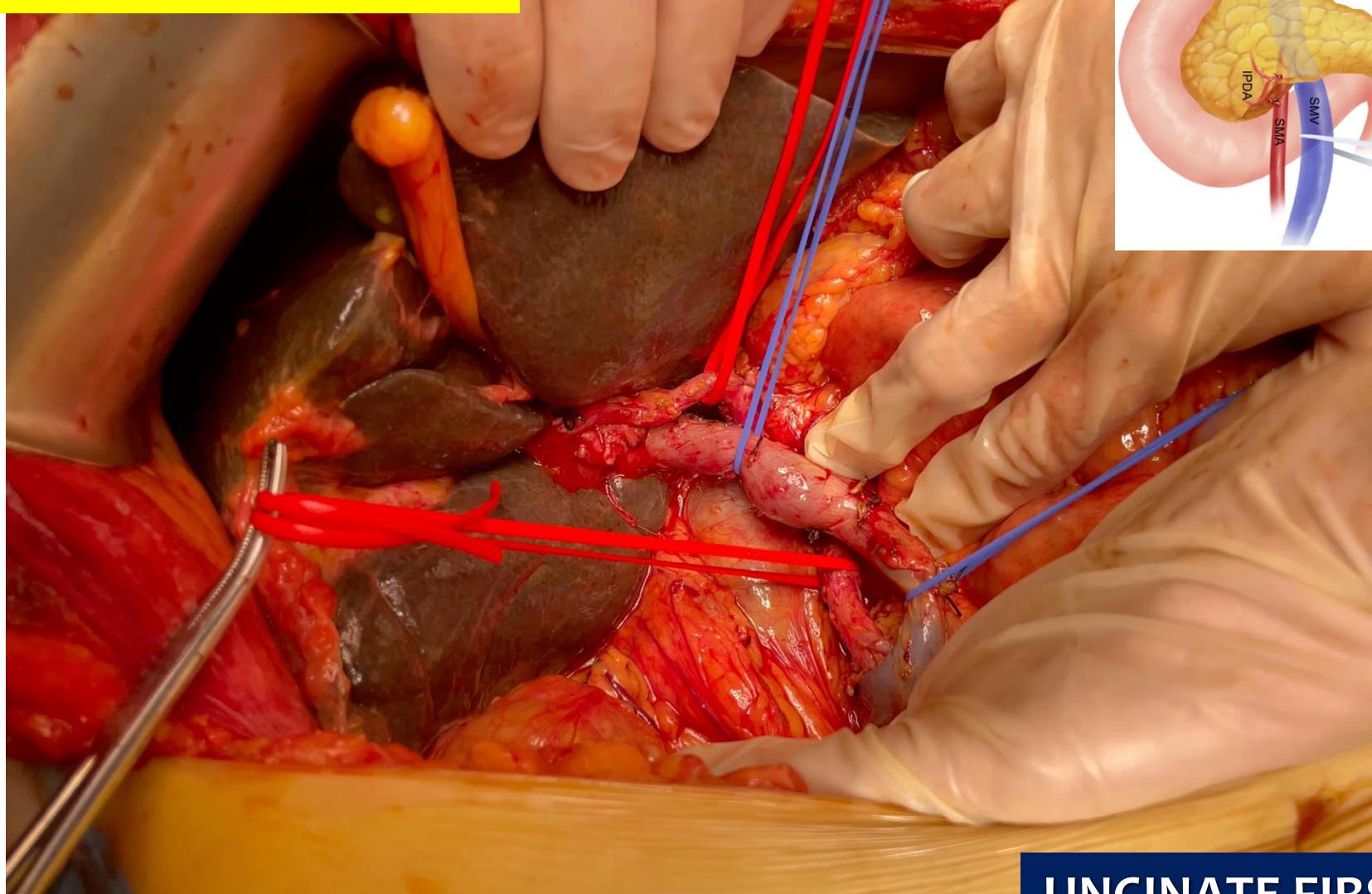


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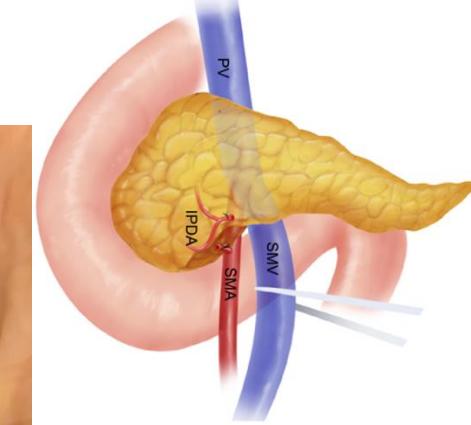




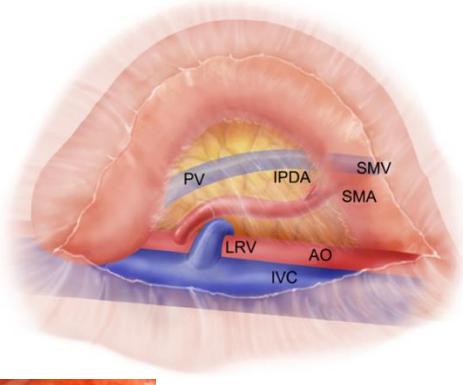
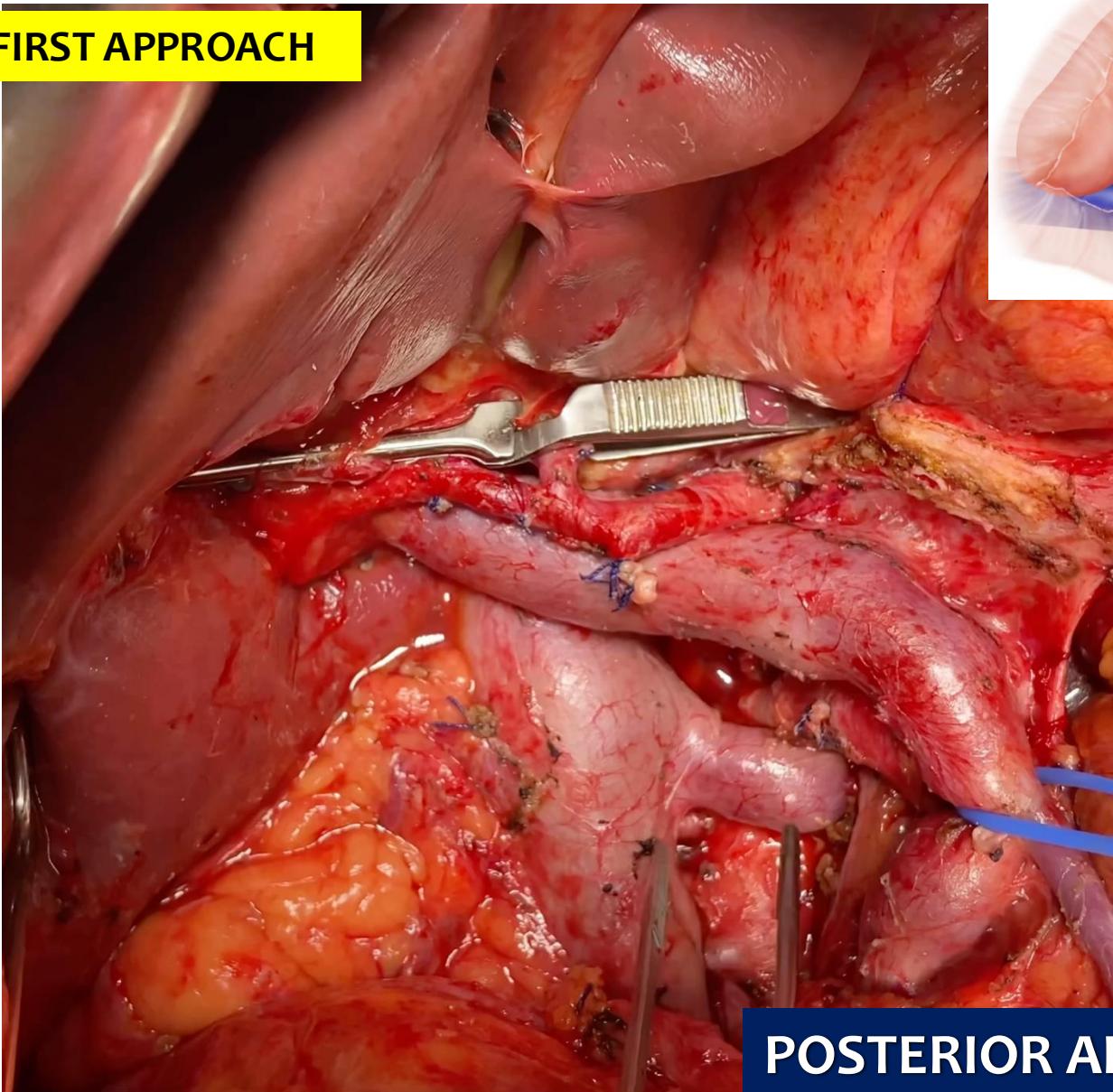
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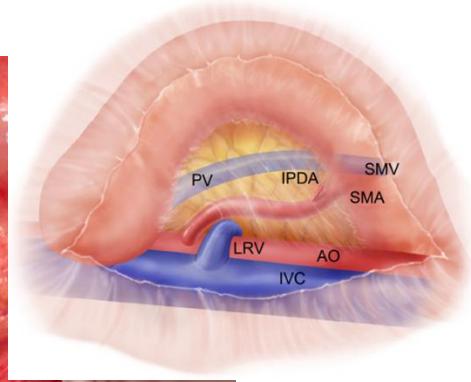
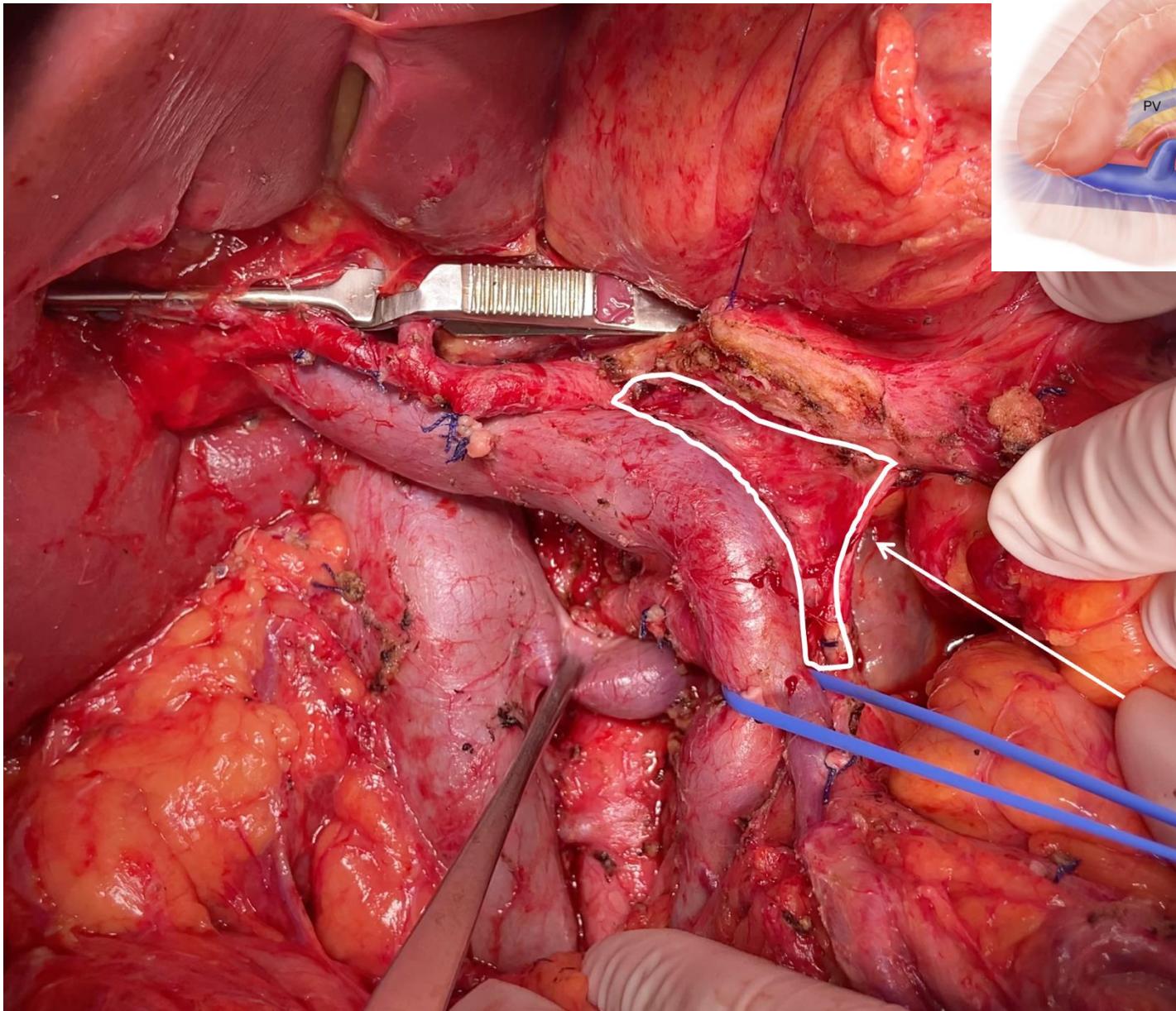
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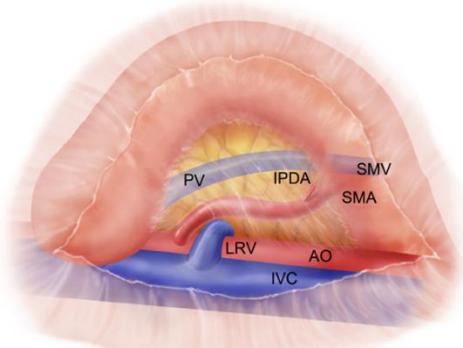
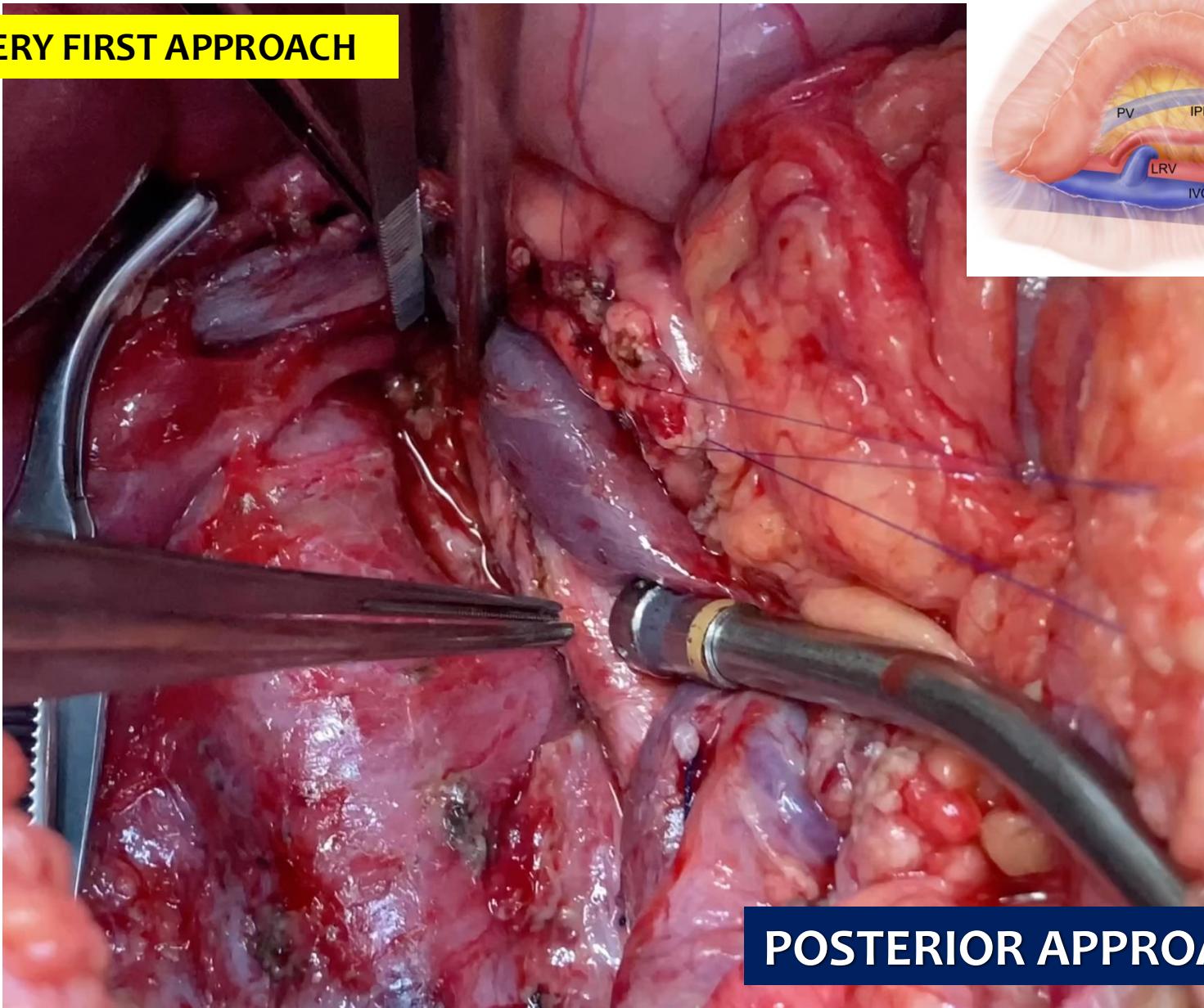
ARTERY FIRST APPROACH



POSTERIOR APPROACH

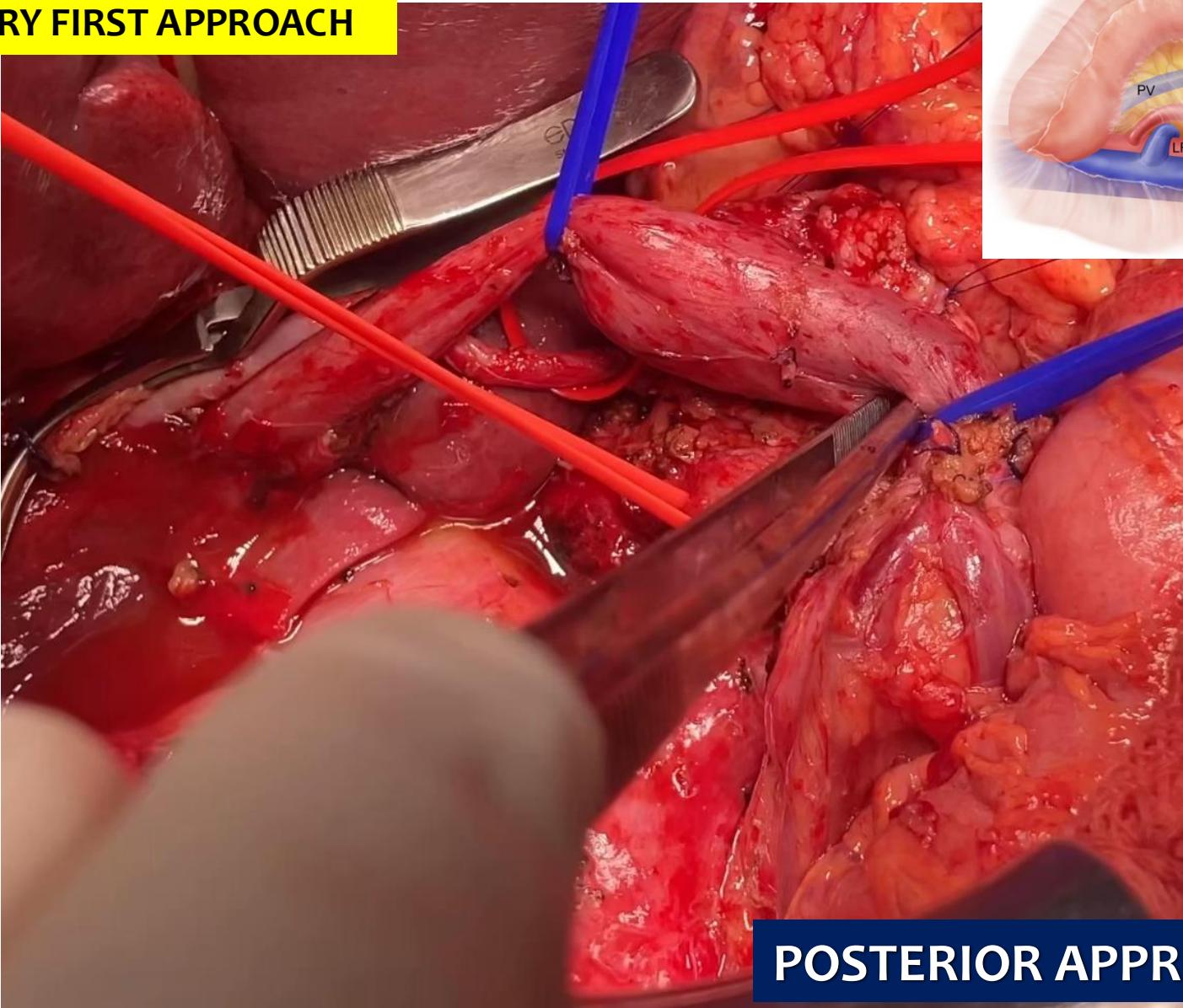


ARTERY FIRST APPROACH



POSTERIOR APPROACH

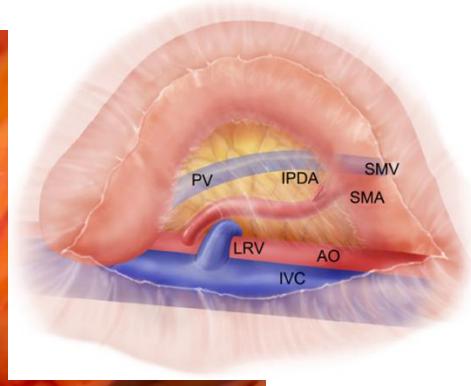
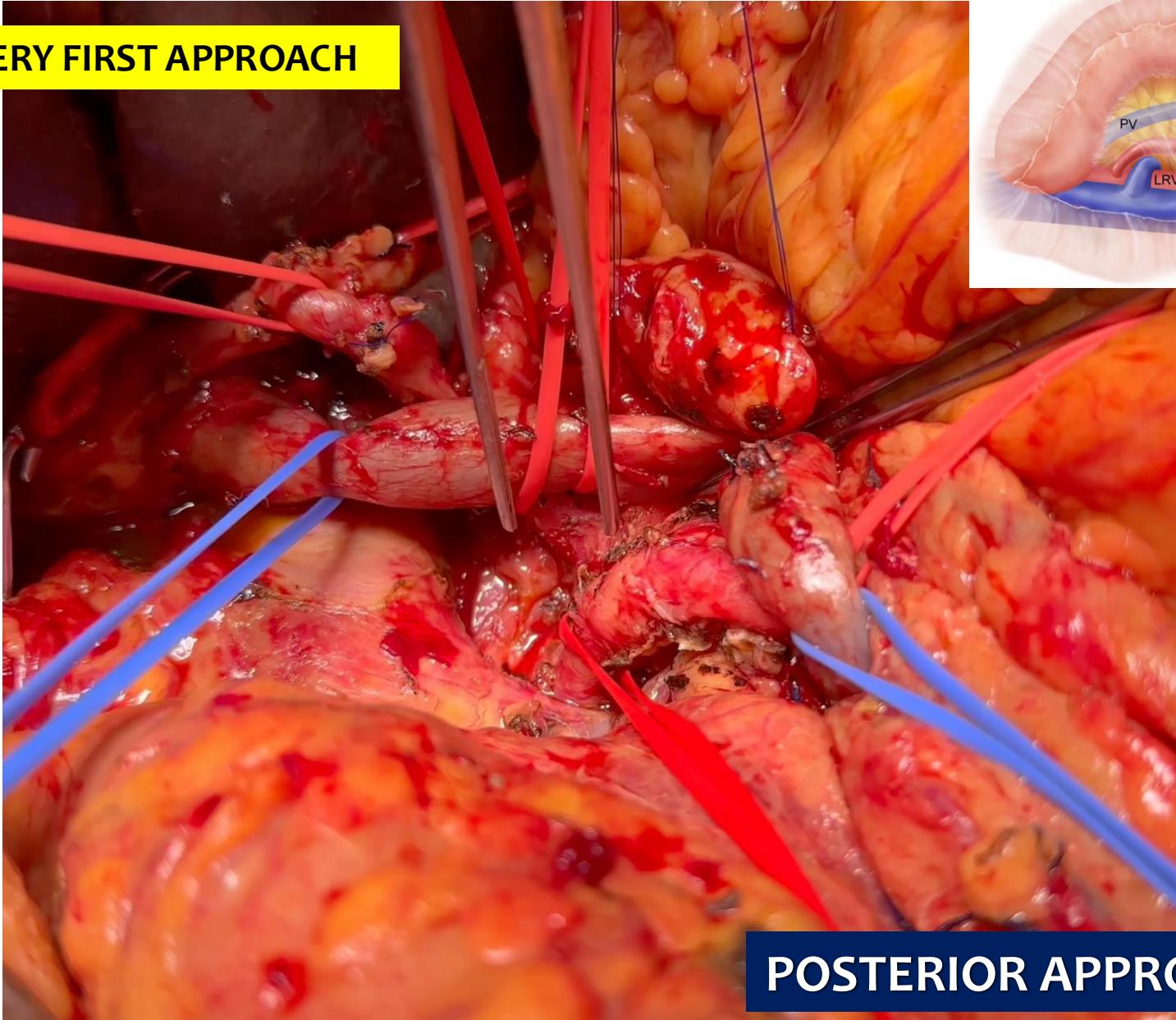
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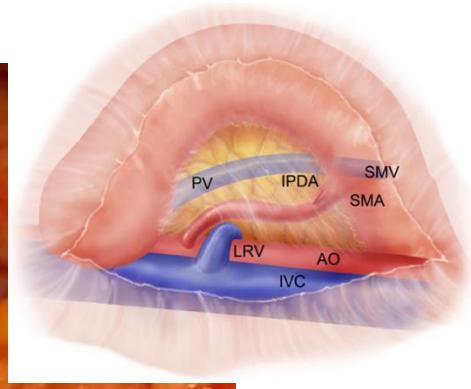
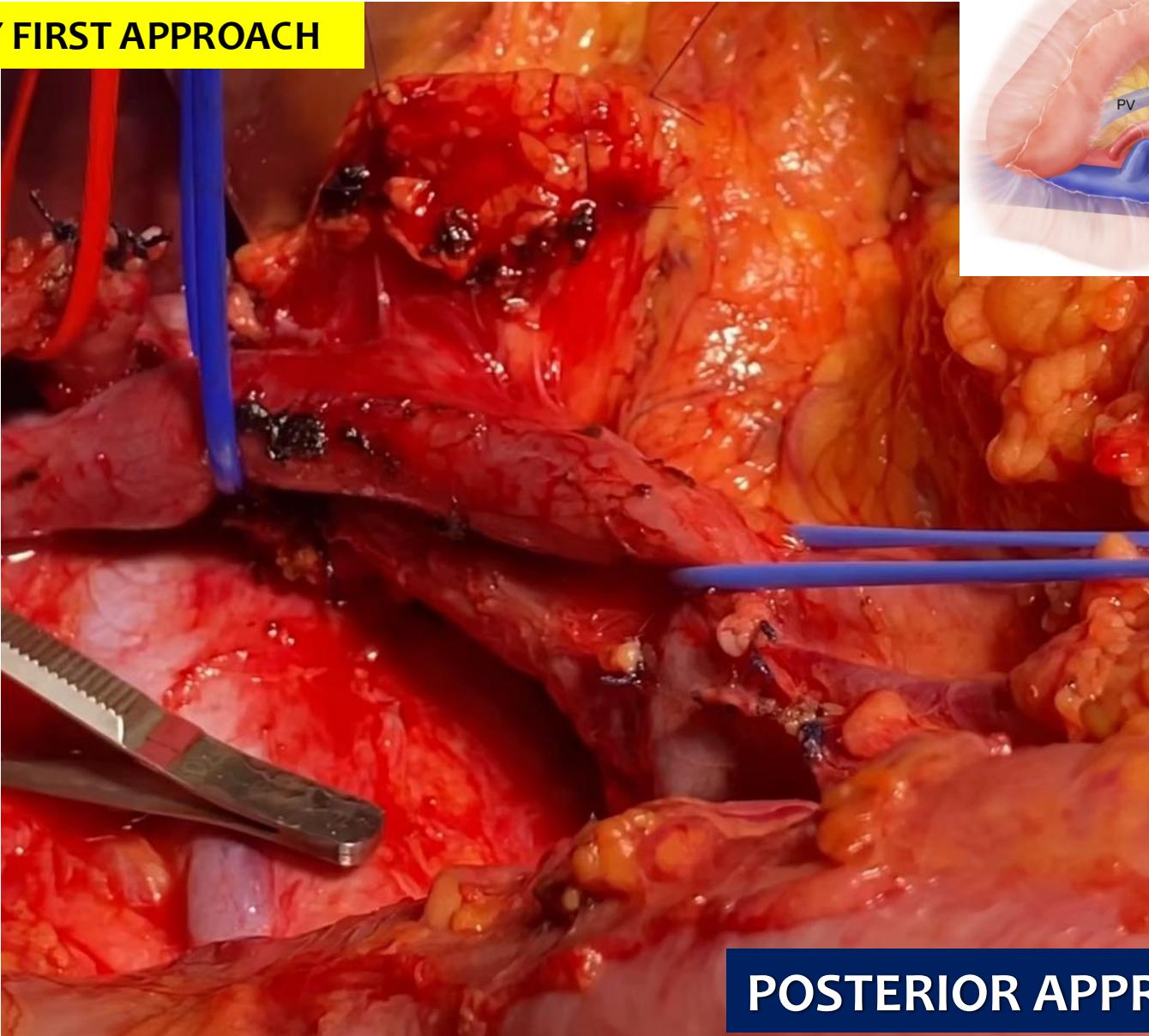


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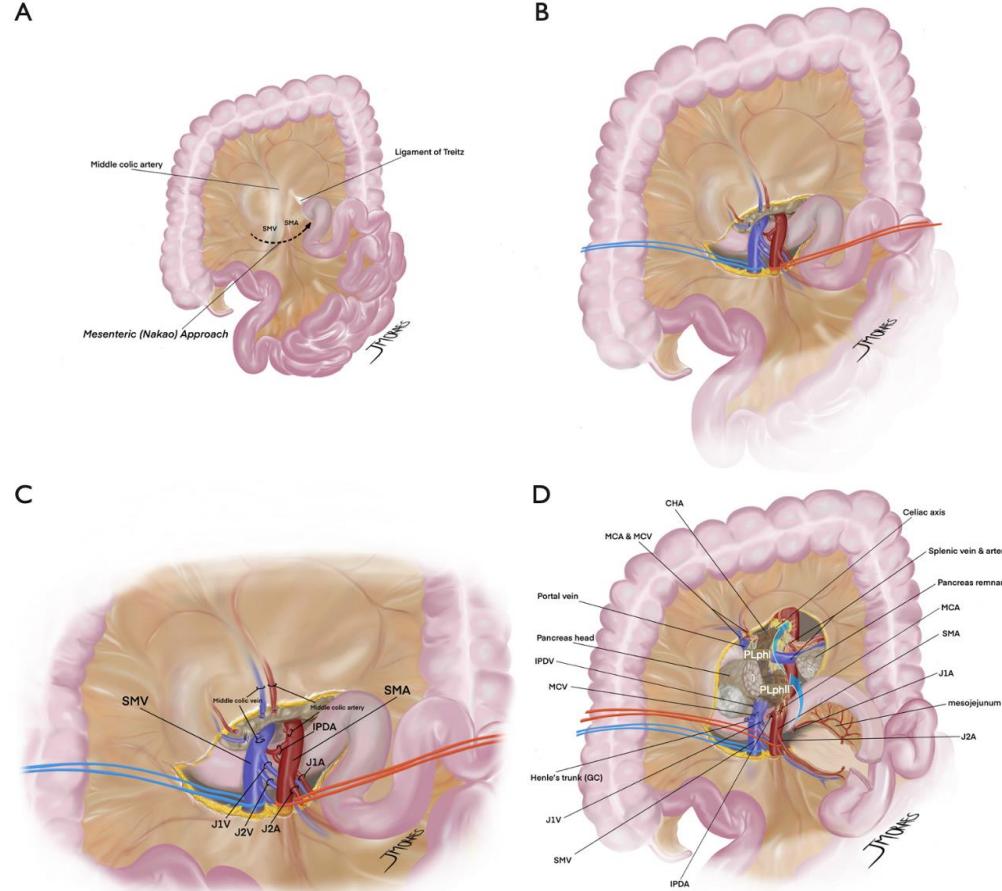
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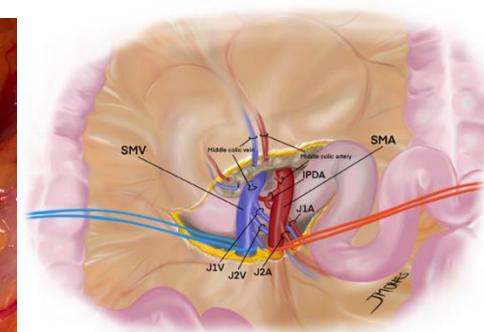
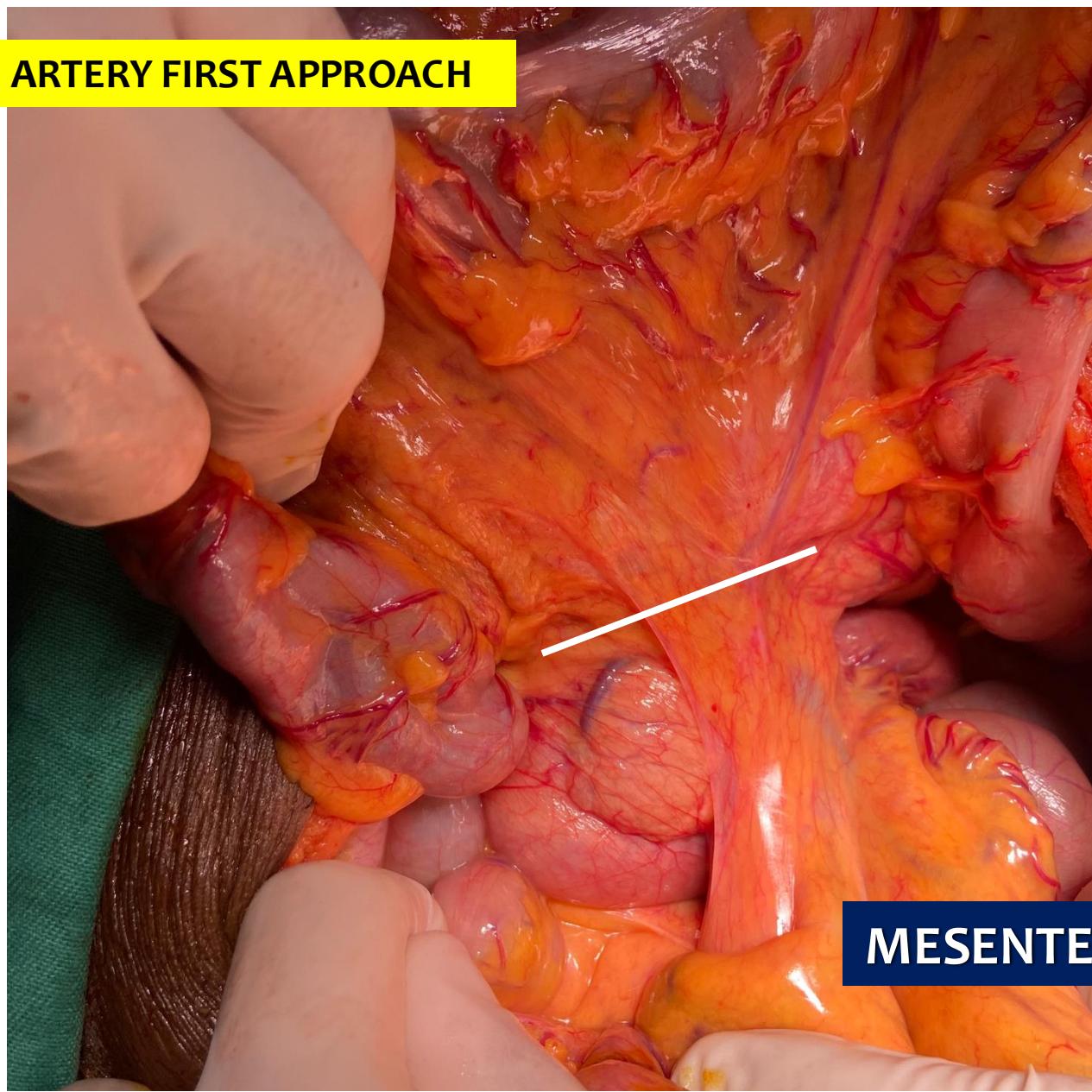
A more radical perspective on surgical approach and outcomes in pancreatic cancer—a narrative review

Eduardo de Souza M. Fernandes^{1,2,3}, Felipe Pedreira T. de Mello^{1,2}, Eduardo Pinho Braga¹, Gabrielle Oliveira de Souza¹, Ronaldo Andrade^{1,2}, Leandro Savattone Pimentel^{1,2}, Camila Liberato Girão^{1,2}, Munique Siqueira^{1,2}, José Maria A. Moraes-Junior^{6,7}, Romulo Varella de Oliveira⁴, Nicolas Goldaracena⁵, Orlando Jorge M. Torres^{6,7}



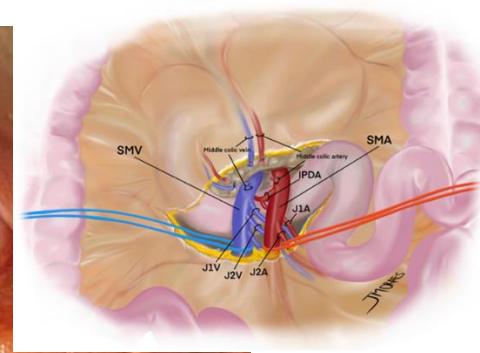
MESENTERIC APPROACH

ARTERY FIRST APPROACH



MESENTERIC APPROACH

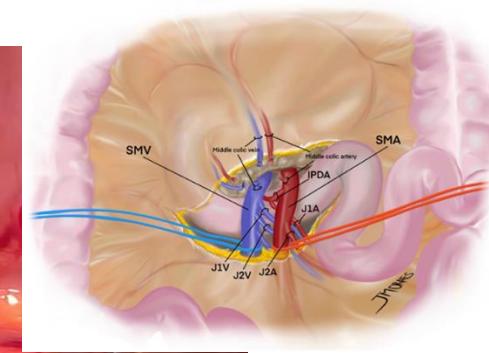
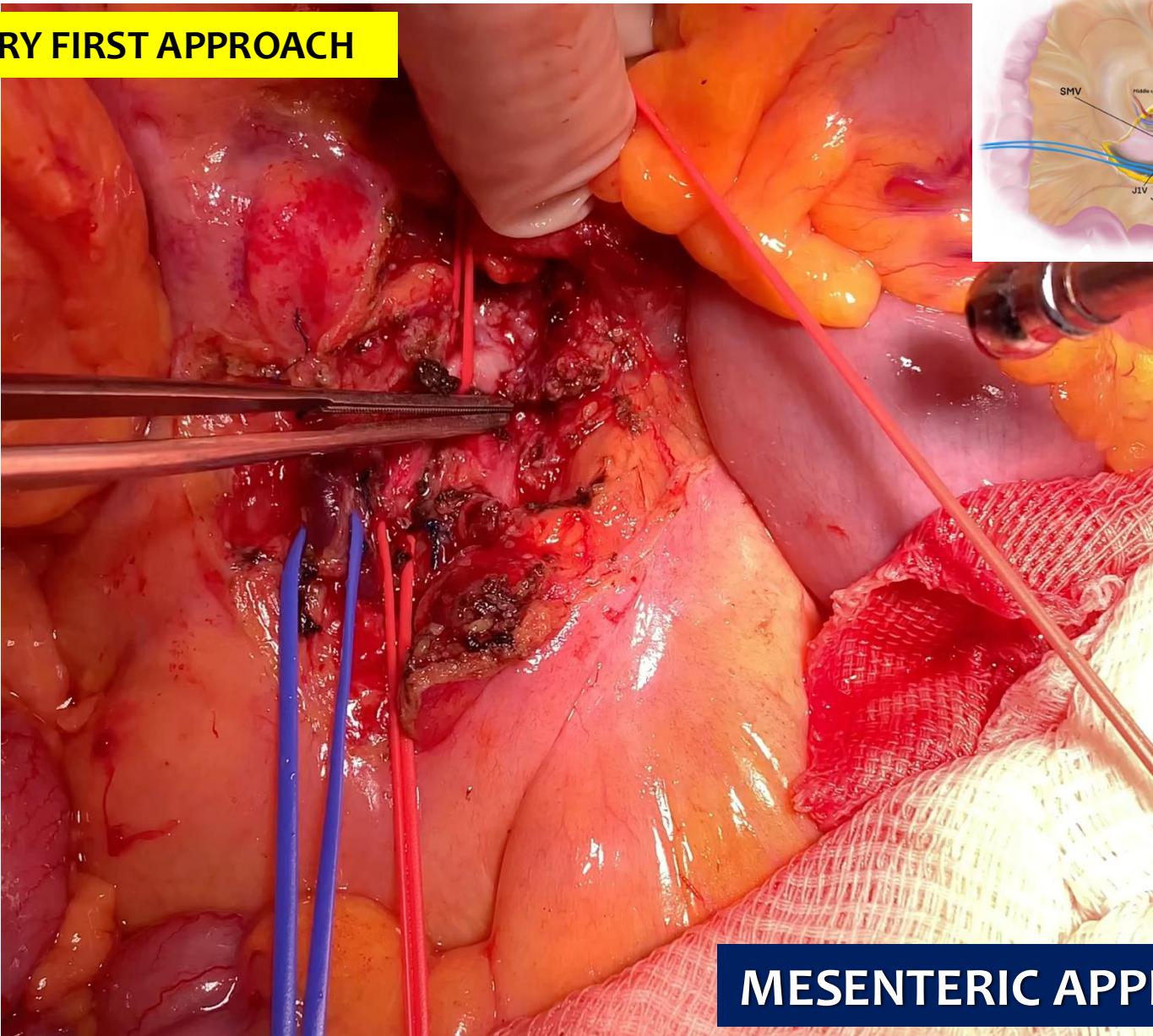
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MESENTERIC APPROACH

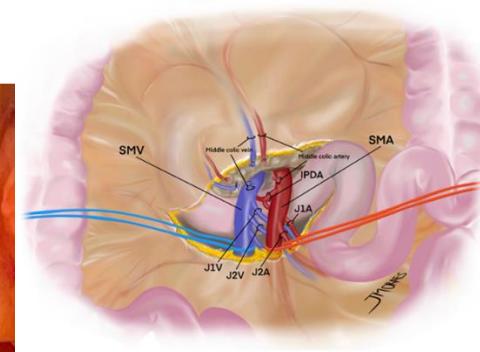
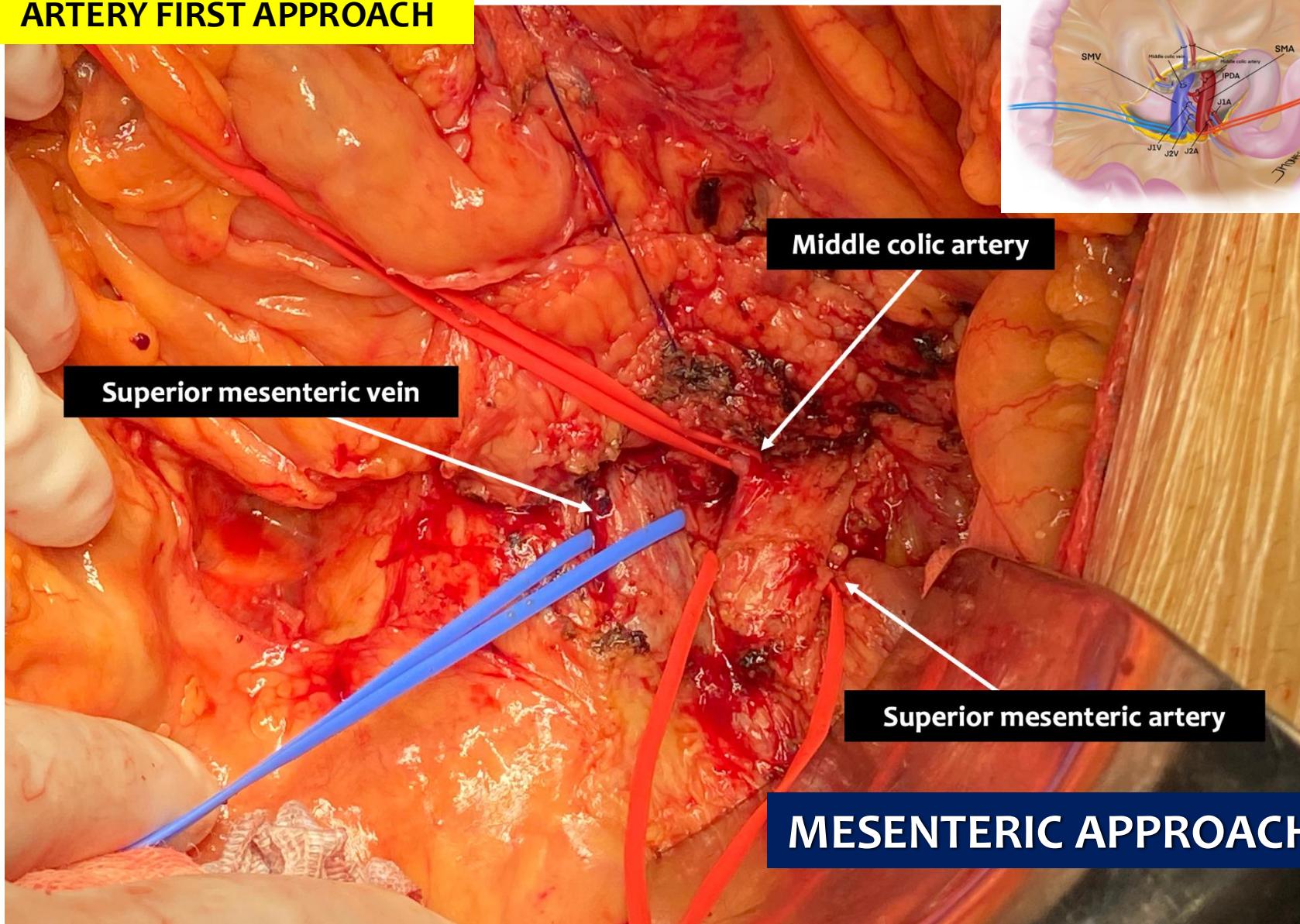


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MESENTERIC APPROACH

ARTERY FIRST APPROACH



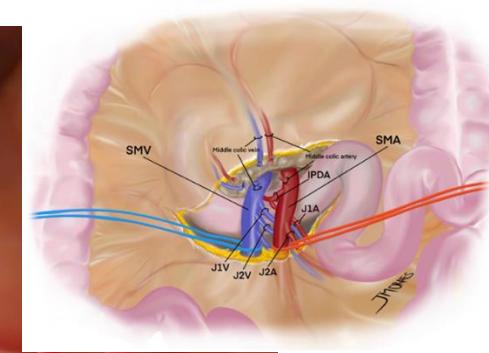
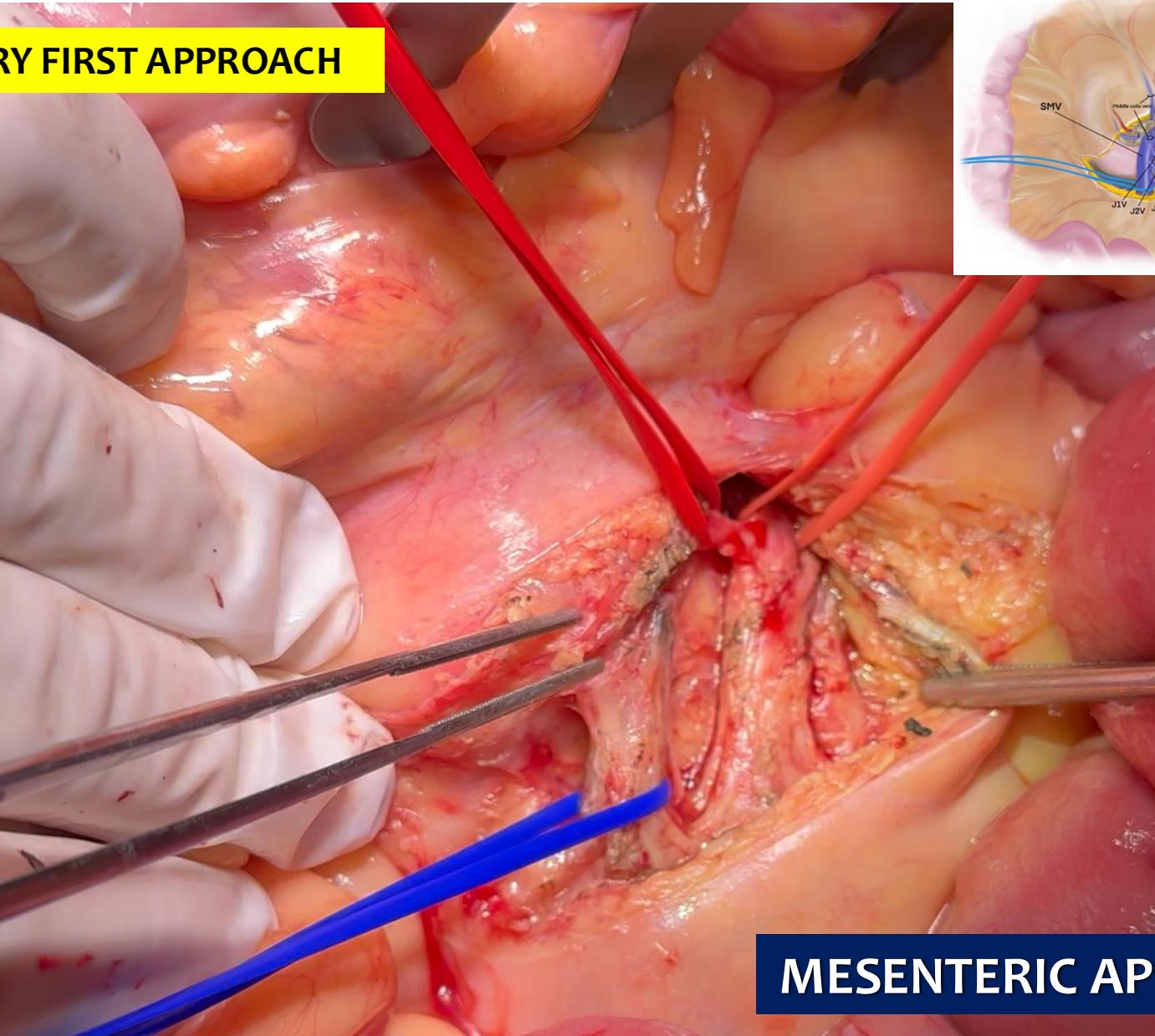
Middle colic artery

Superior mesenteric vein

Superior mesenteric artery

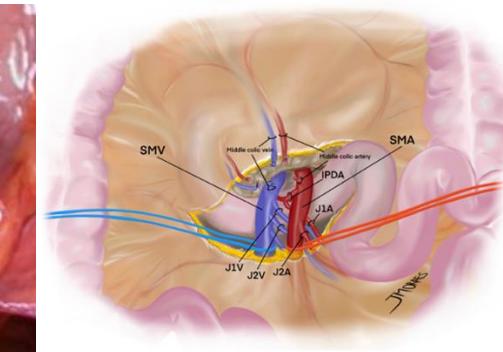
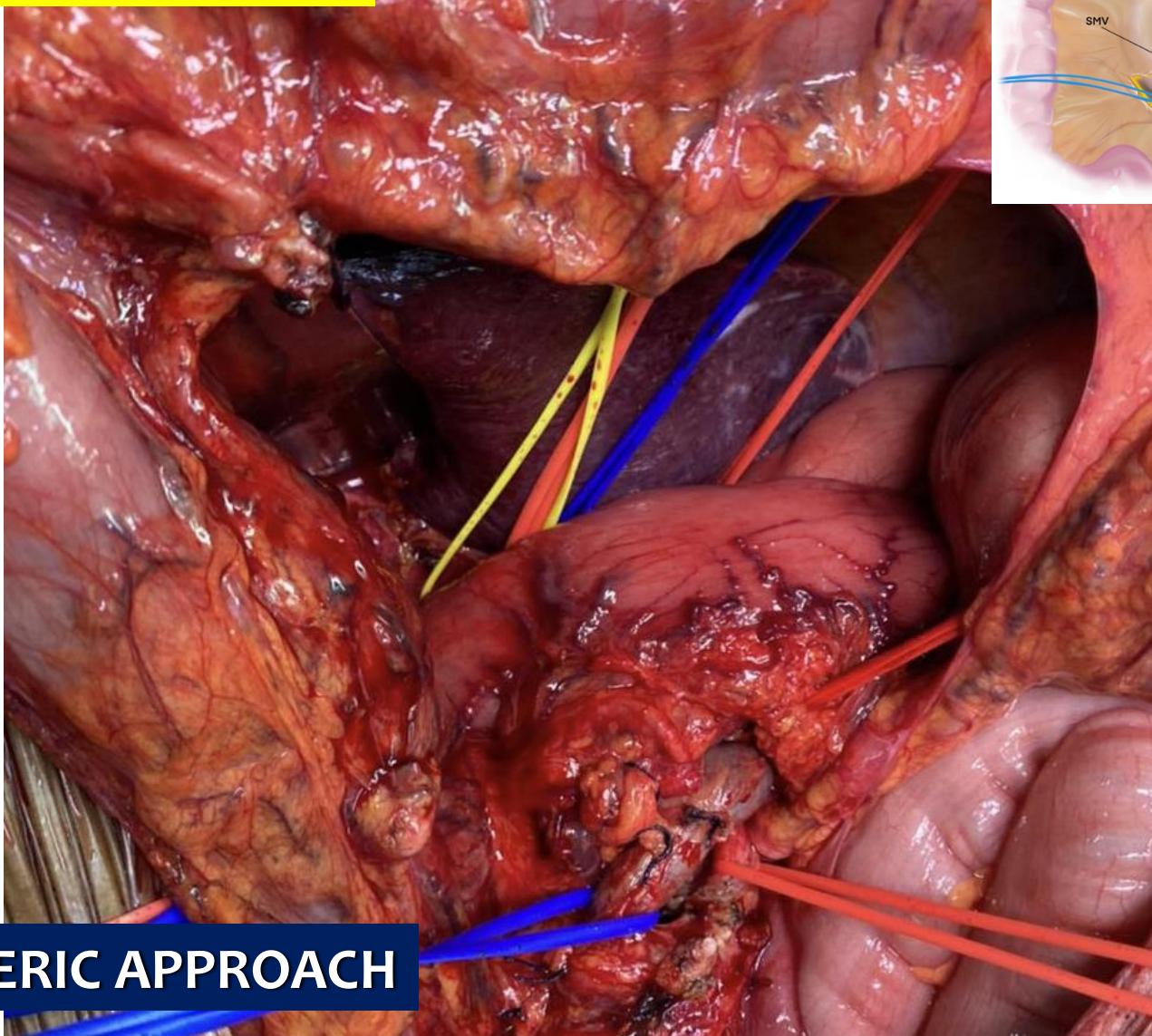
MESENTERIC APPROACH

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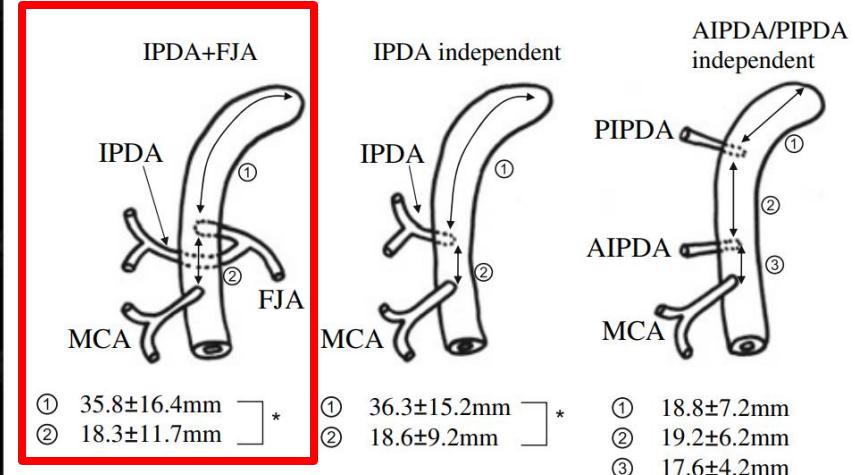
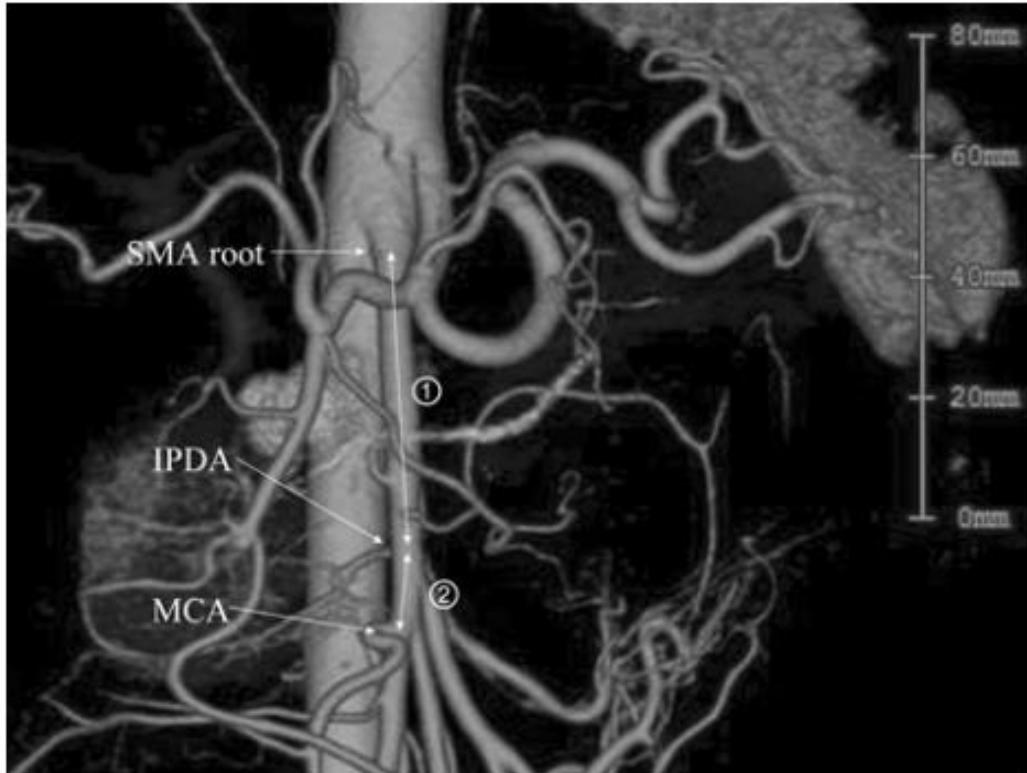
MESENTERIC APPROACH

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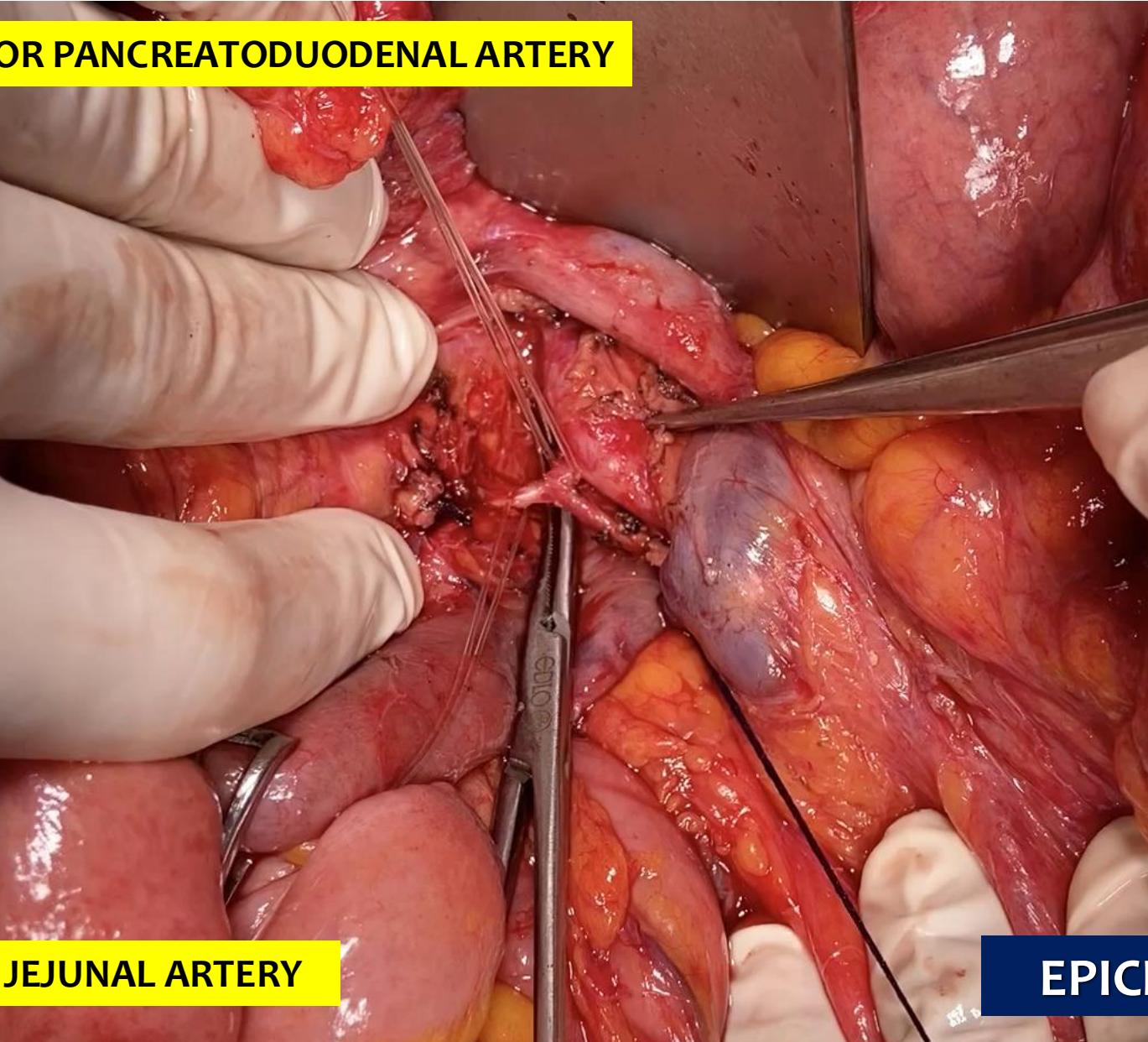
MESENTERIC APPROACH

INFERIOR PANCREATODUODENAL ARTERY



IPDA

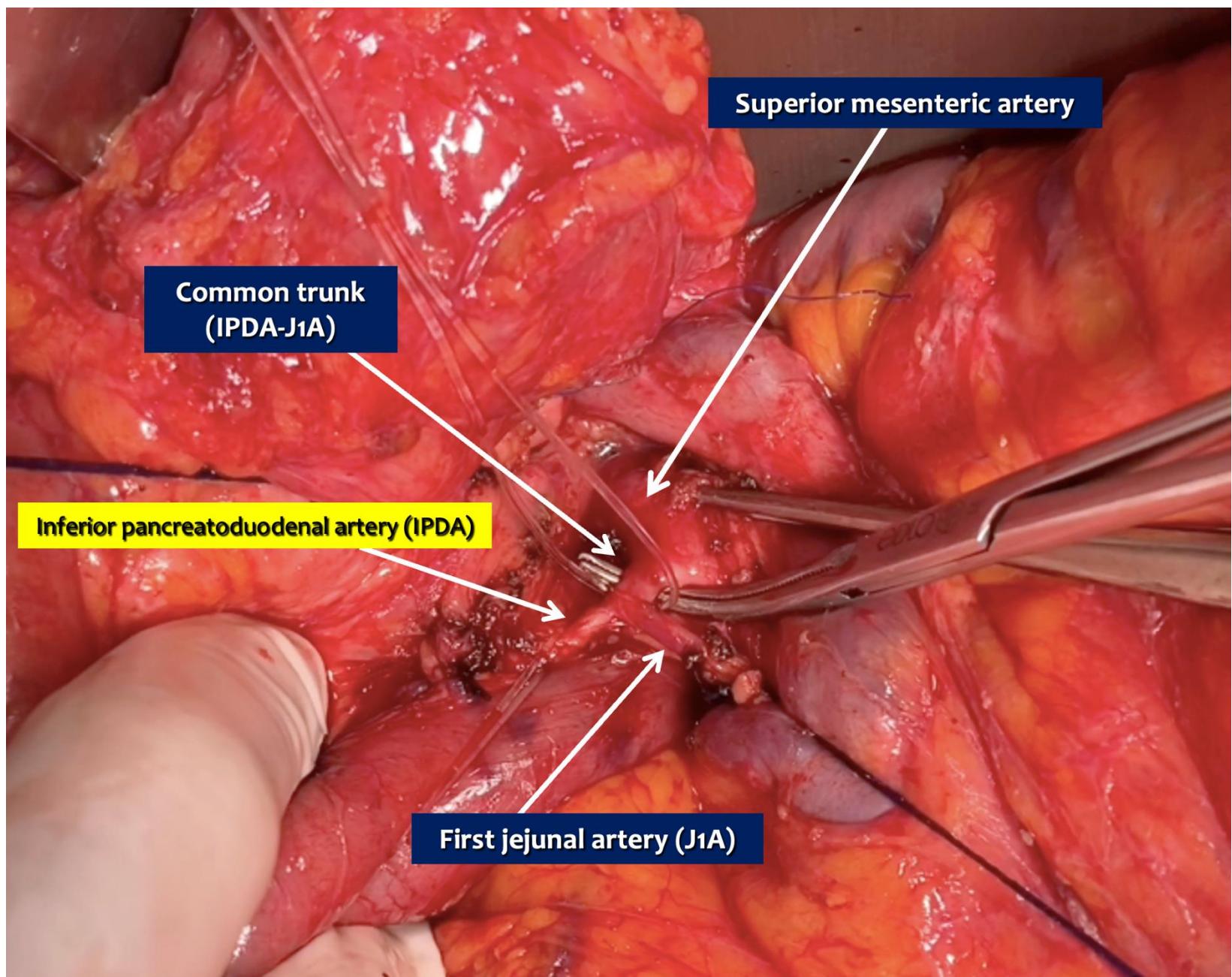
INFERIOR PANCREATODUODENAL ARTERY



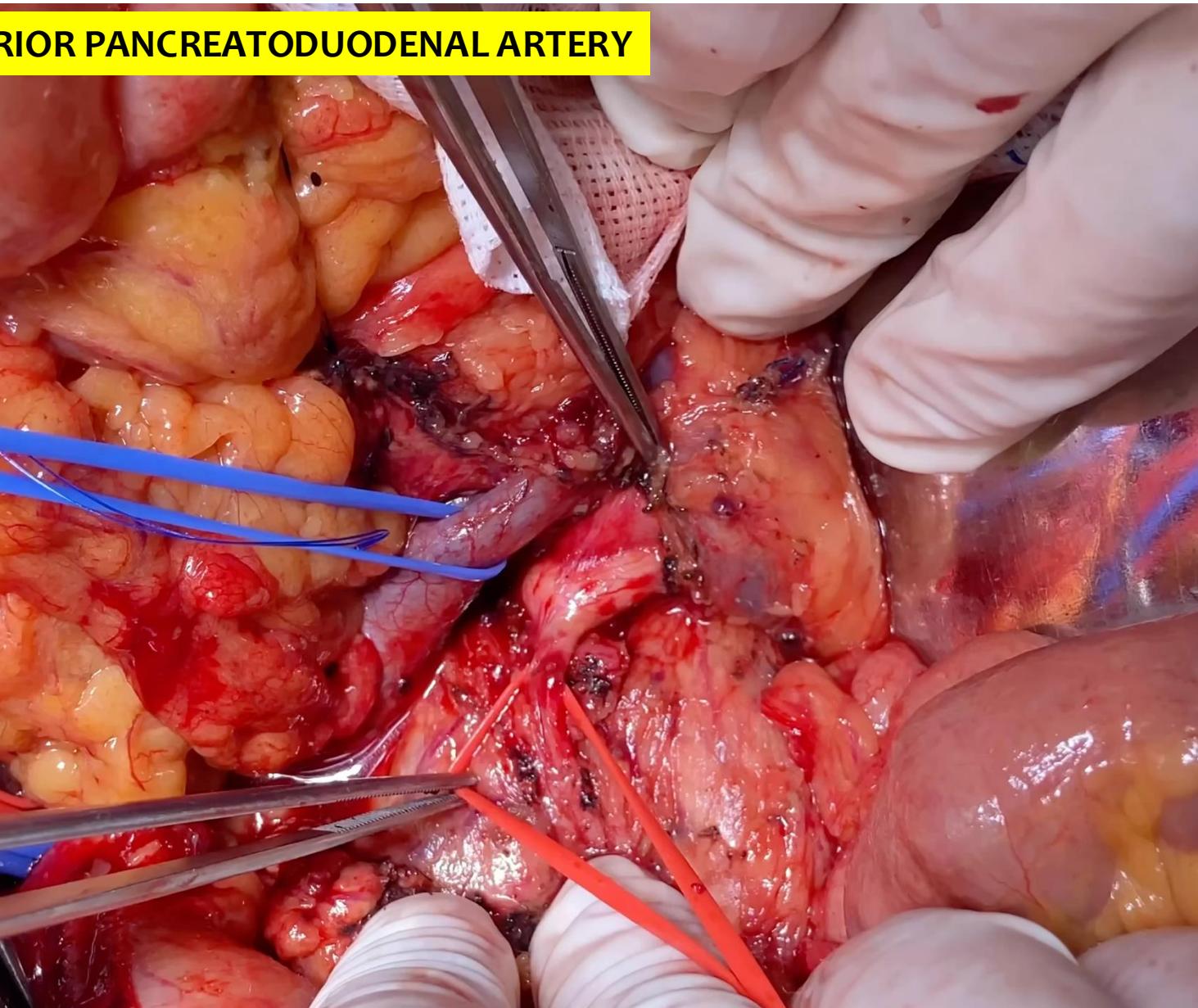
FIRST JEJUNAL ARTERY

EPICENTER

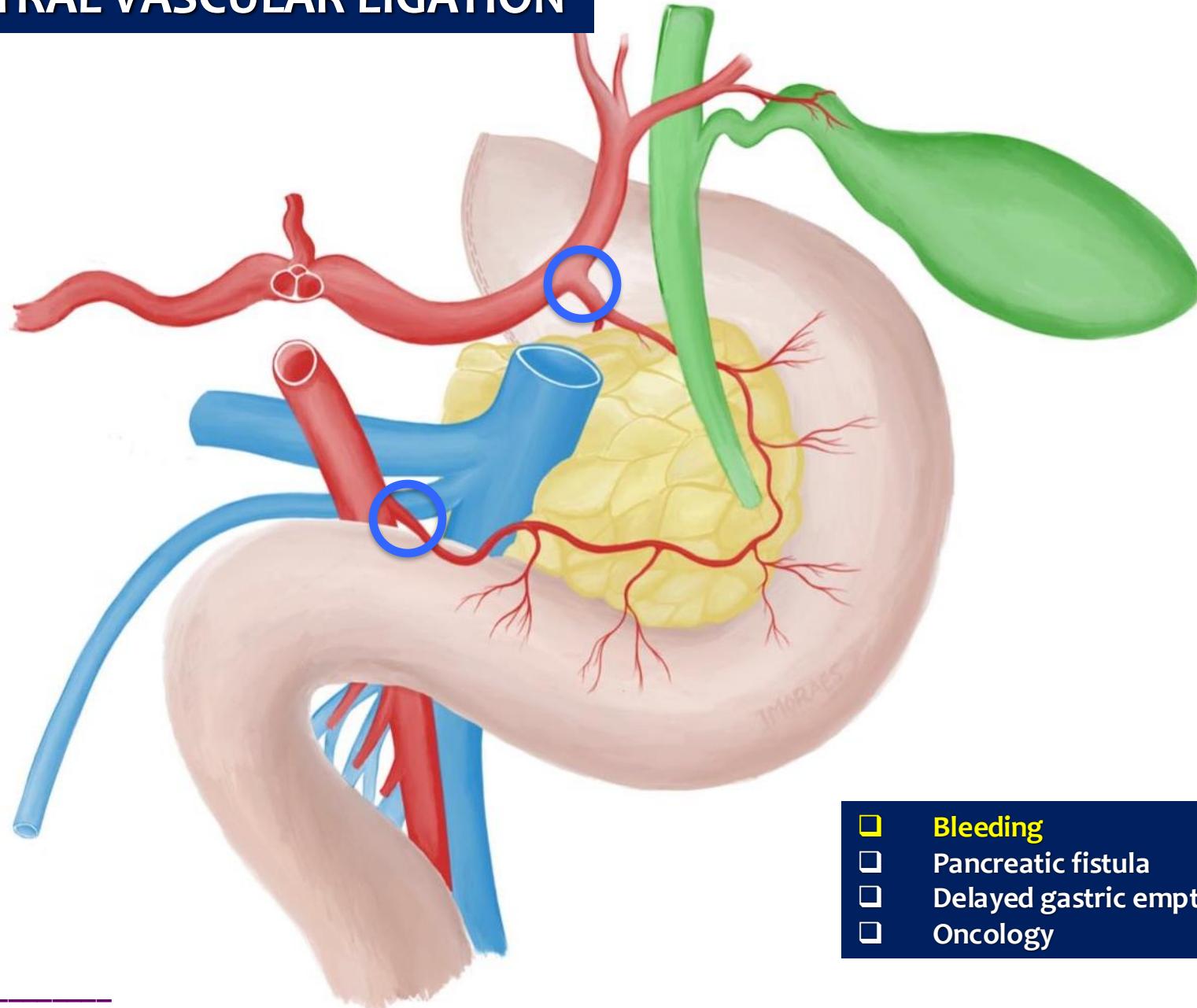




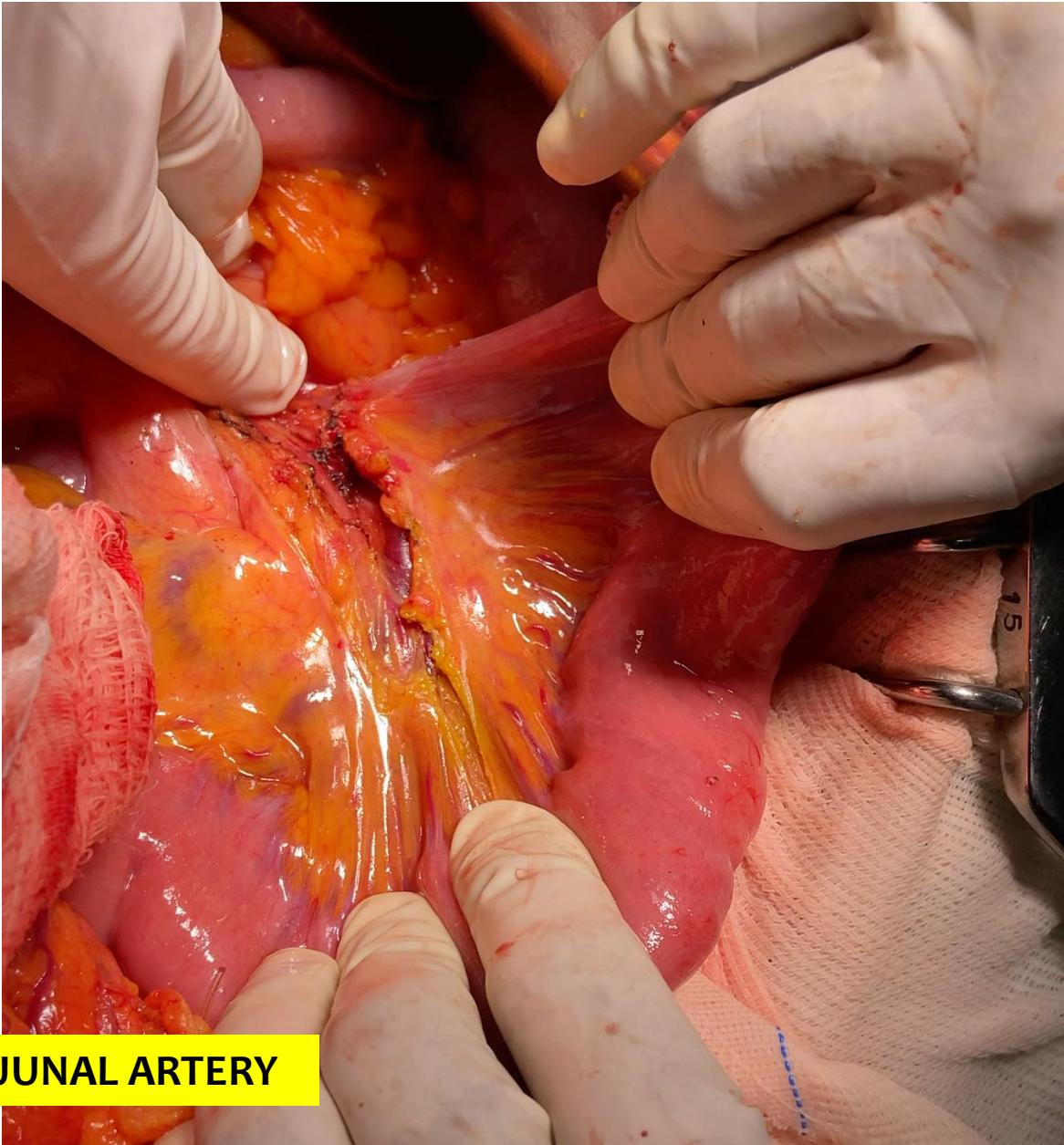
INFERIOR PANCREATODUODENAL ARTERY



CENTRAL VASCULAR LIGATION

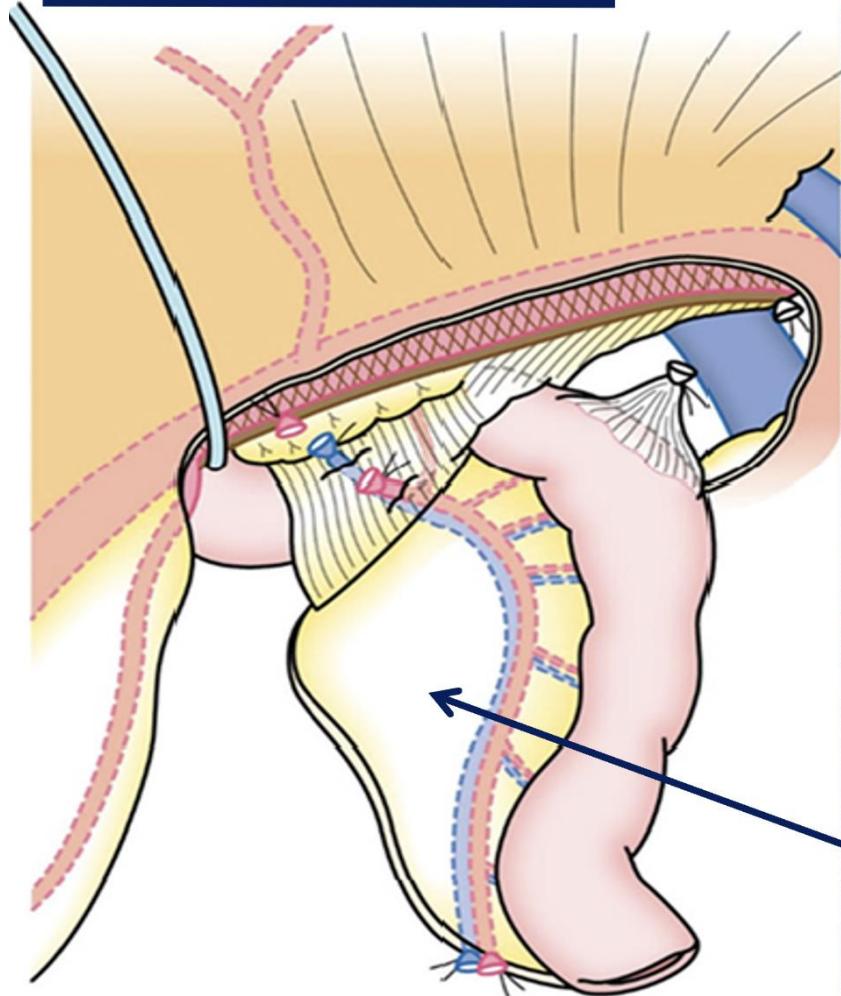


- Bleeding
- Pancreatic fistula
- Delayed gastric emptying
- Oncology

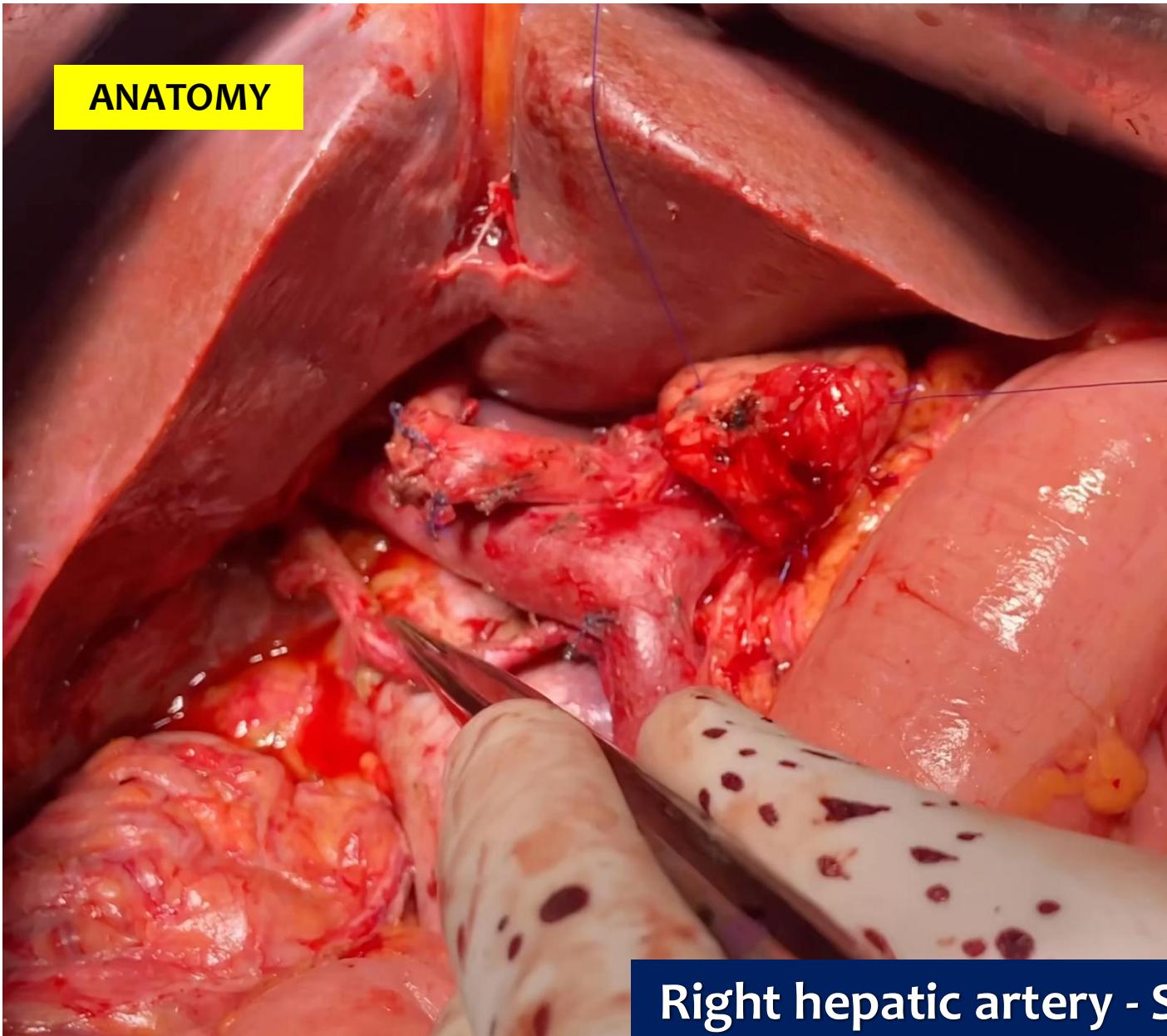


FIRST JEJUNAL ARTERY

FIRST JEJUNAL ARTERY



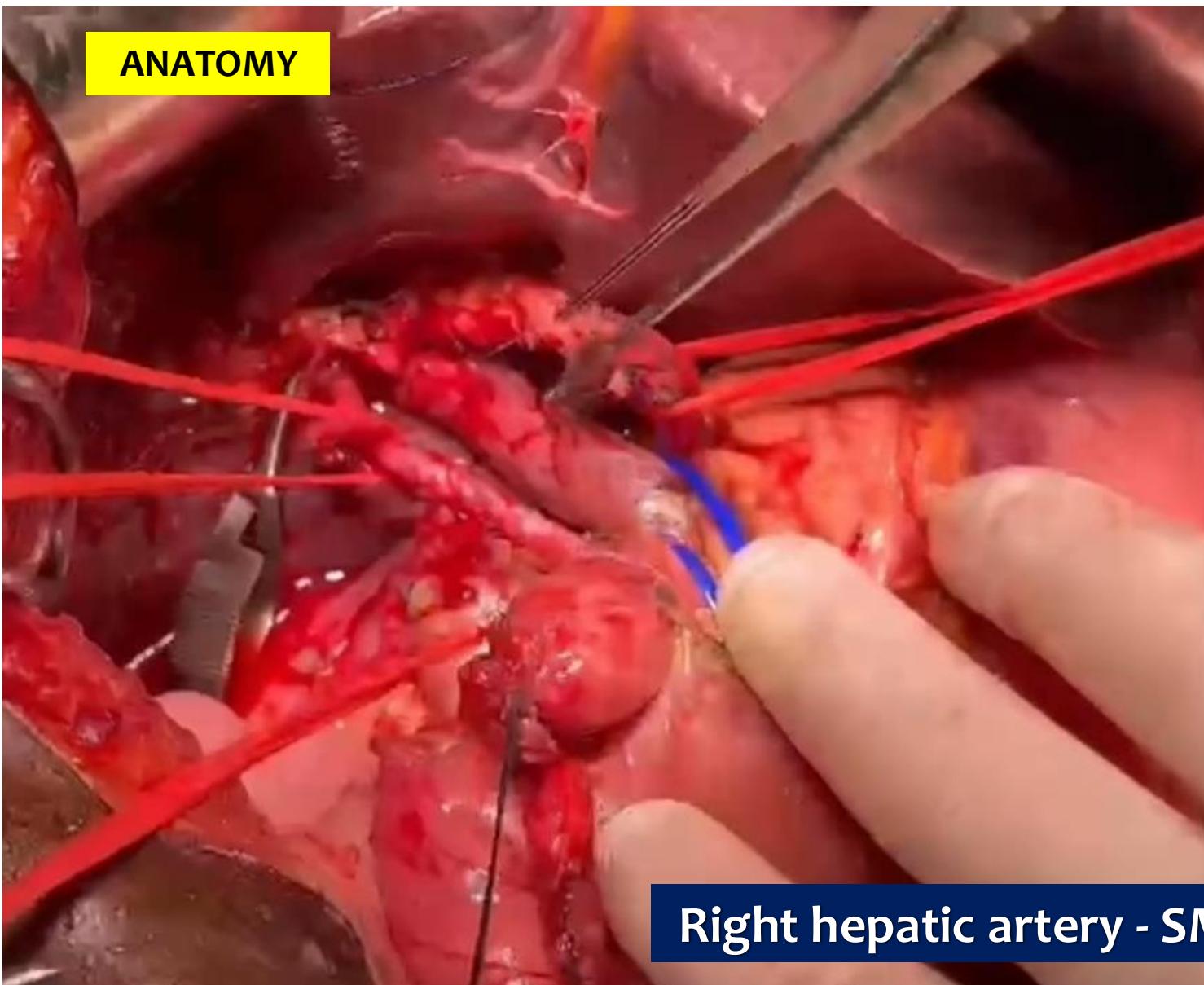
ANATOMY



Right hepatic artery - SMA



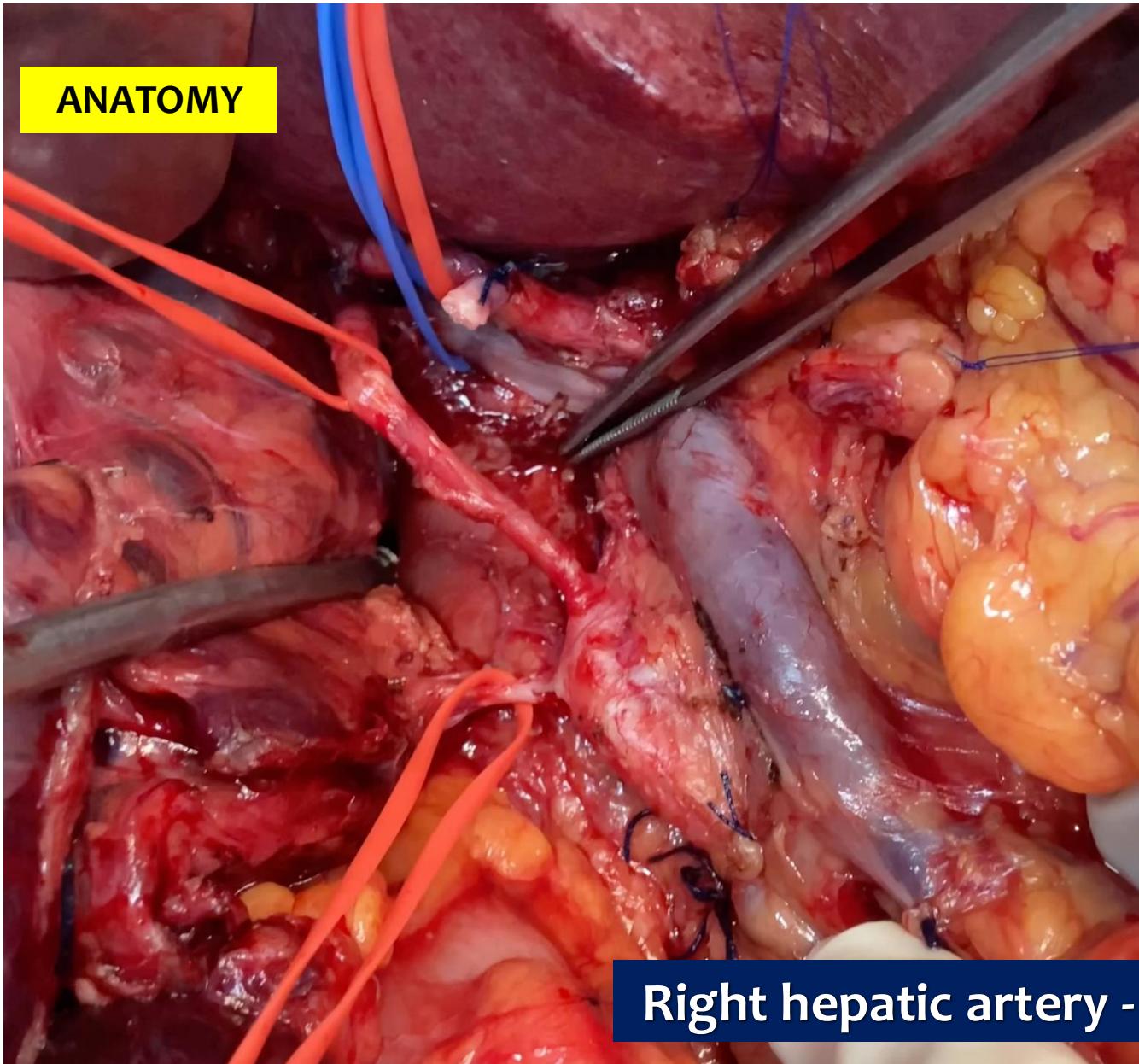
ANATOMY



Right hepatic artery - SMA



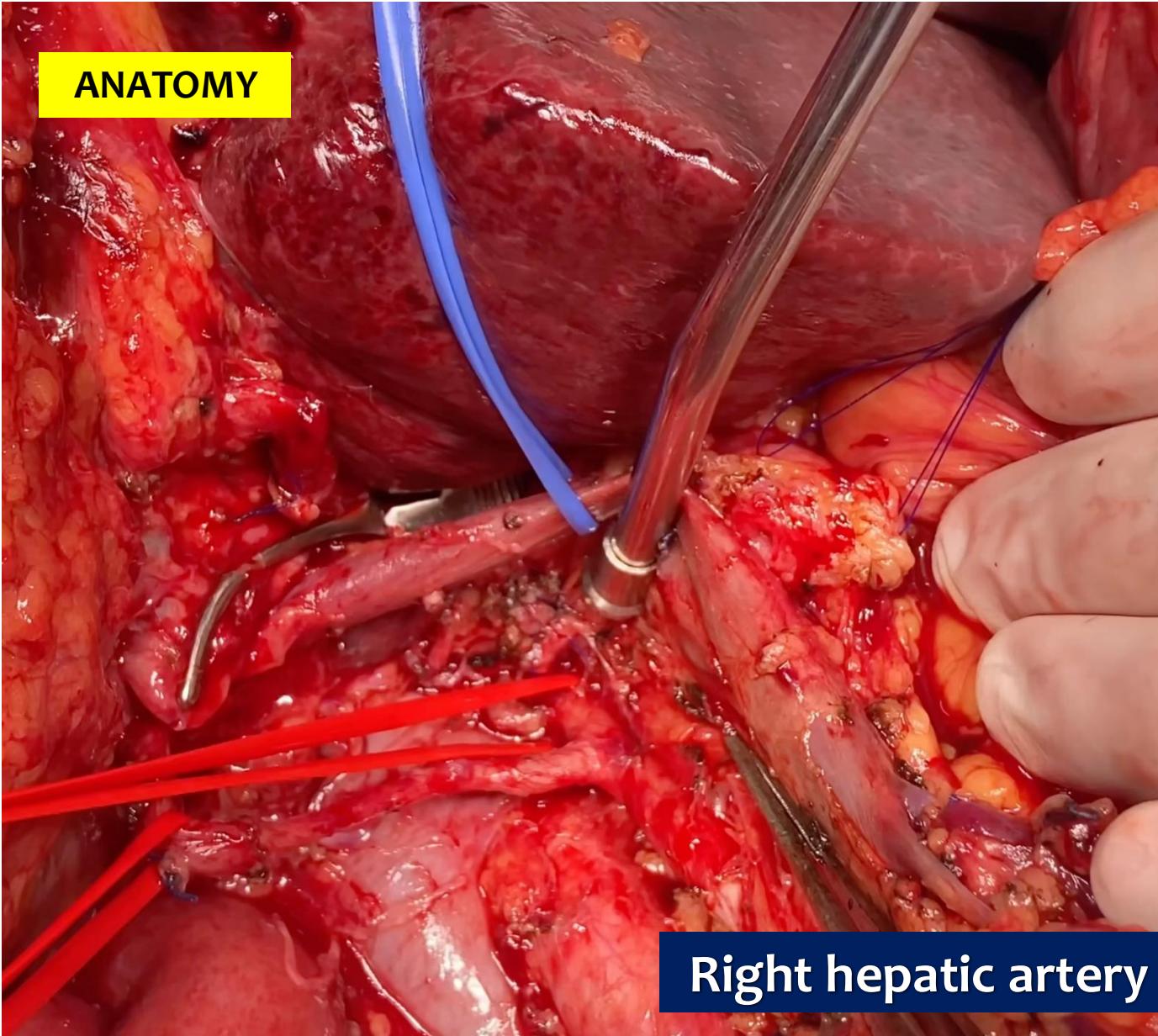
ANATOMY



Right hepatic artery - SMA

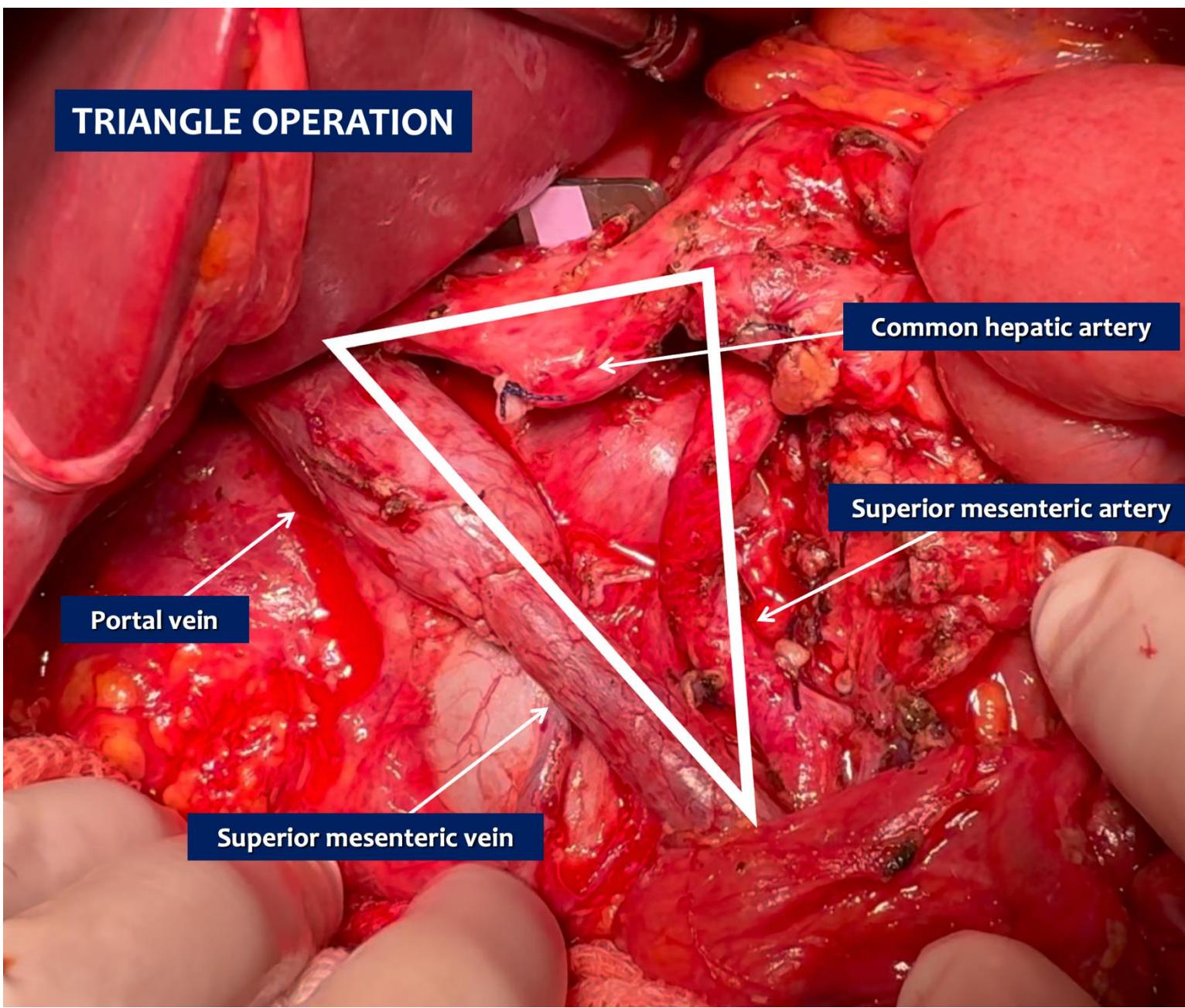


ANATOMY

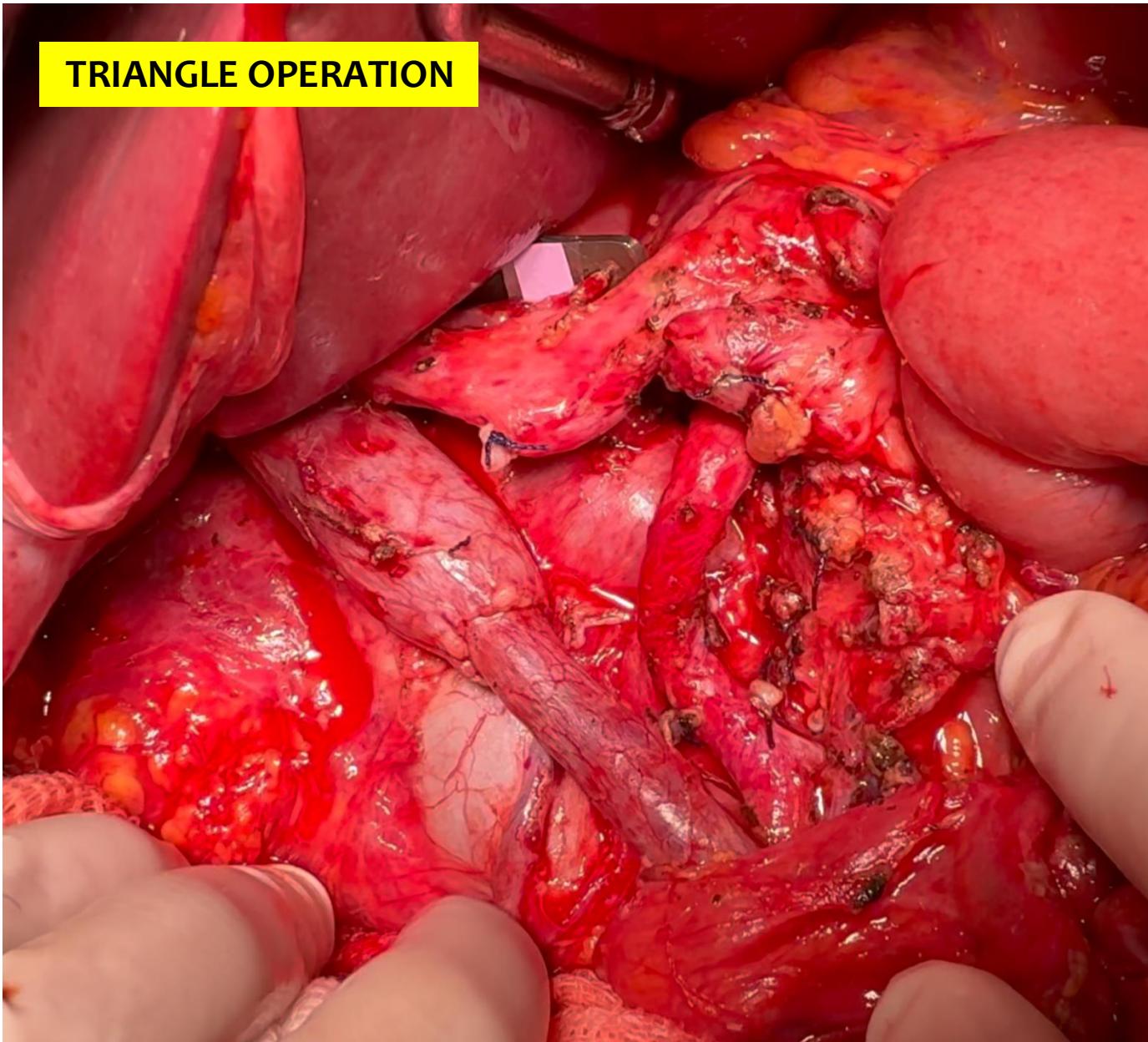


Right hepatic artery - SMA

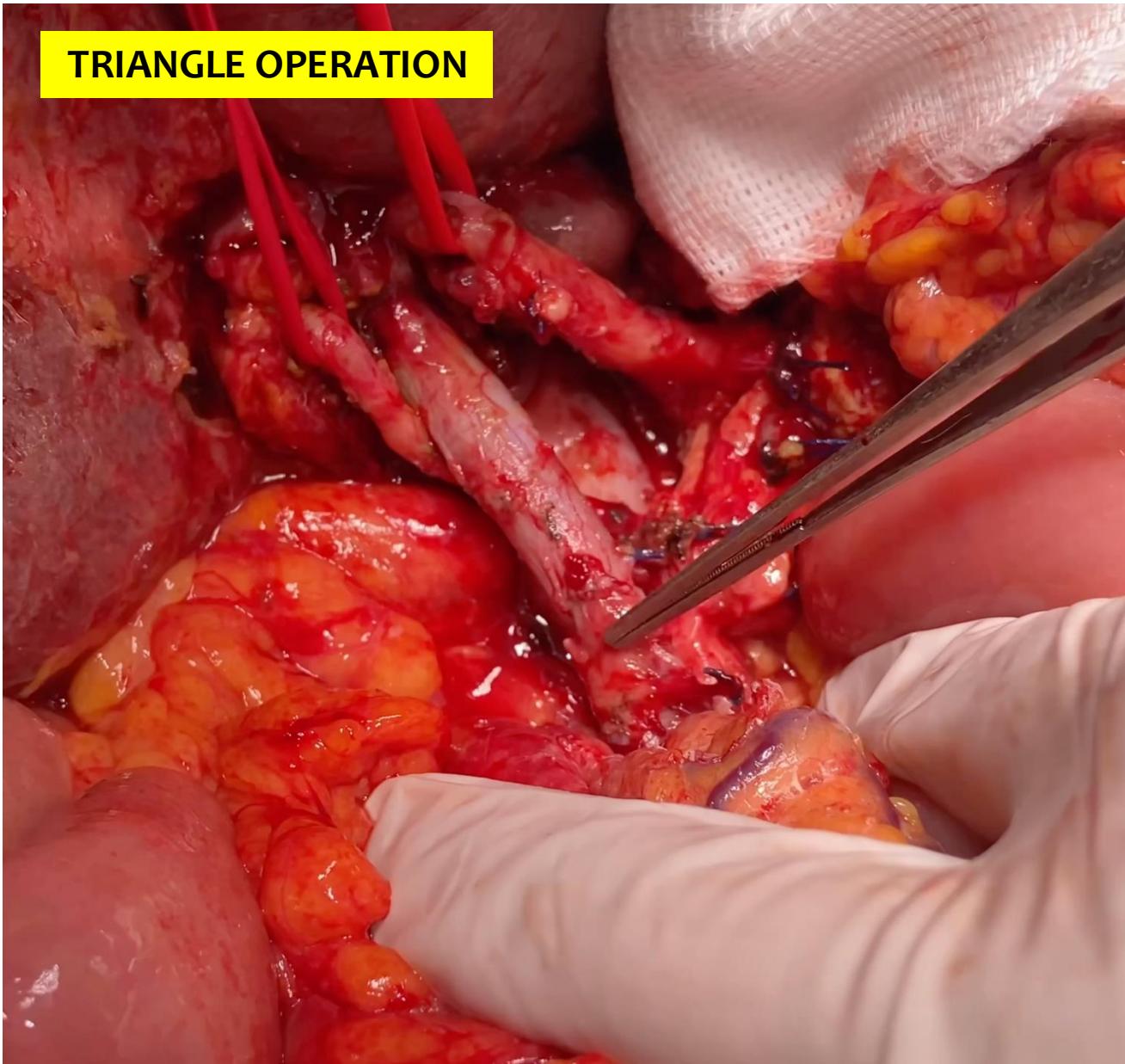
TRIANGLE OPERATION



TRIANGLE OPERATION



TRIANGLE OPERATION



LYMPHADENECTOMY

□ Hepatoduodenal ligament
12a, 12b1, 12b2, 12p, 12c

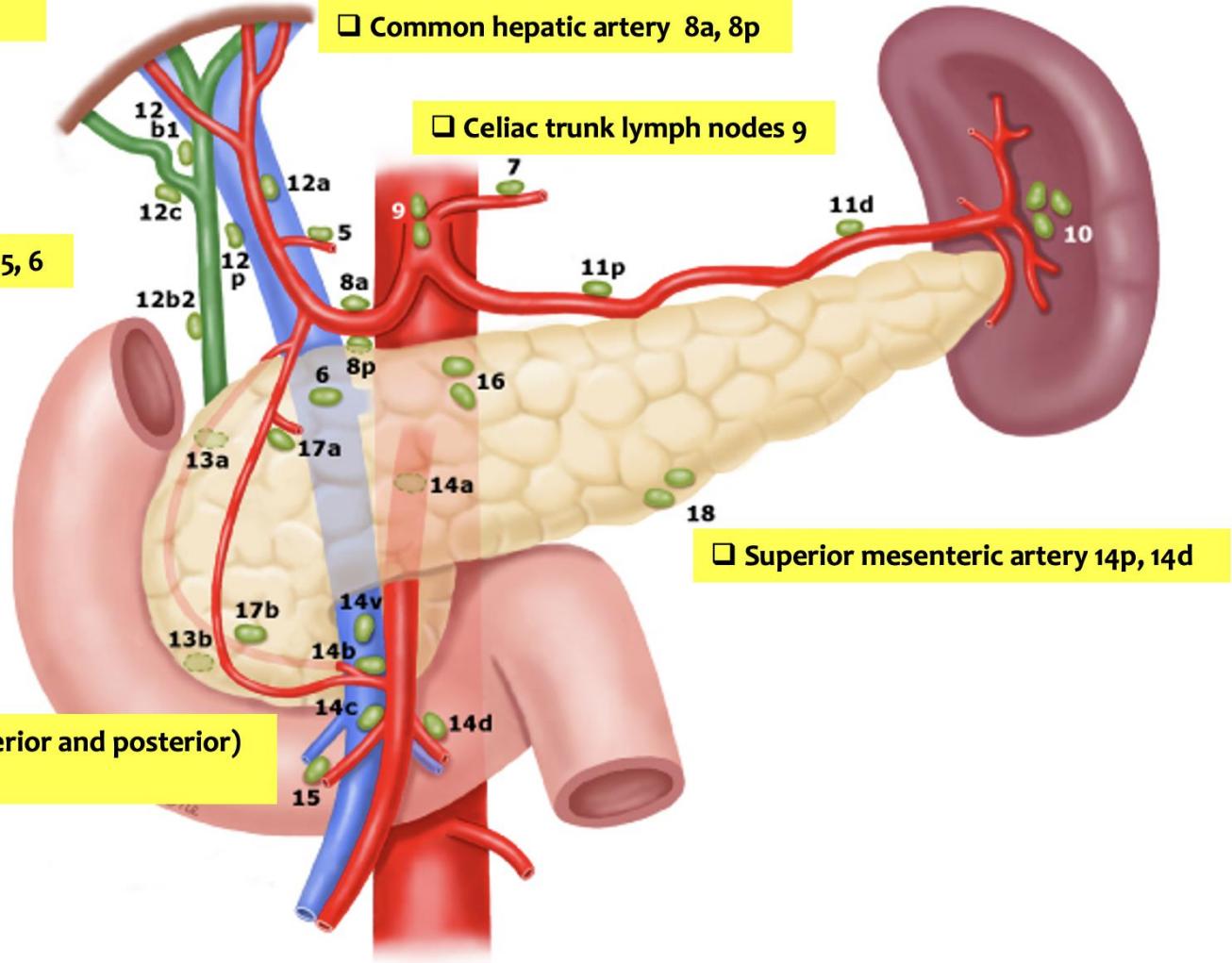
□ Common hepatic artery 8a, 8p

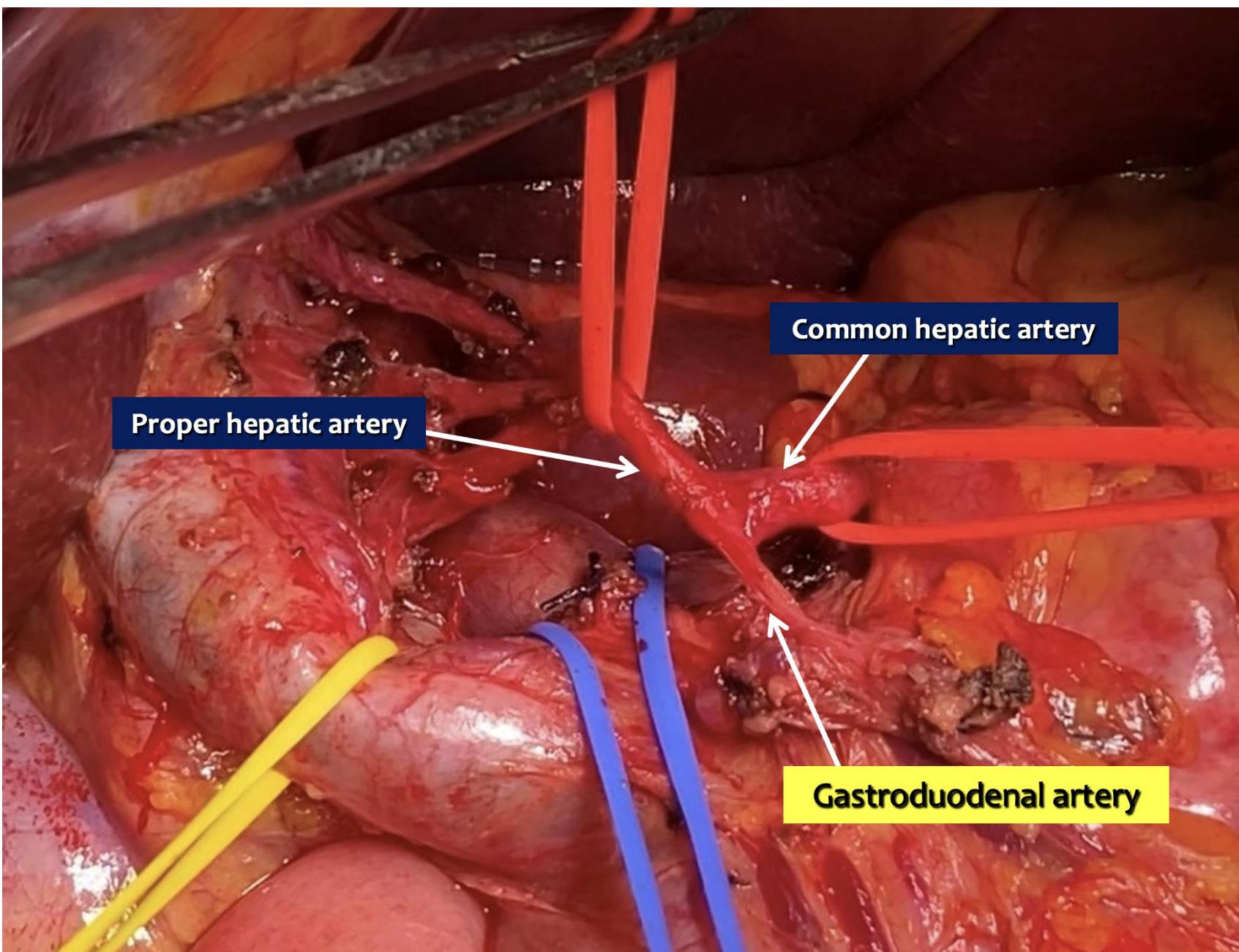
□ Pyloric 5, 6

□ Pancreatoduodenal (anterior and posterior)
13a, 13b, 17a, 17b

□ Celiac trunk lymph nodes 9

□ Superior mesenteric artery 14p, 14d



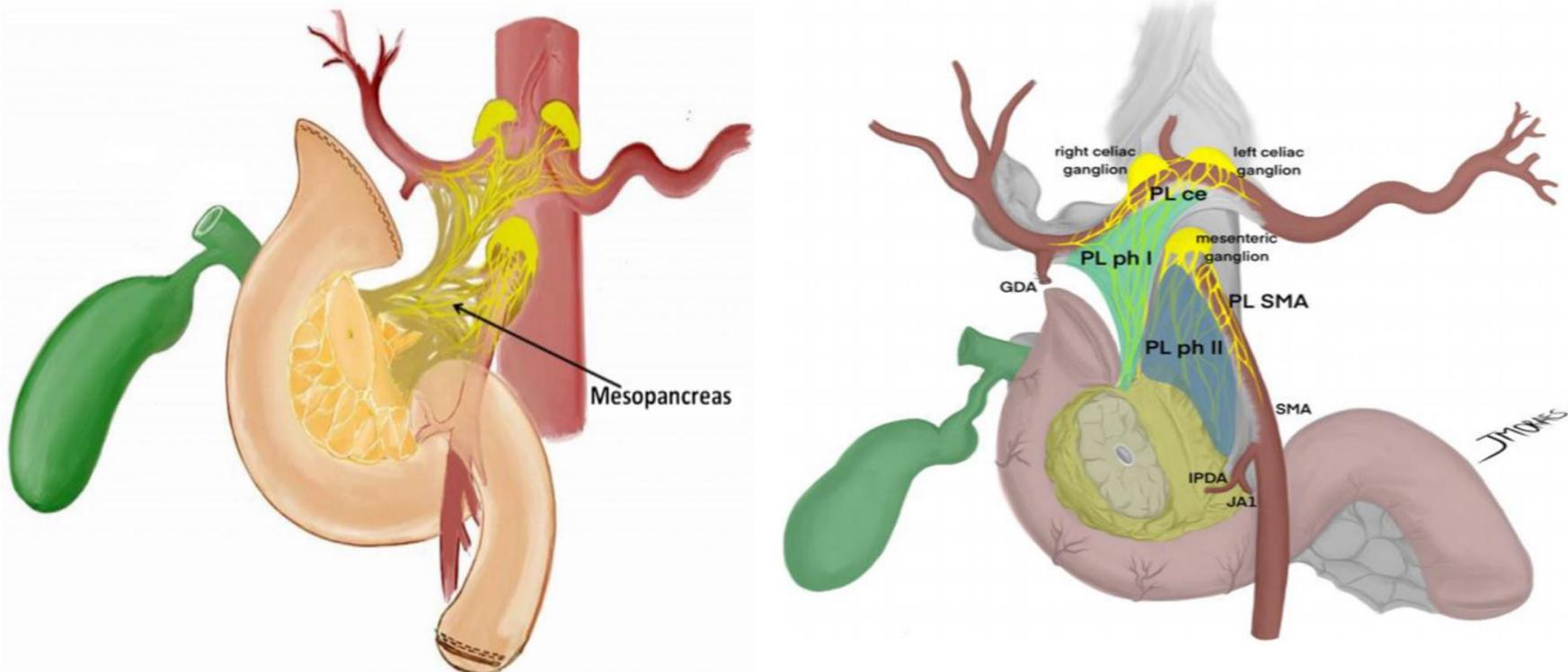




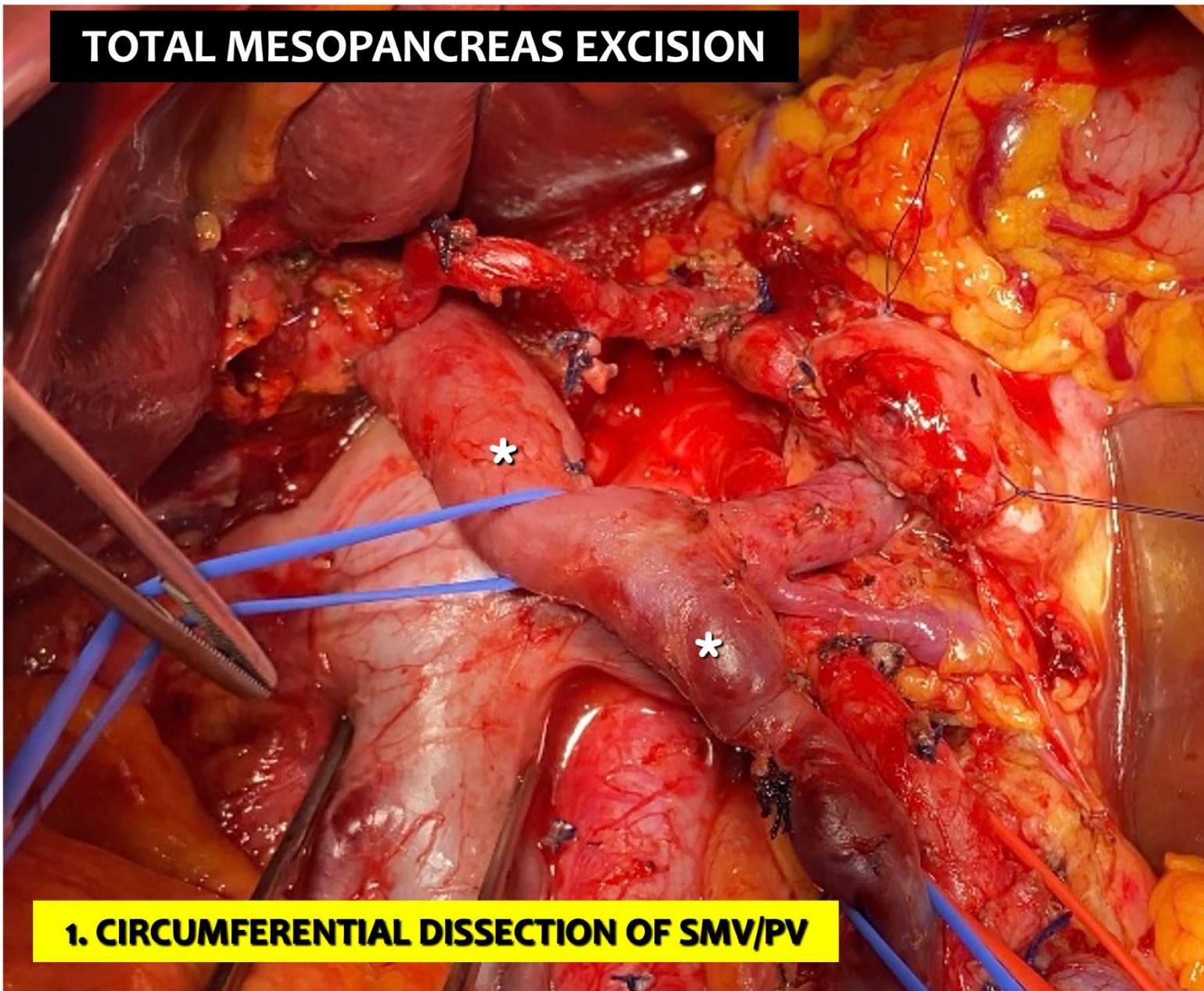
What do surgeons need to know about the mesopancreas

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Orlando Jorge M. Torres^{5,6}

TOTAL MESOPANCREAS EXCISION

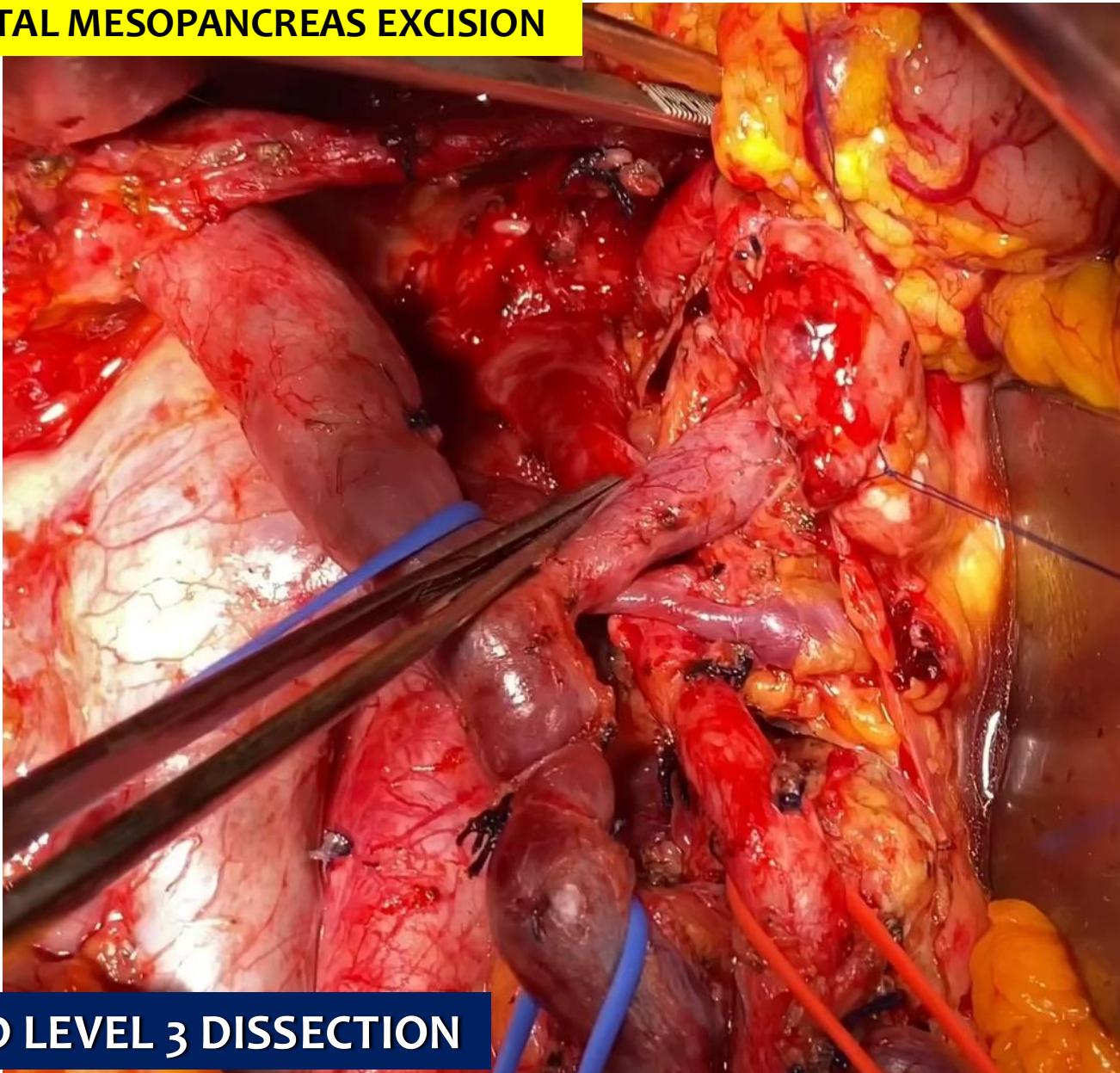


TOTAL MESOPANCREAS EXCISION

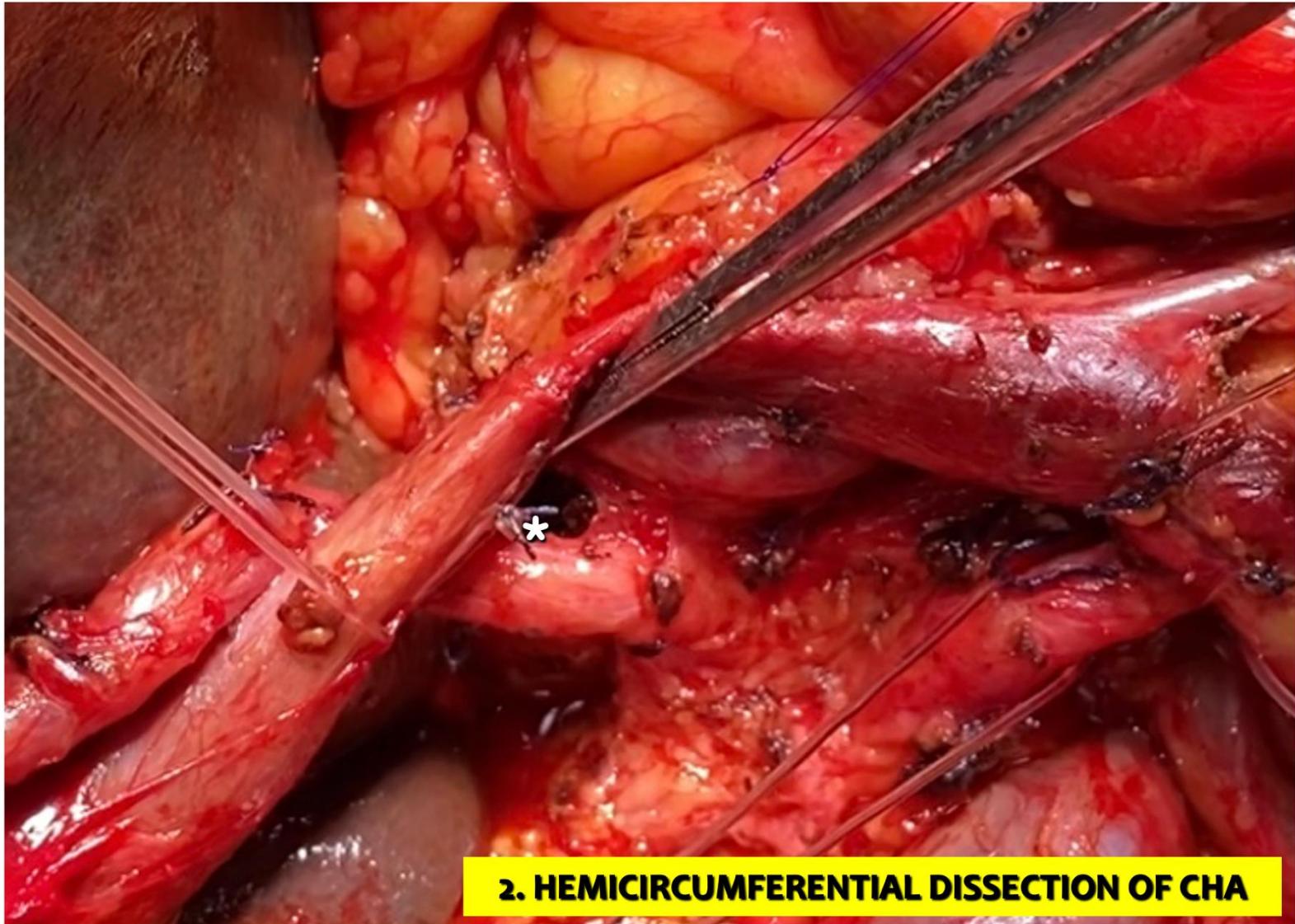


1. CIRCUMFERENTIAL DISSECTION OF SMV/PV

TOTAL MESOPANCREAS EXCISION



EXTENDED LEVEL 3 DISSECTION

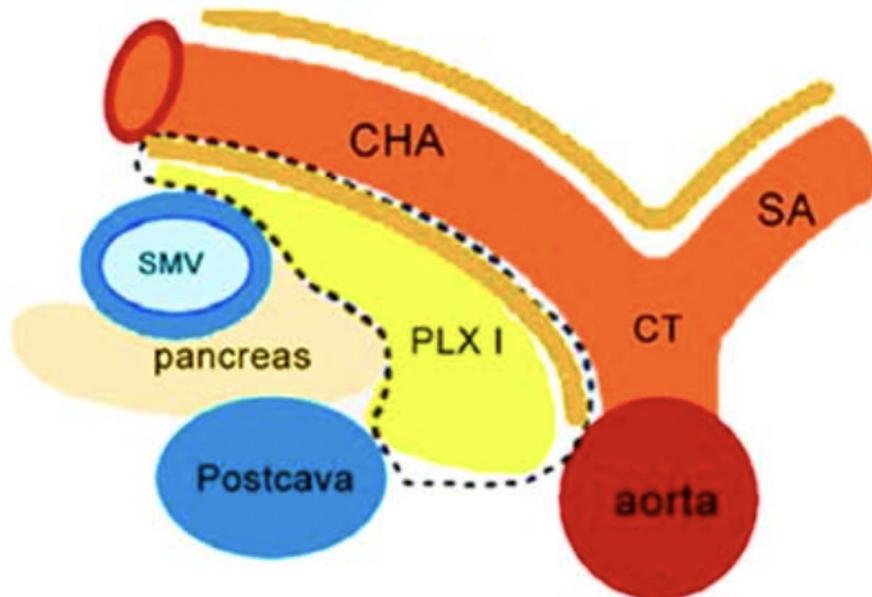
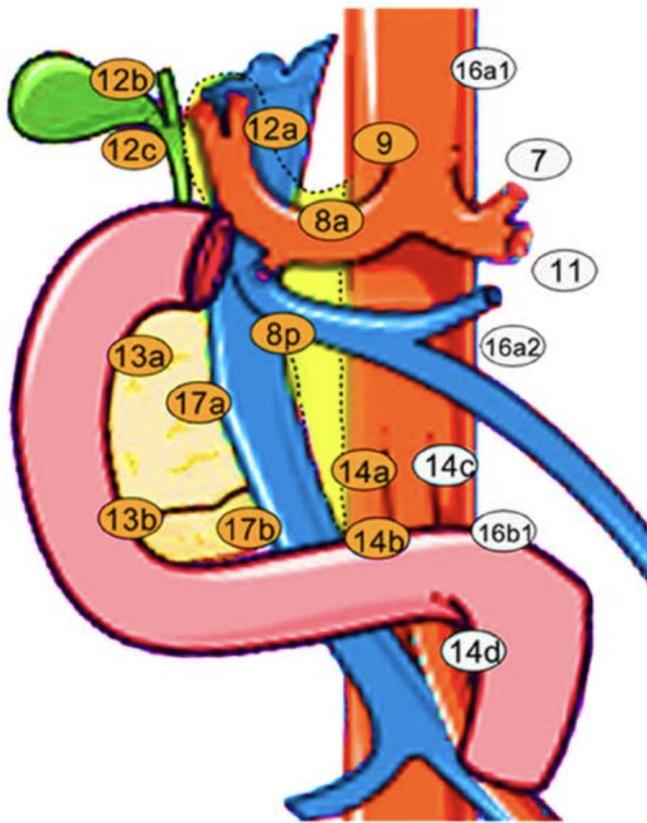


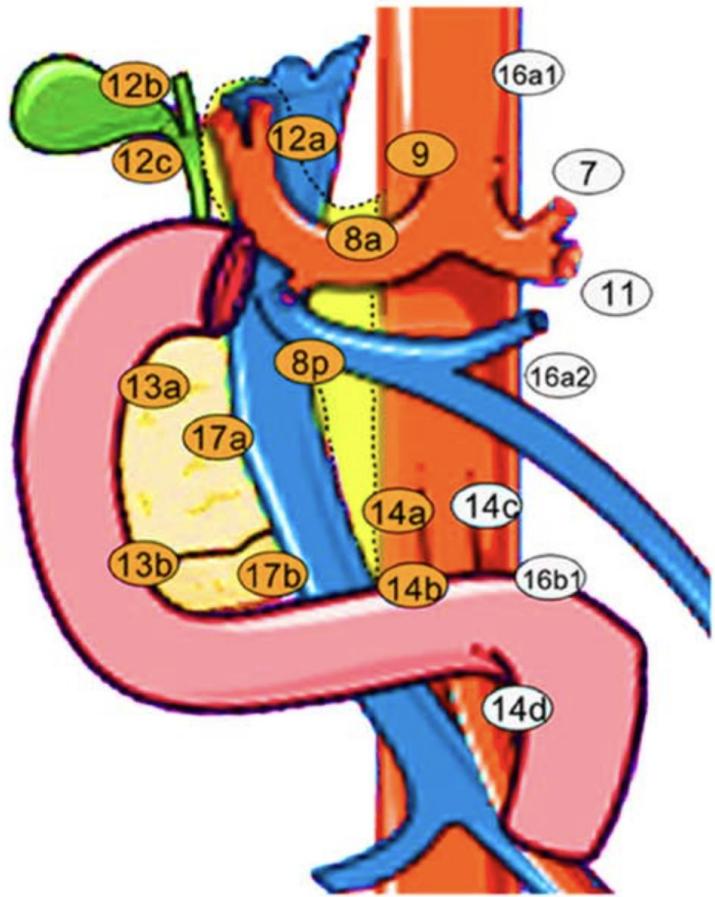
2. HEMICIRCUMFERENTIAL DISSECTION OF CHA

□ Common hepatic artery lymph nodes 8a, 8p

□ 8a

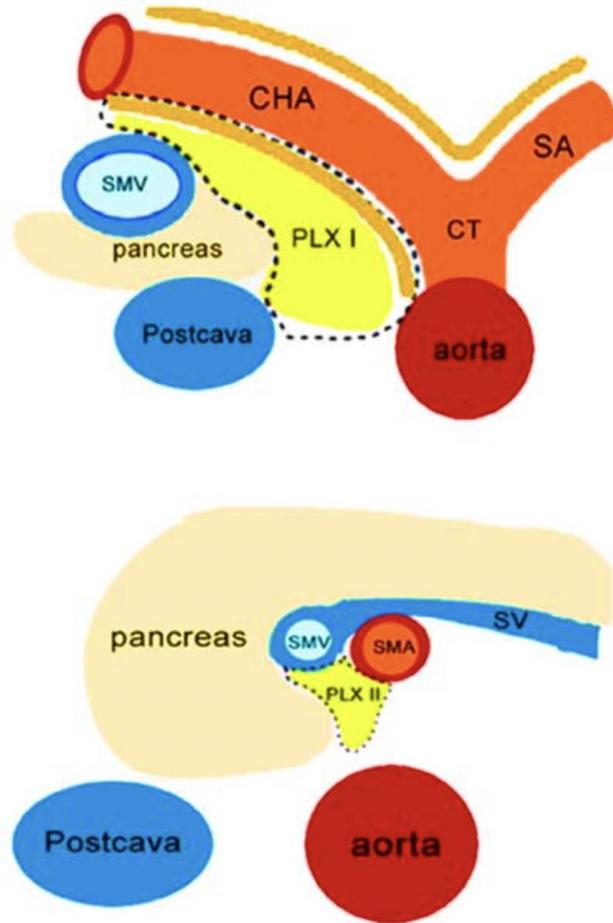
□ 8p

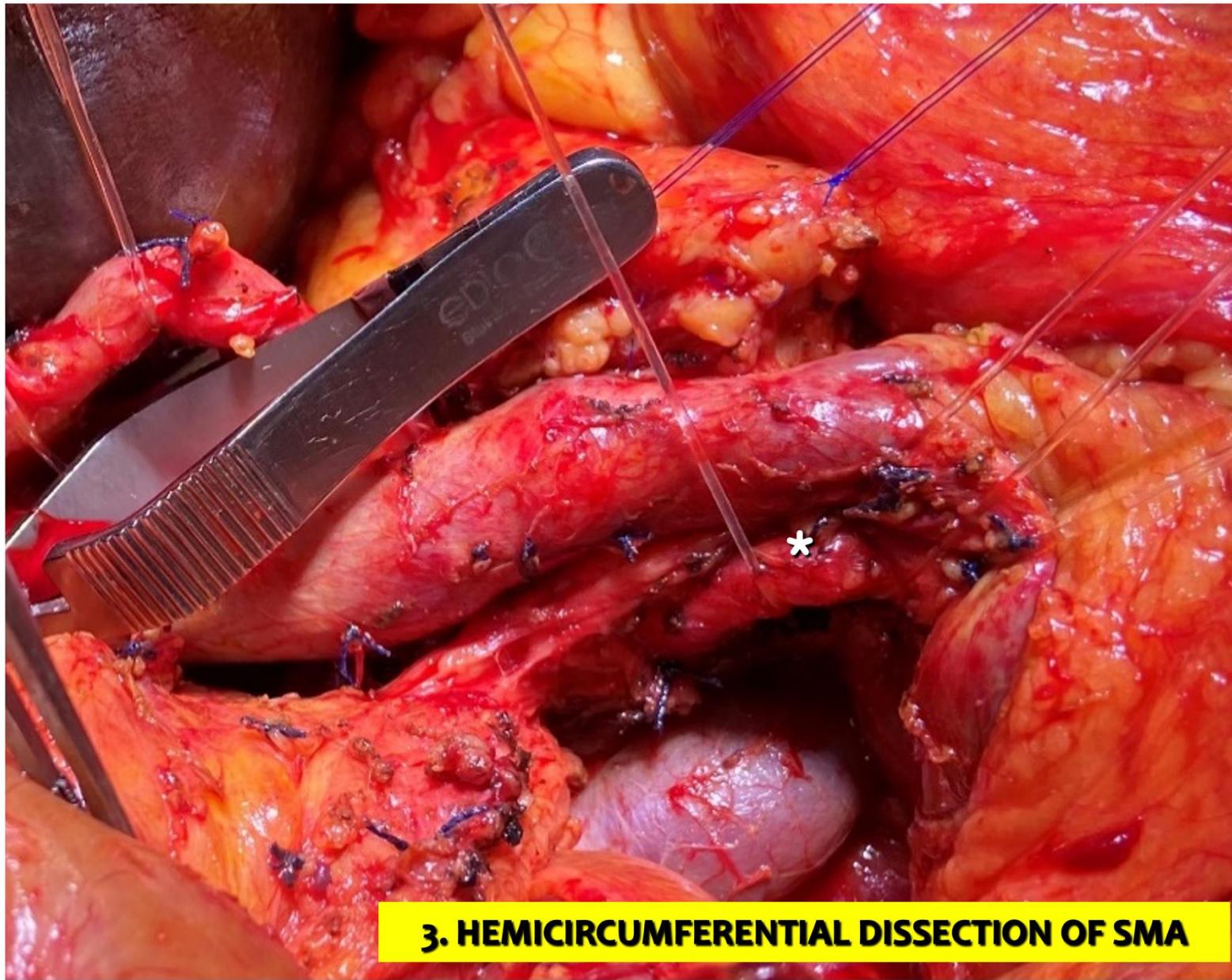




□ 9

□ Celiac trunk lymph nodes 9





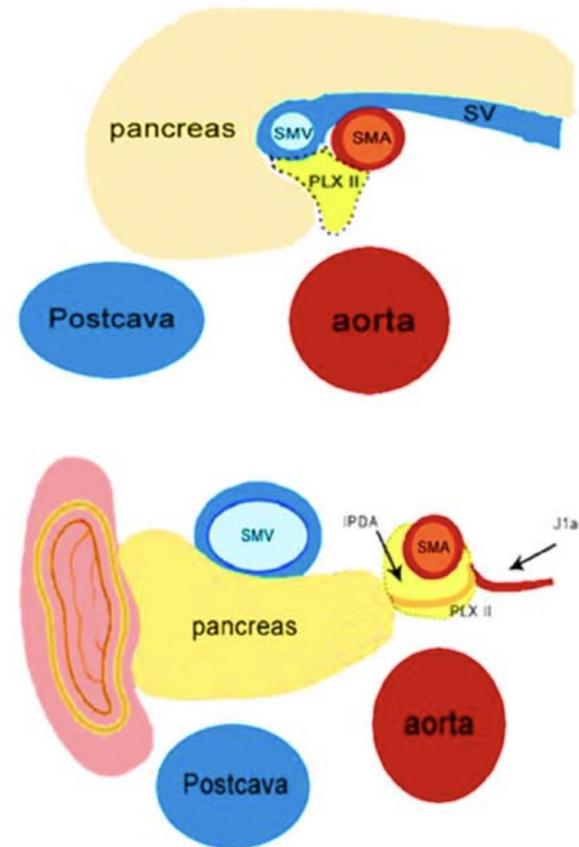
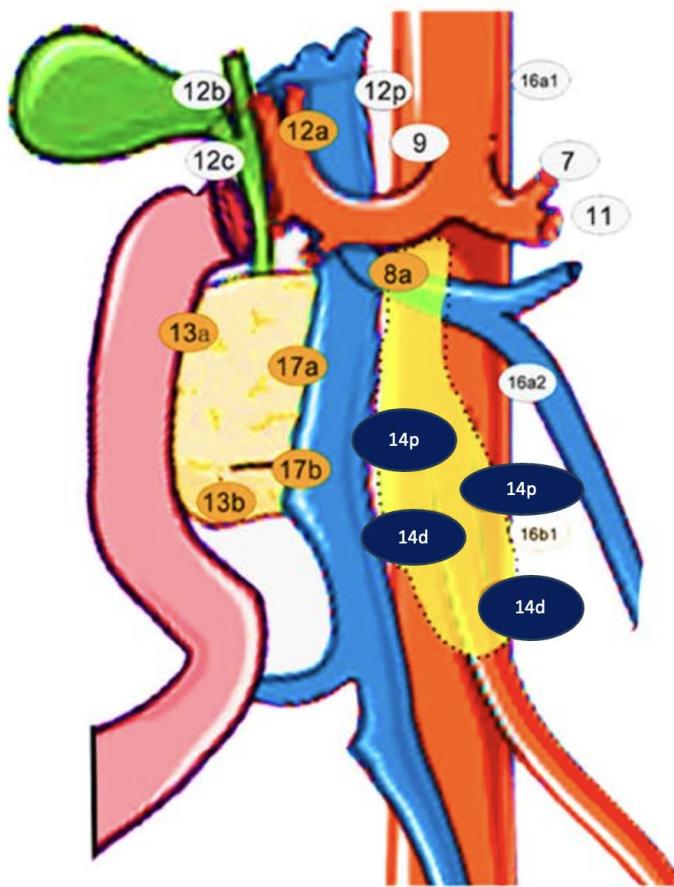
3. HEMICIRCUMFERENTIAL DISSECTION OF SMA

SUPERIOR MESENTERIC ARTERY LYMPH NODES

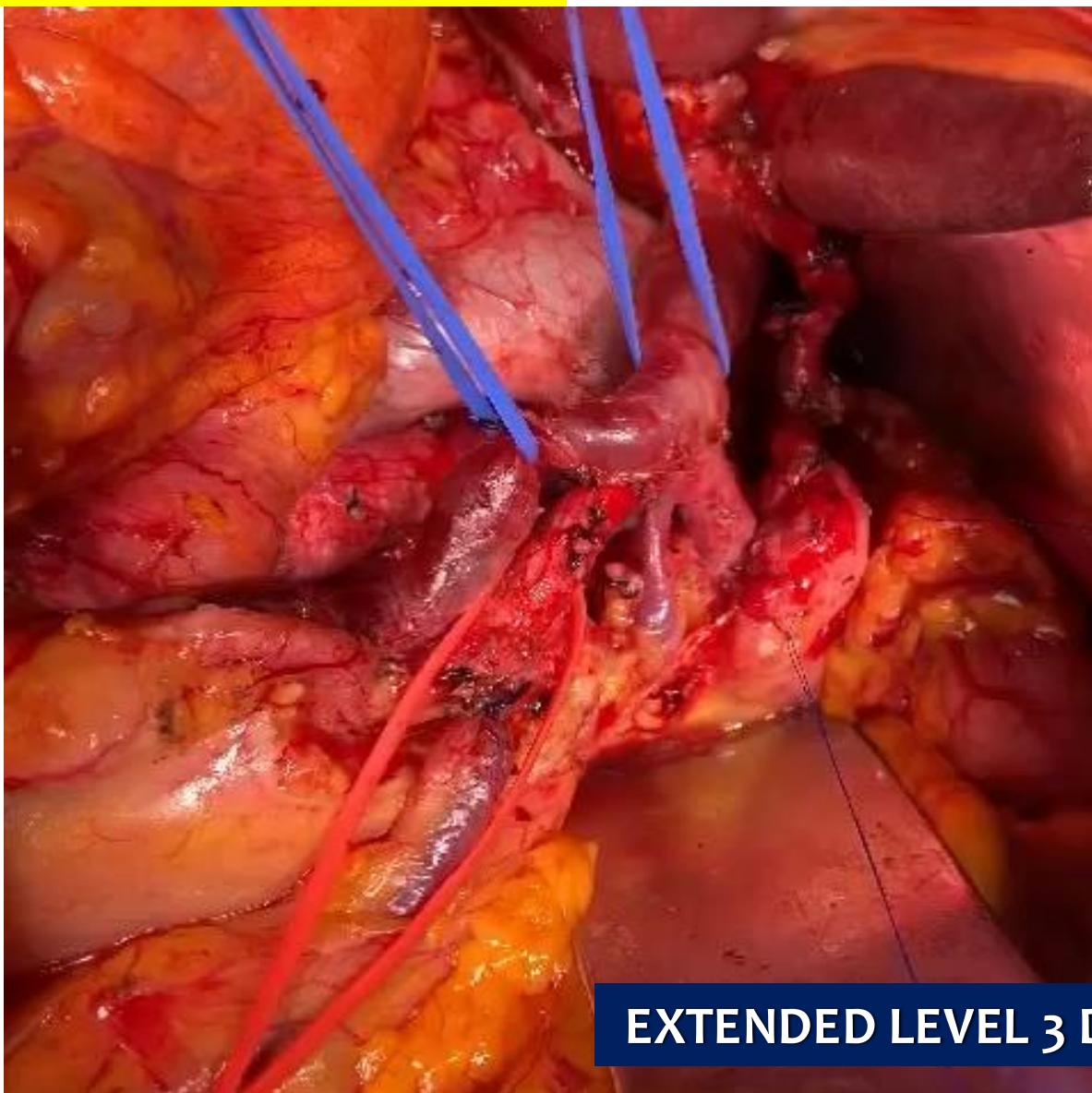
14p

14d

C

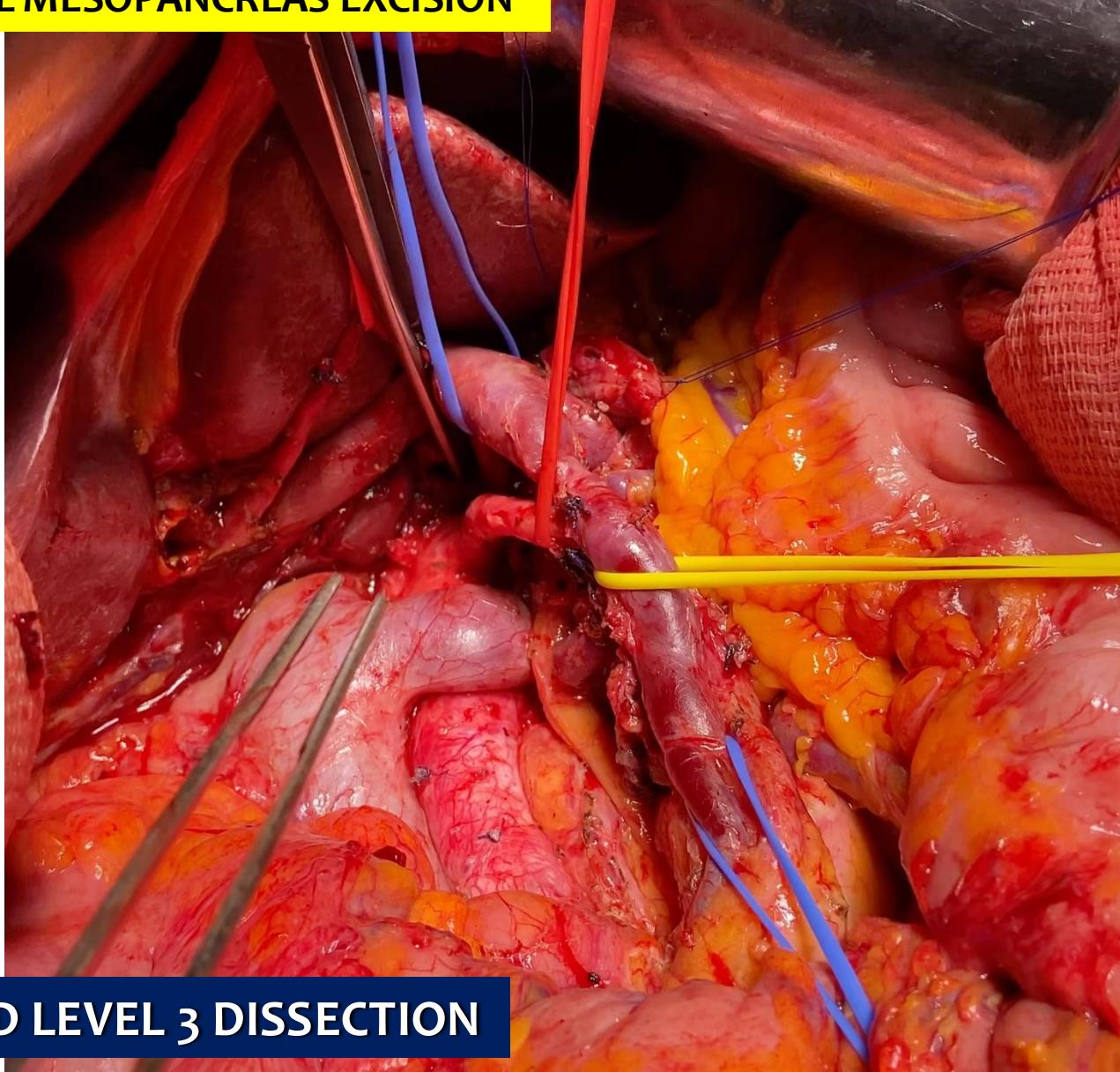


TOTAL MESOPANCREAS EXCISION



EXTENDED LEVEL 3 DISSECTION

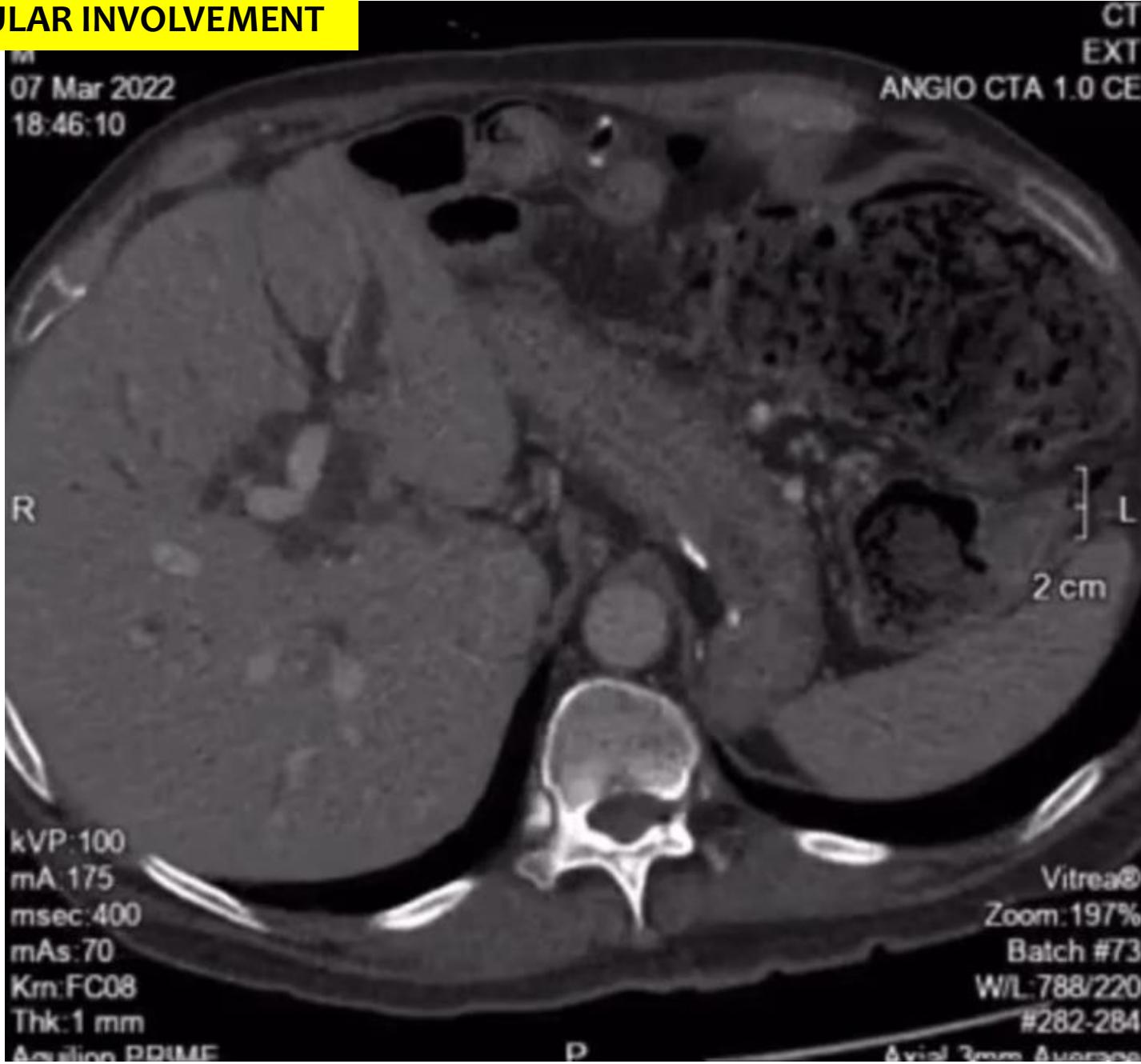
TOTAL MESOPANCREAS EXCISION



EXTENDED LEVEL 3 DISSECTION



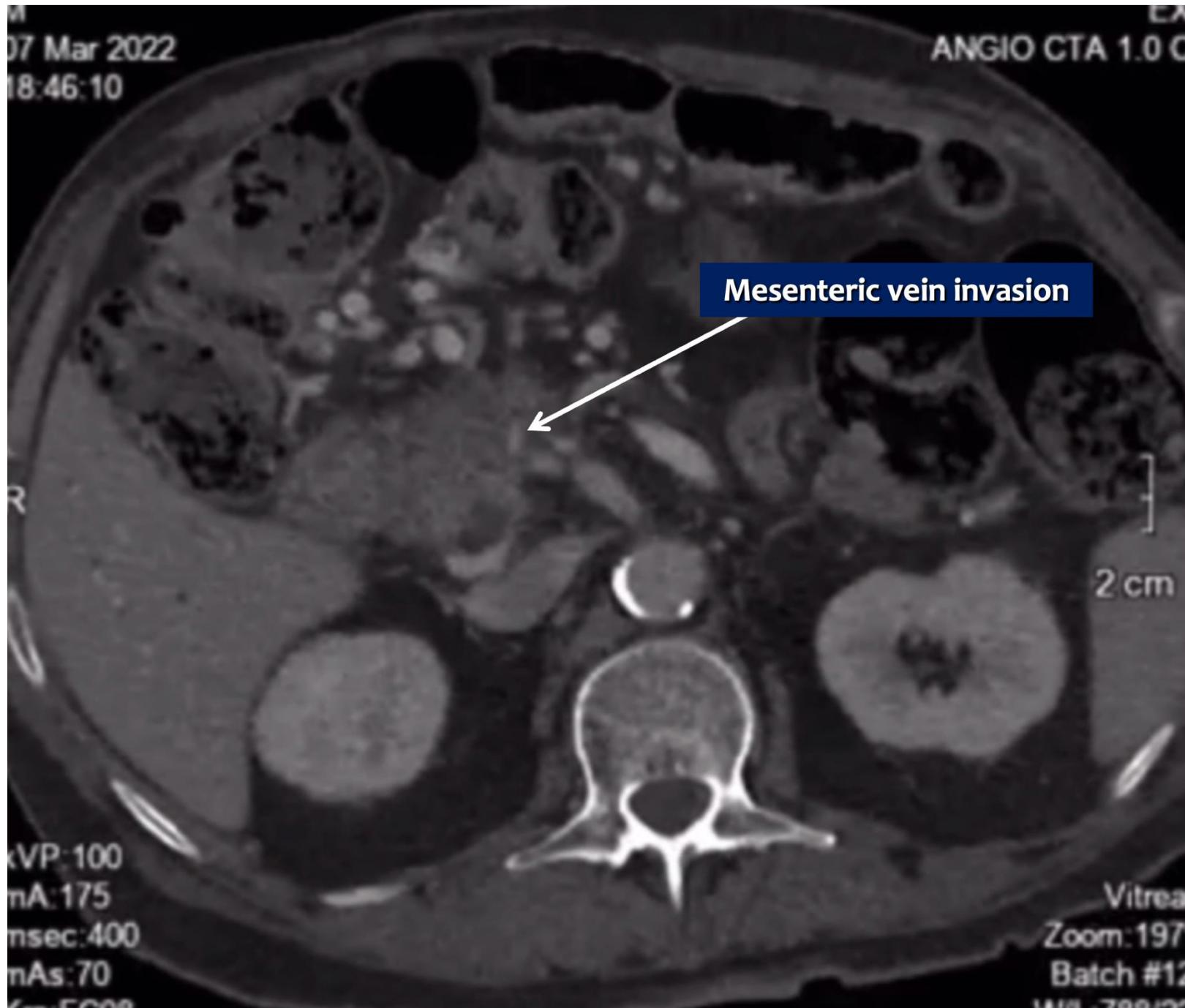
VASCULAR INVOLVEMENT

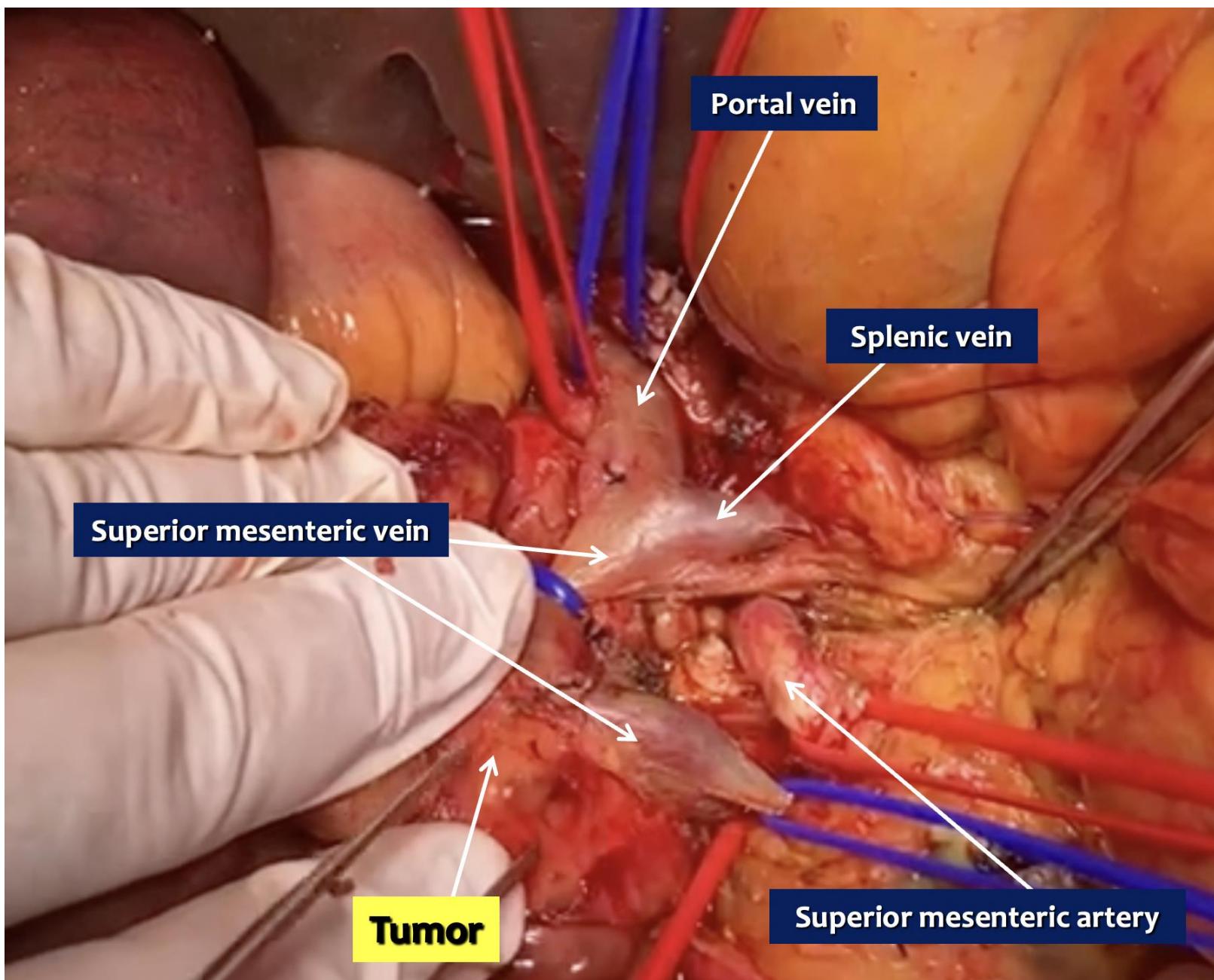


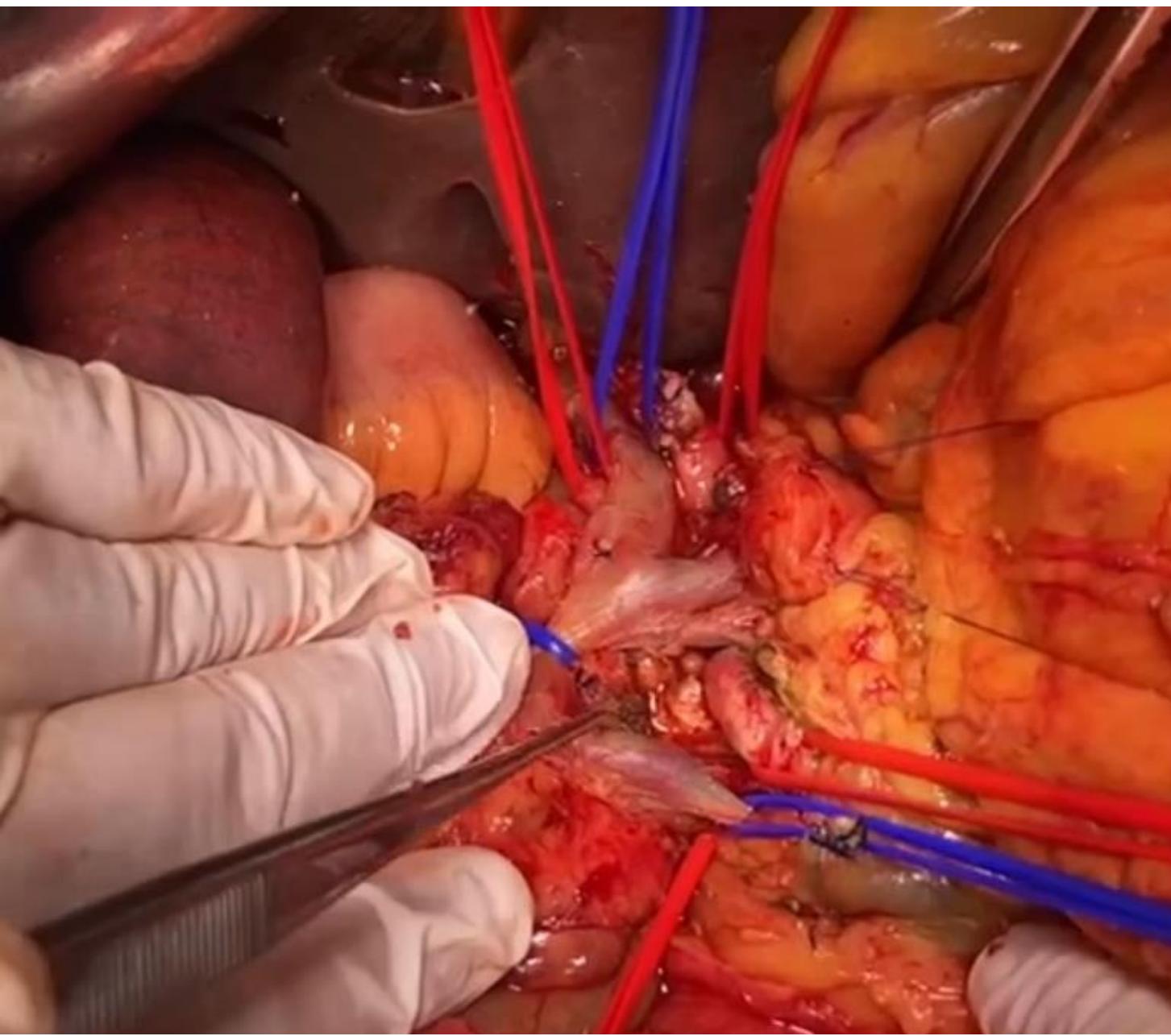
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07 Mar 2022
18:46:10

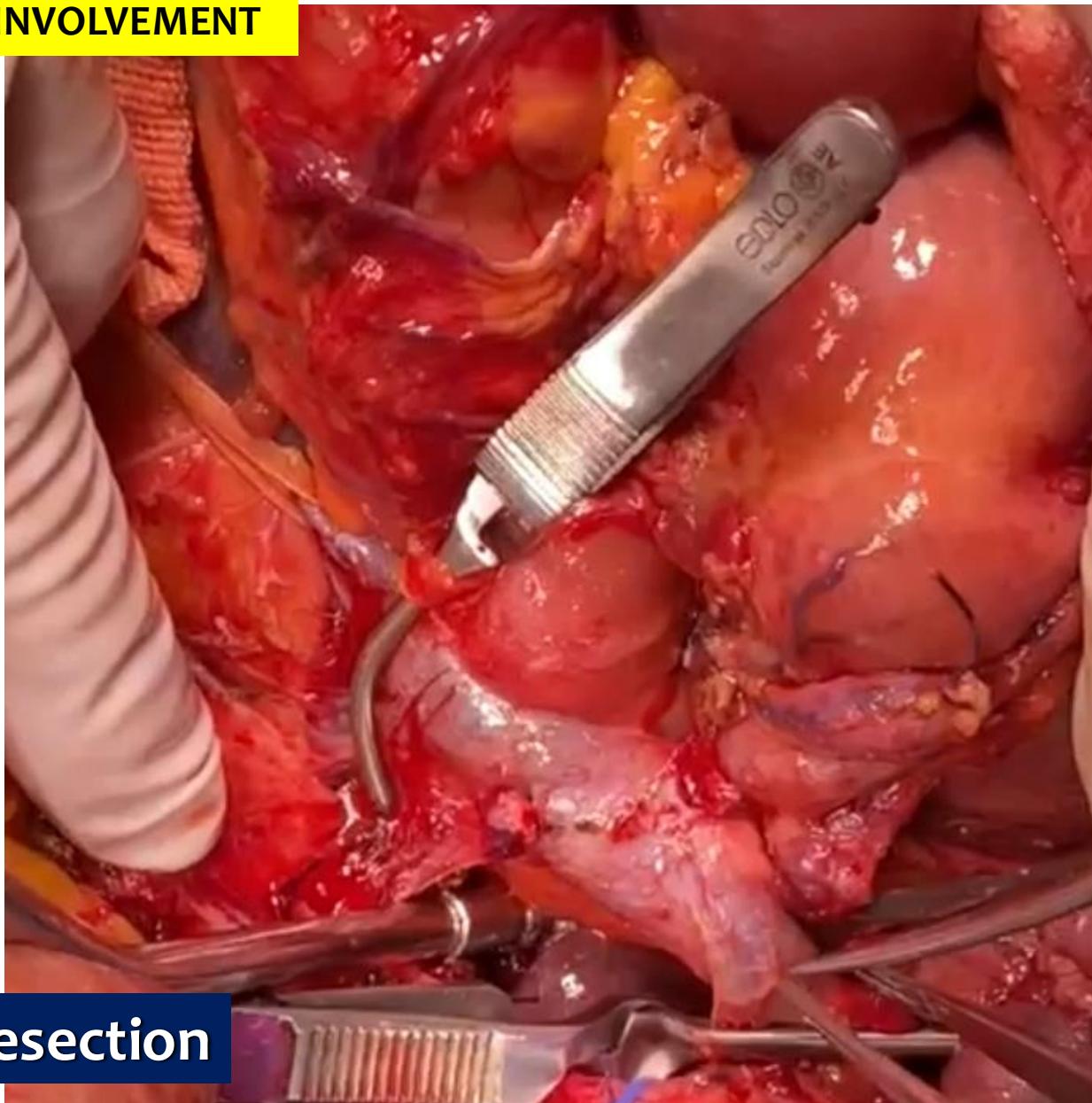
EX
ANGIO CTA 1.0 C







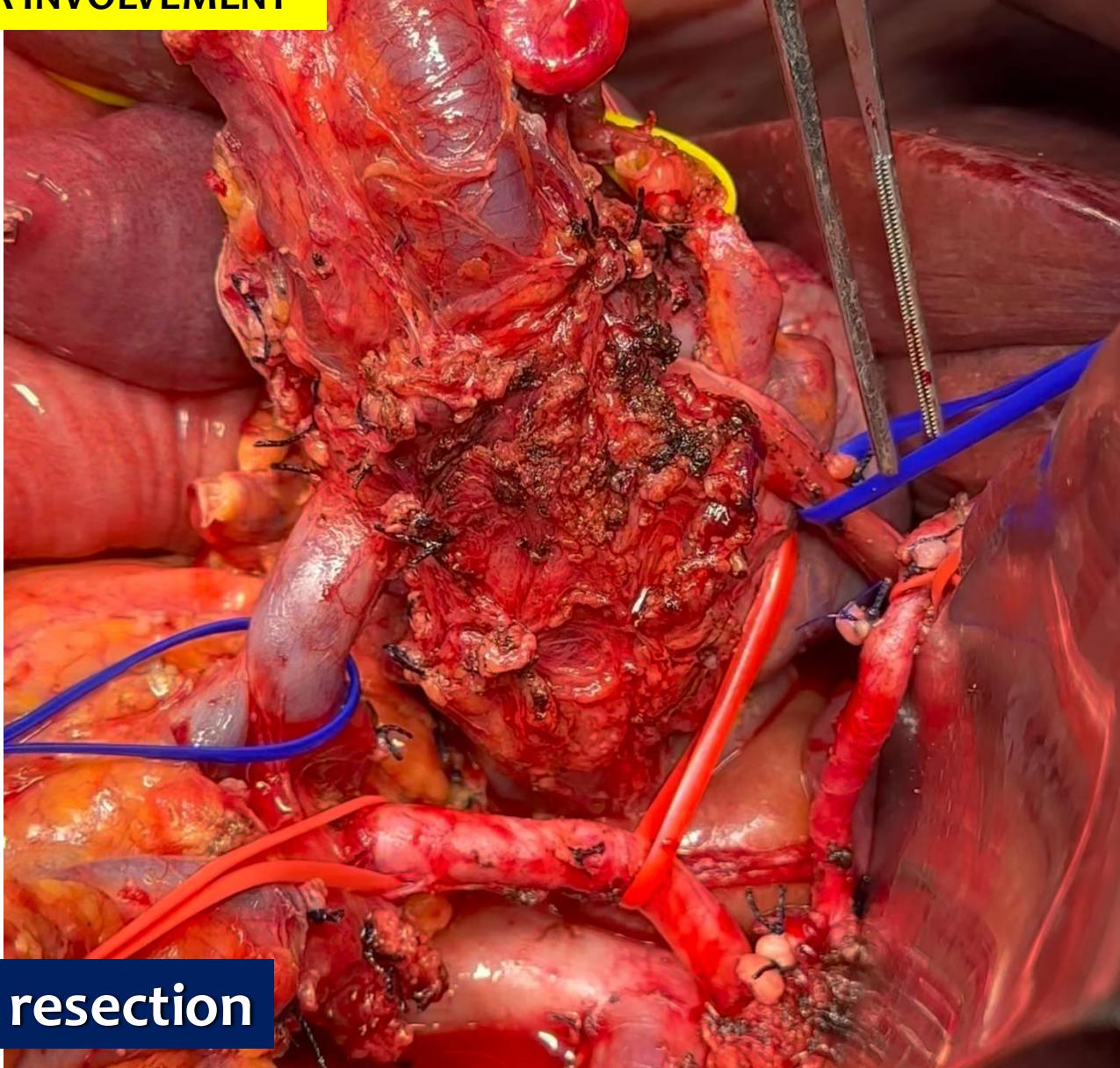
VASCULAR INVOLVEMENT



Vascular resection

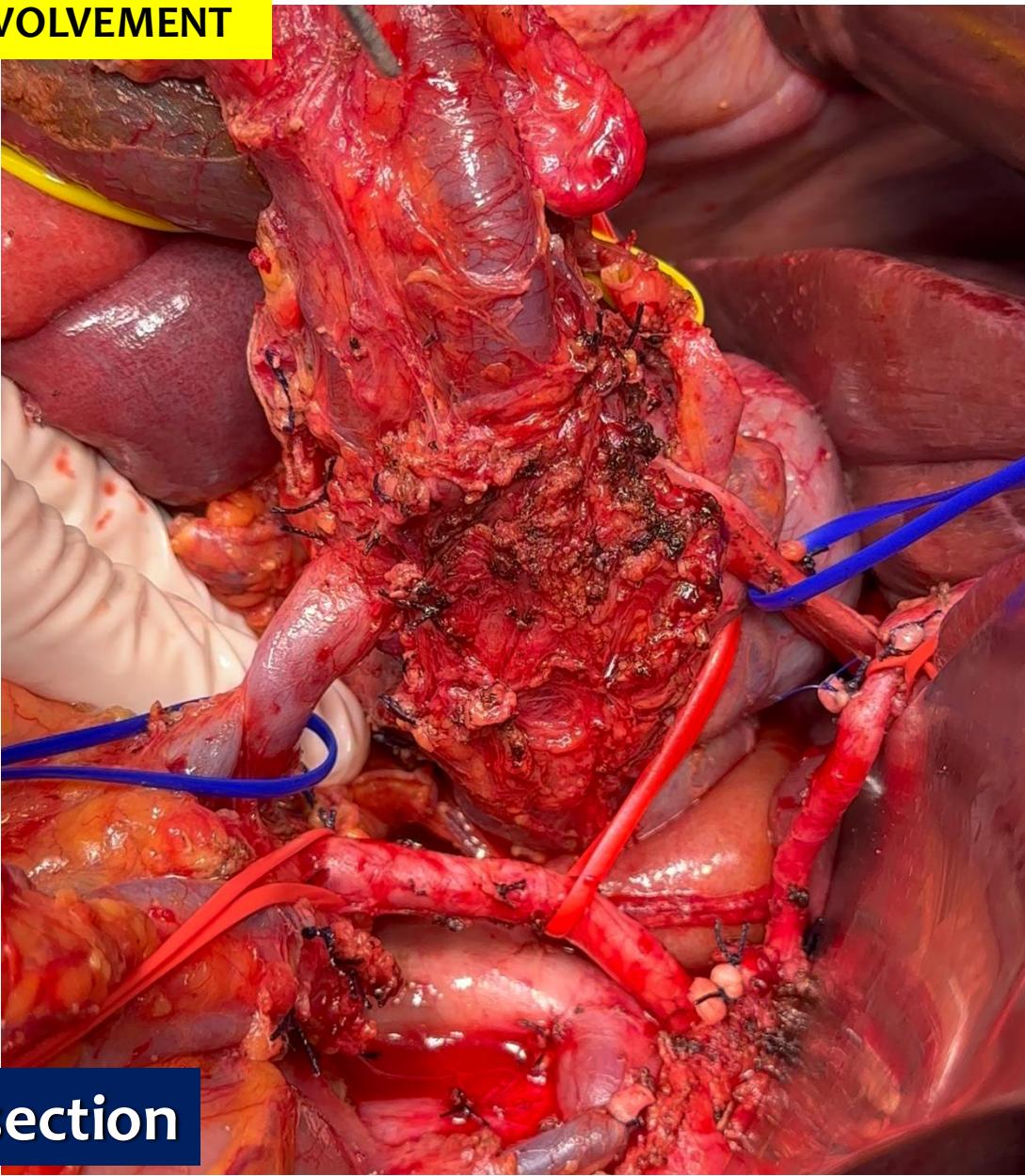


VASCULAR INVOLVEMENT



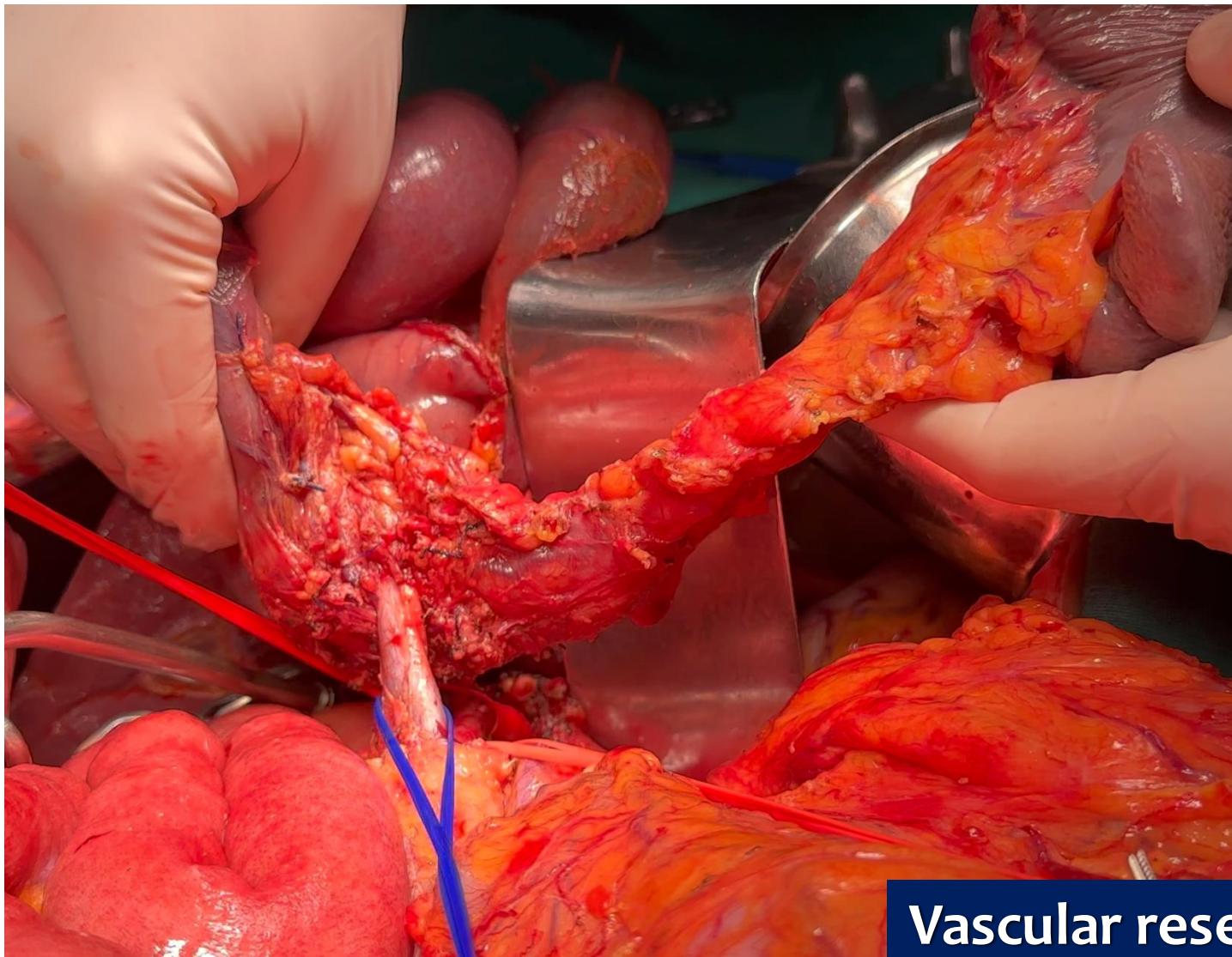
Vascular resection

VASCULAR INVOLVEMENT



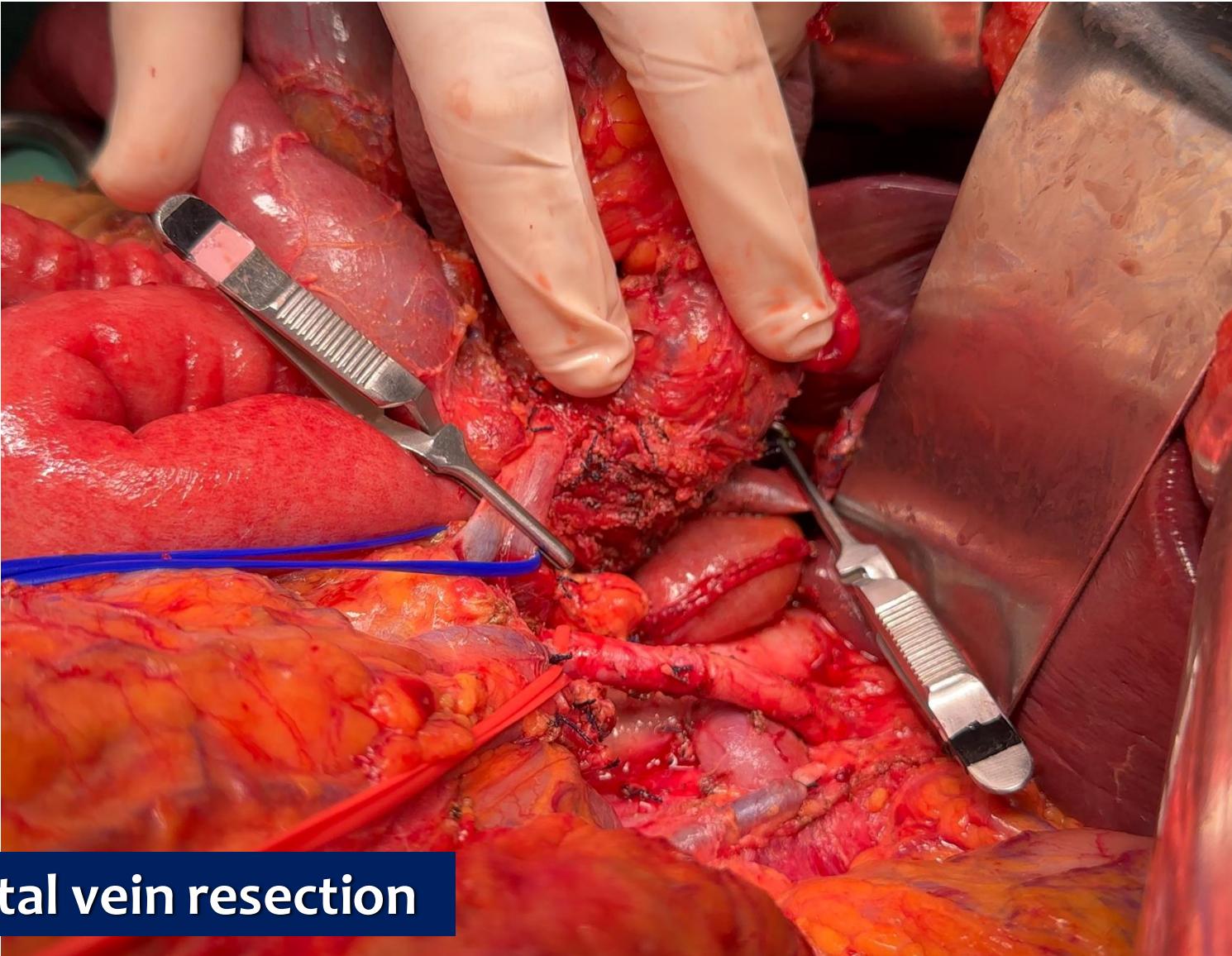
Vascular resection

VASCULAR INVOLVEMENT



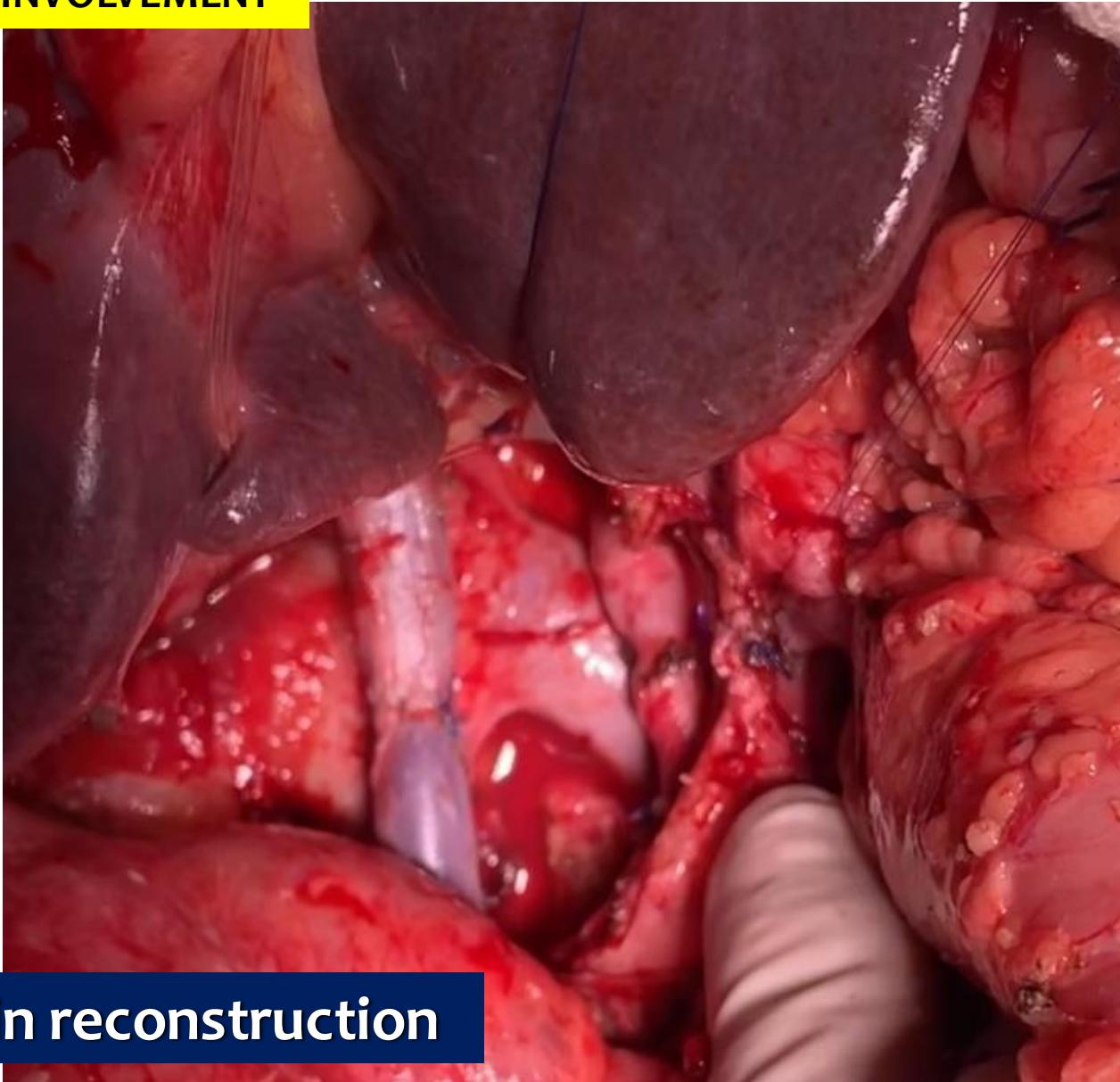
Vascular resection

VASCULAR INVOLVEMENT



Portal vein resection

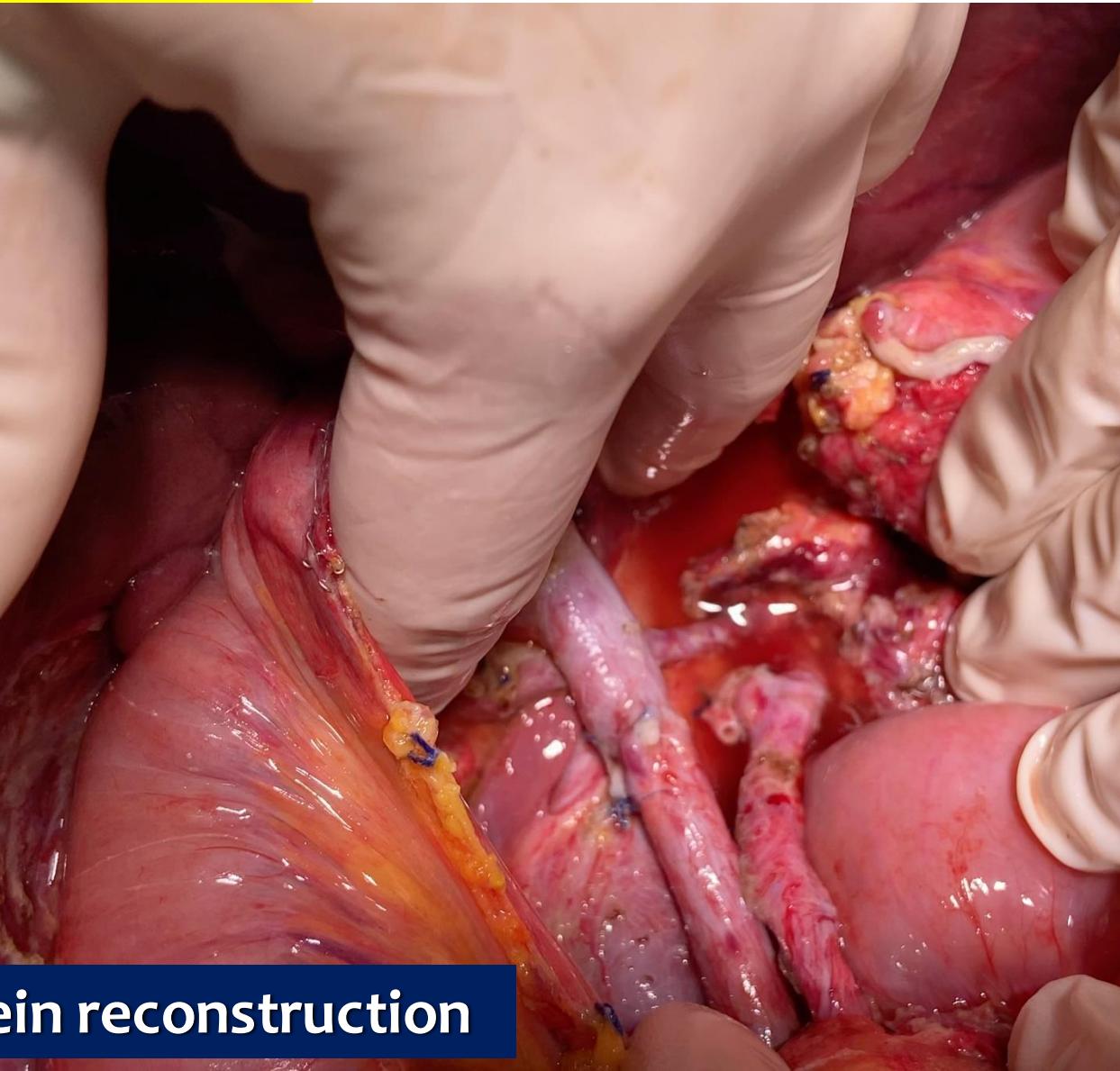
VASCULAR INVOLVEMENT



Portal vein reconstruction



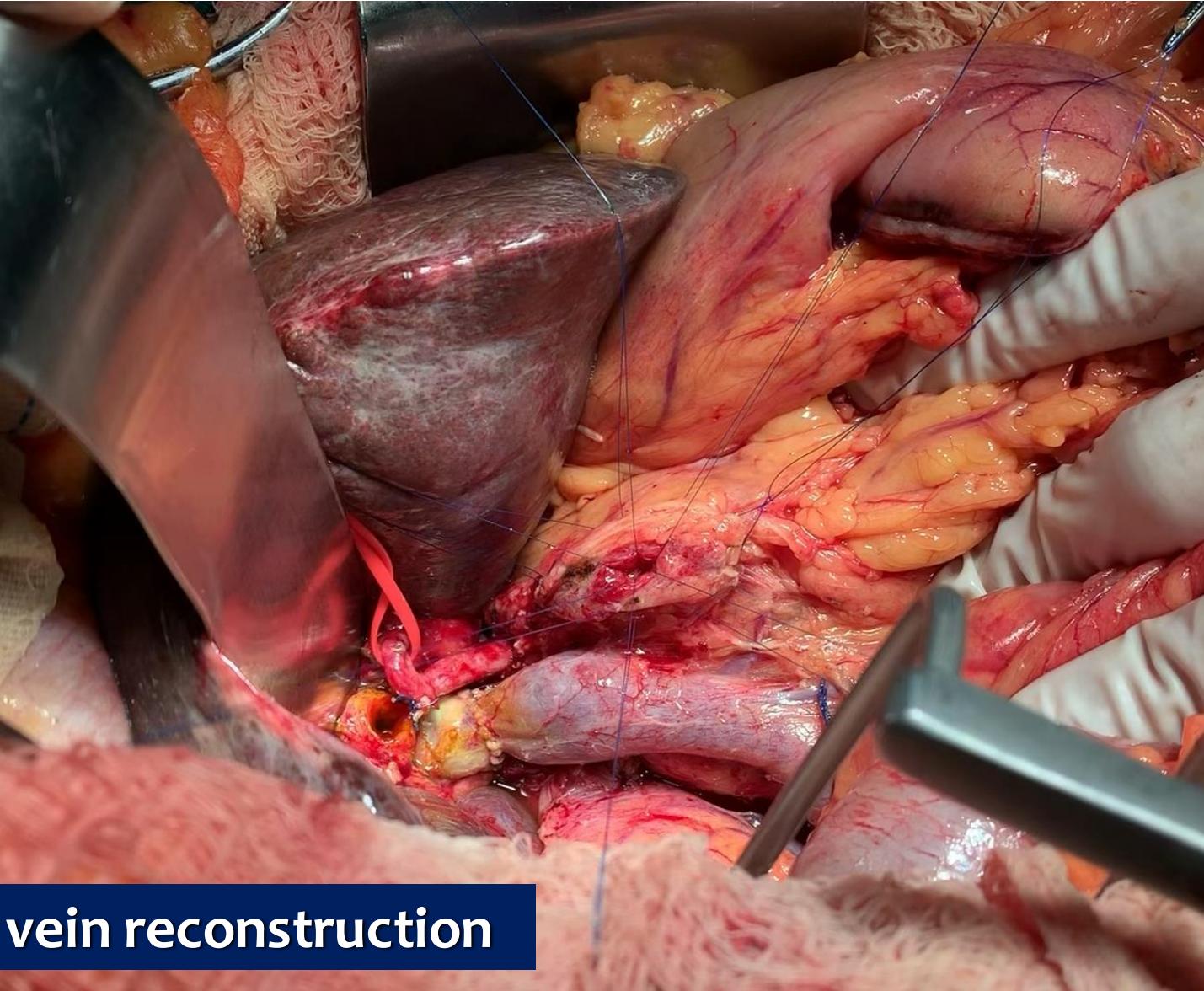
VASCULAR INVOLVEMENT



Portal vein reconstruction



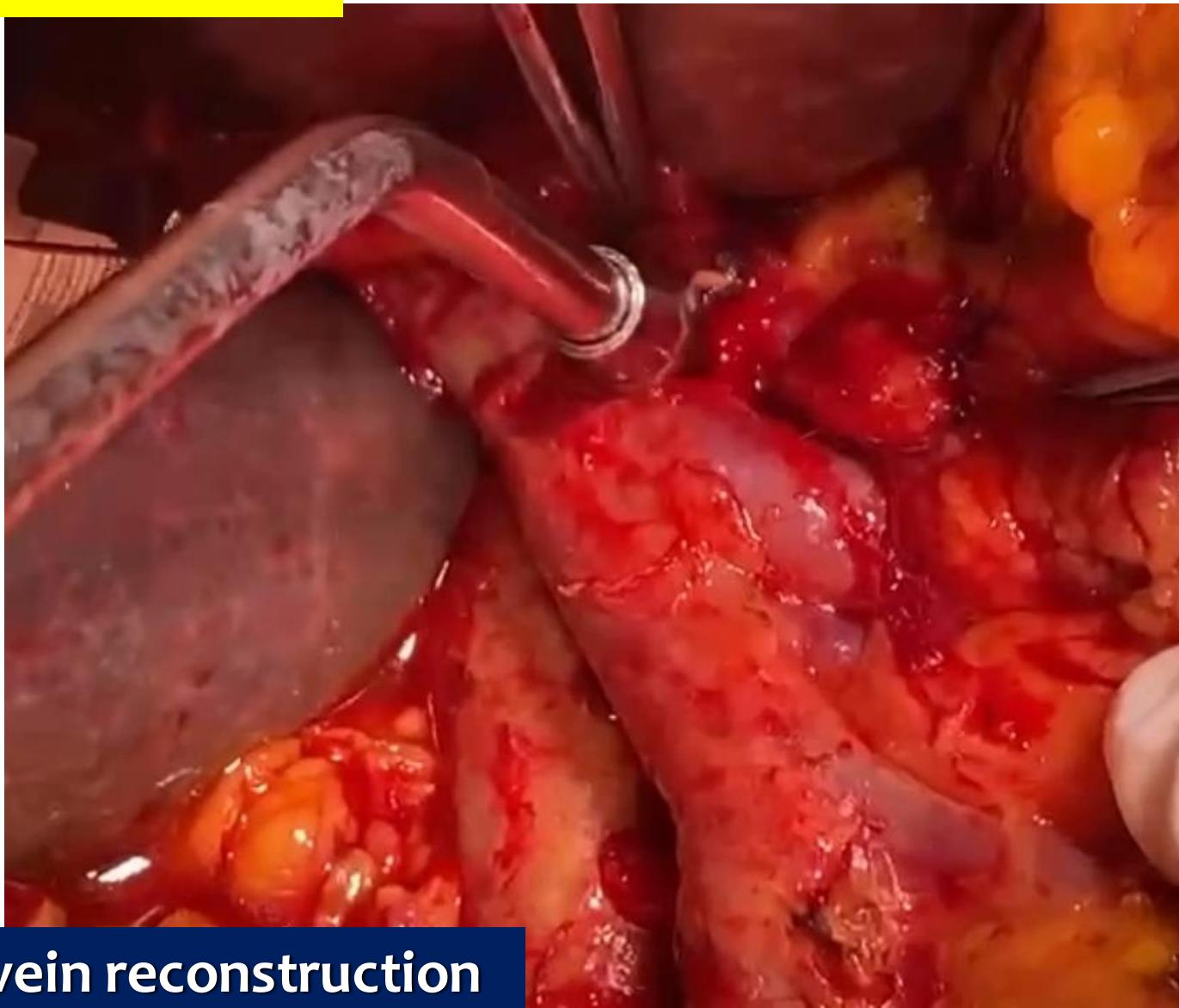
VASCULAR INVOLVEMENT



Portal vein reconstruction



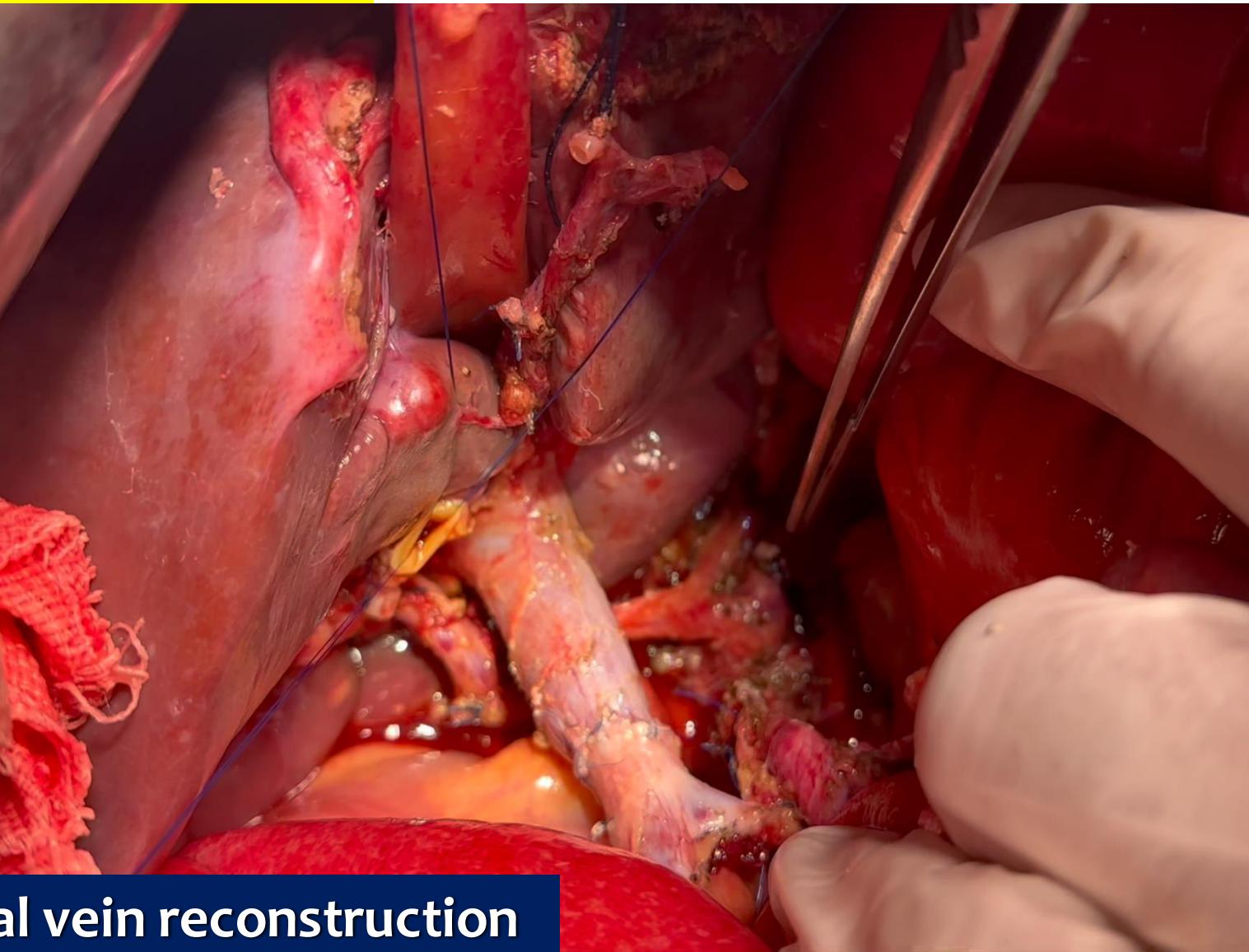
VASCULAR INVOLVEMENT



Portal vein reconstruction



VASCULAR INVOLVEMENT

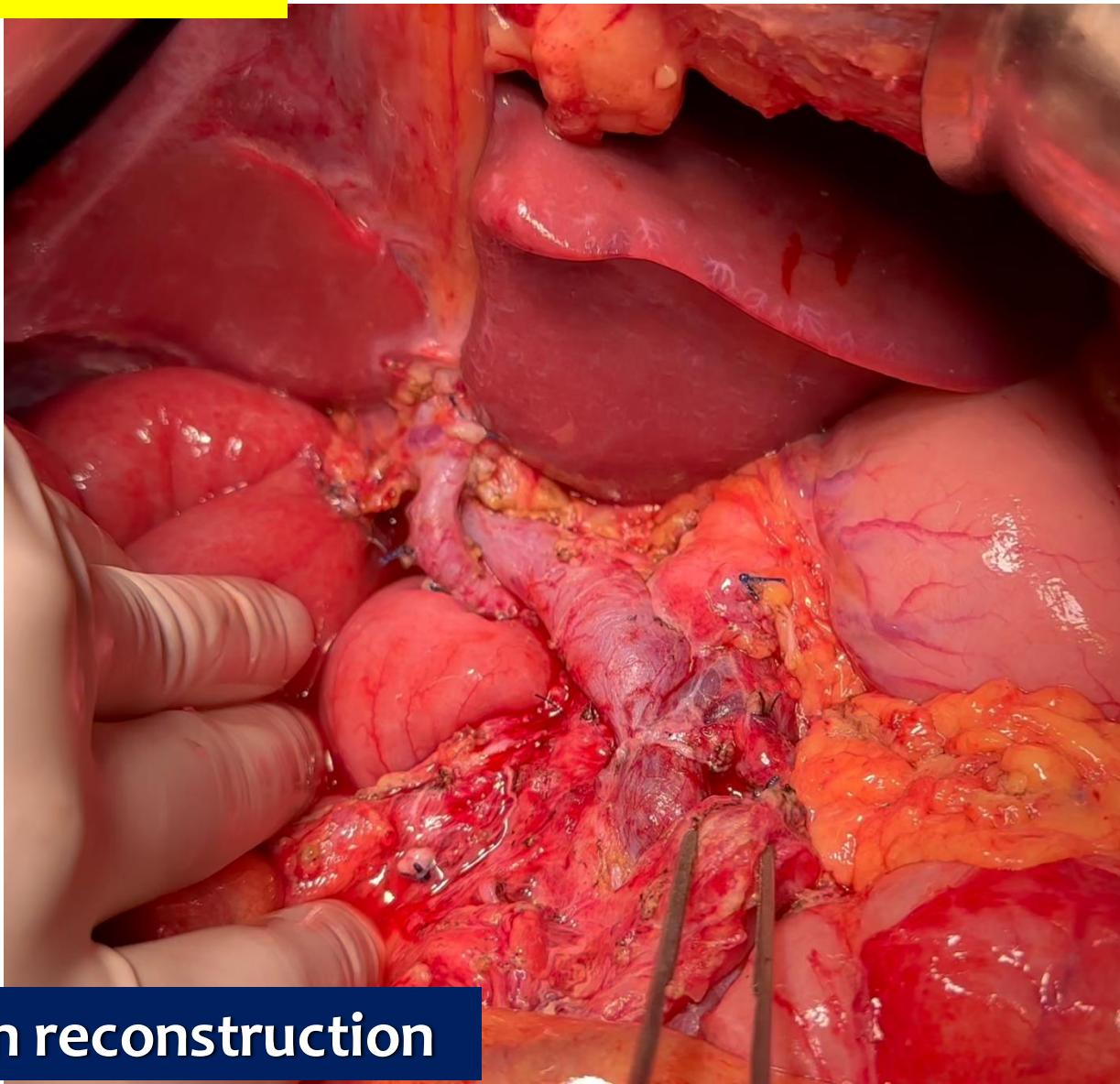


Portal vein reconstruction



EBSERH

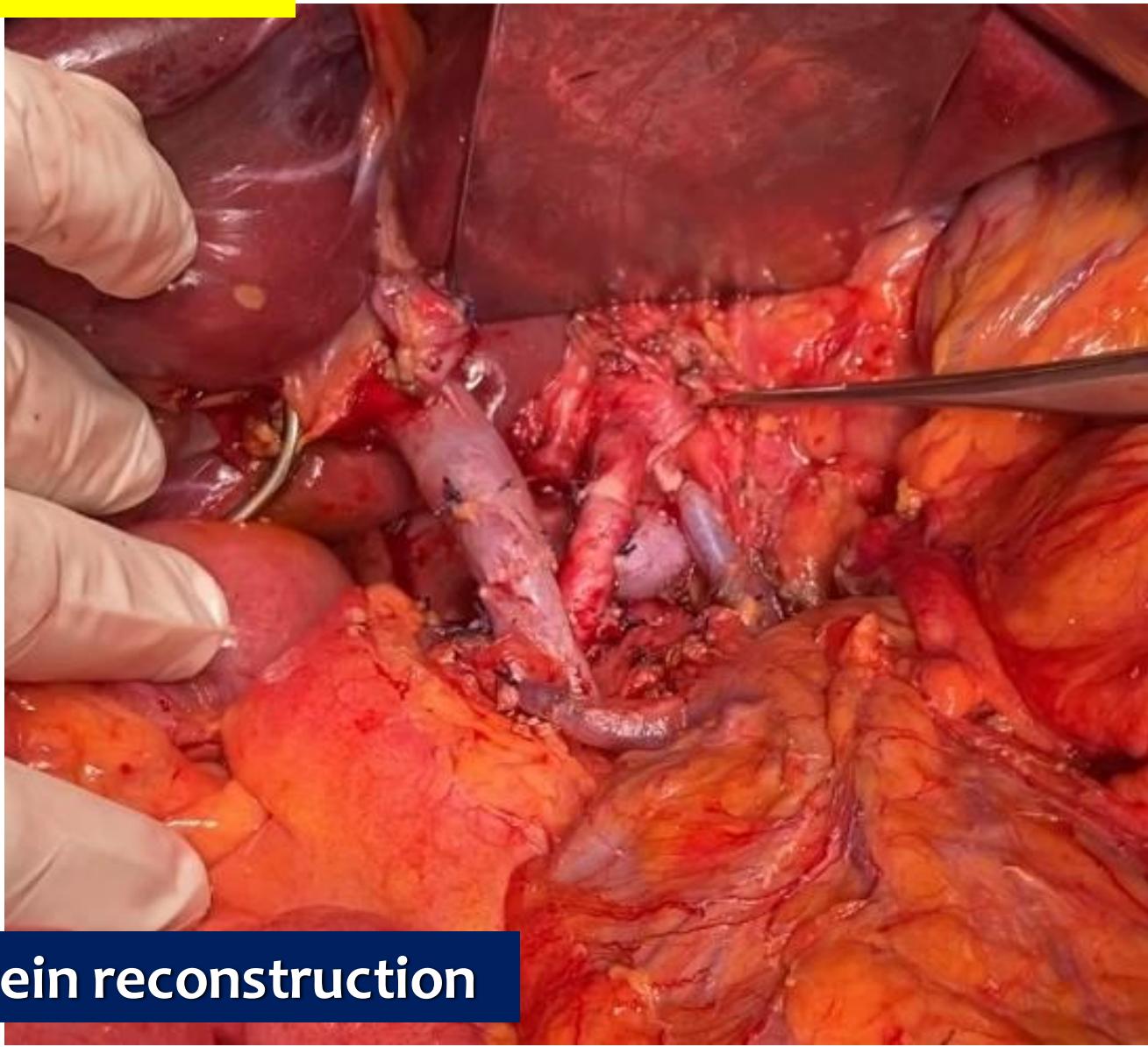
VASCULAR INVOLVEMENT



Portal vein reconstruction

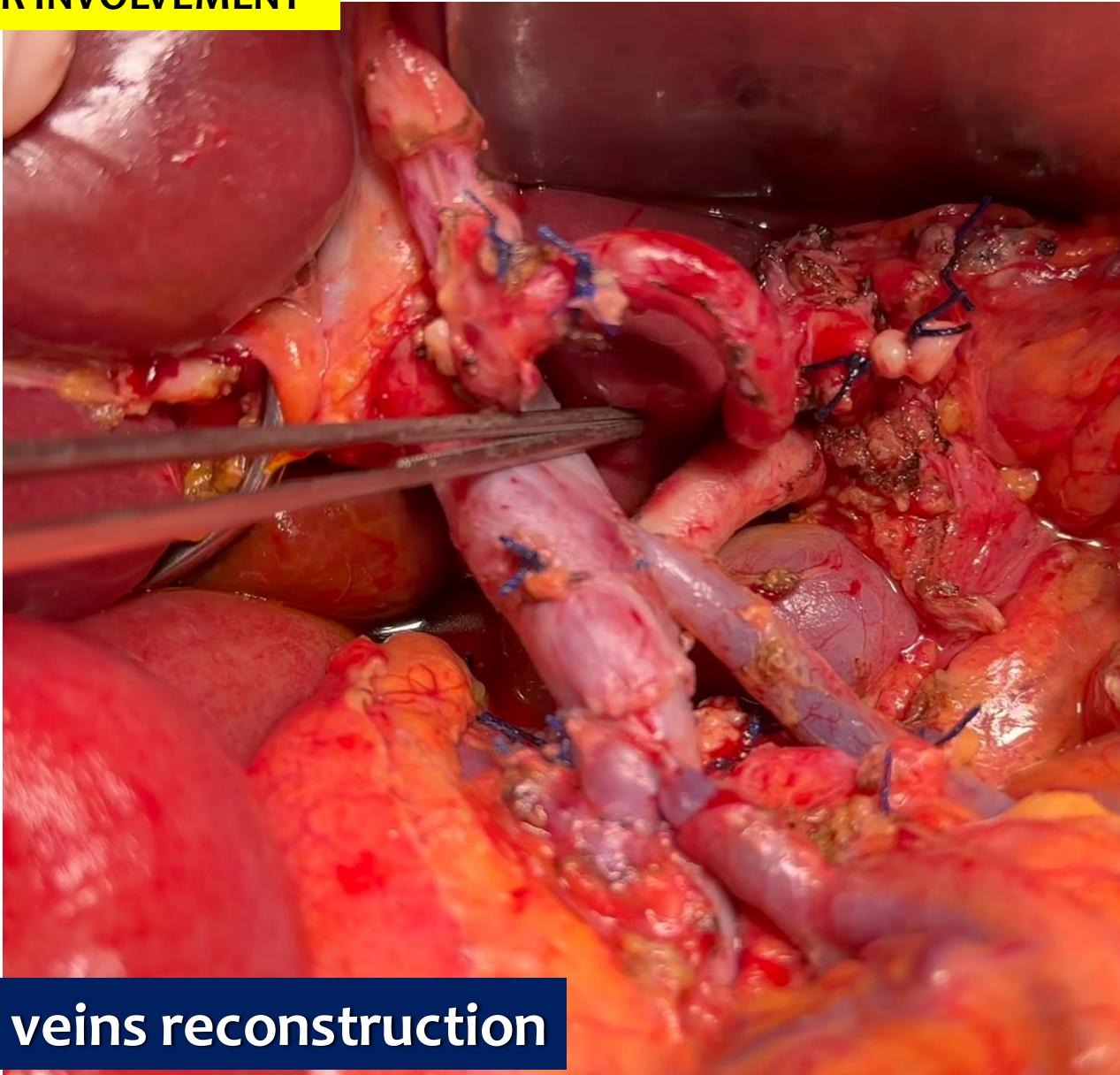


VASCULAR INVOLVEMENT



Portal vein reconstruction

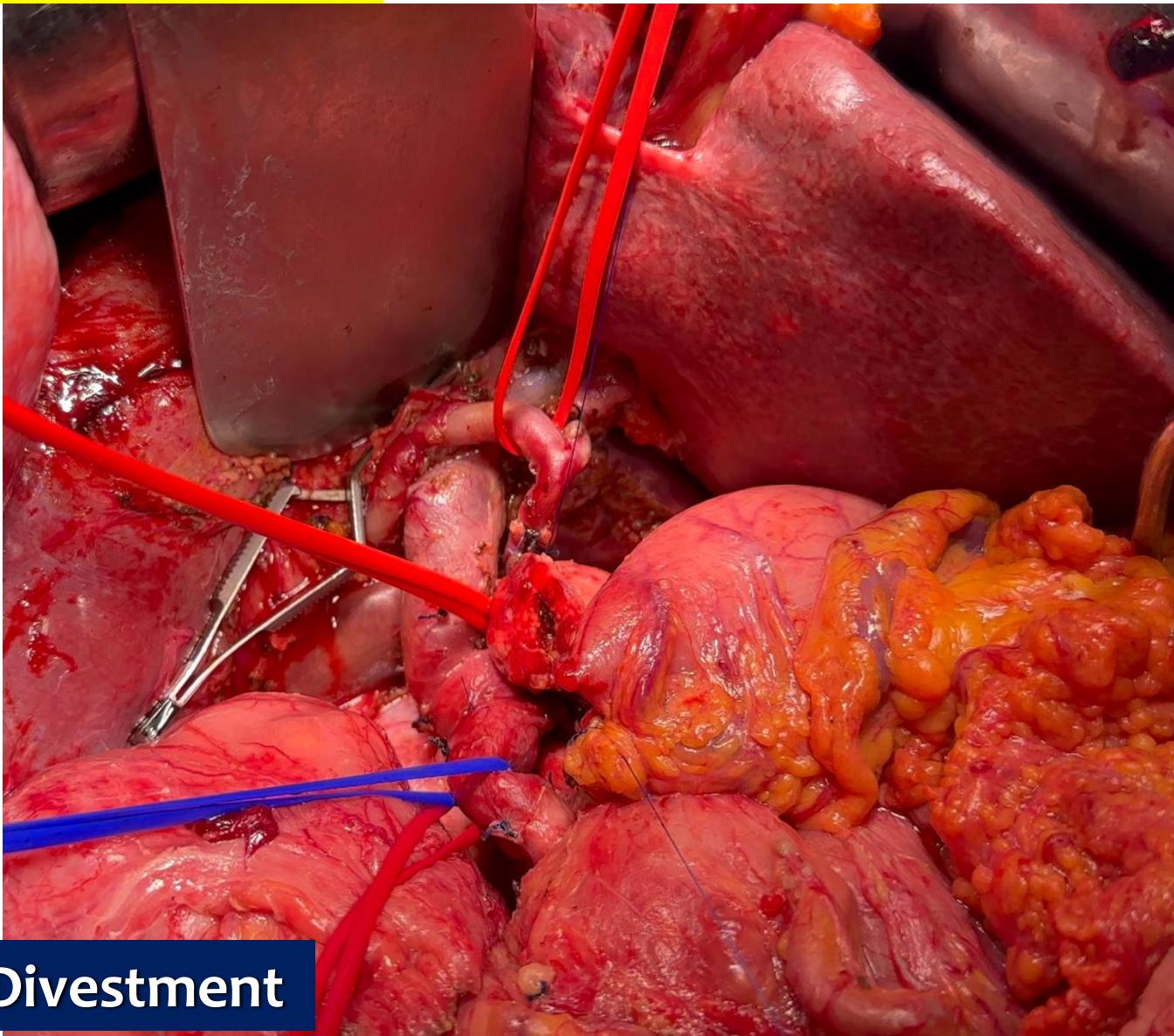
VASCULAR INVOLVEMENT



Jejunal veins reconstruction

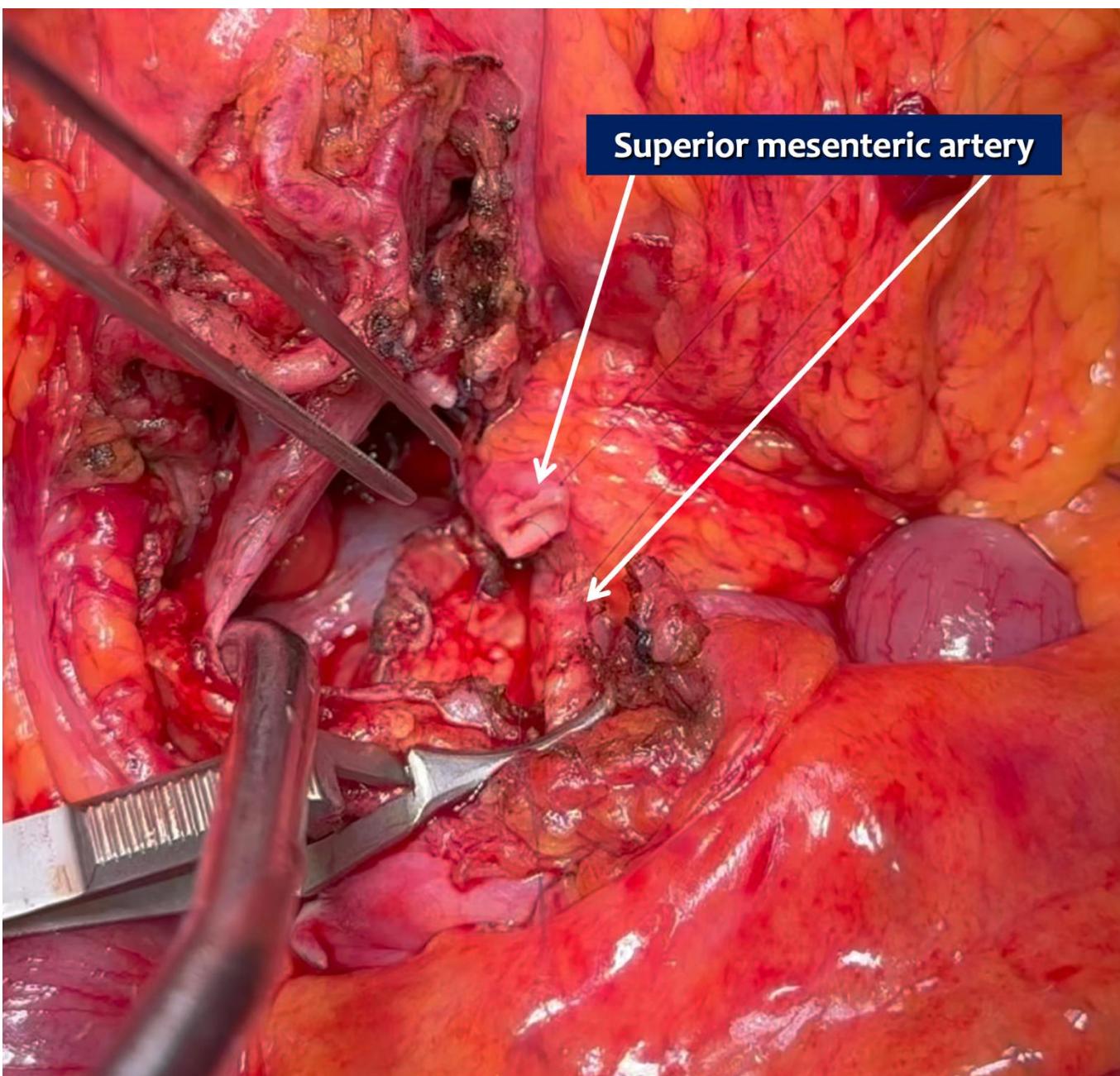


VASCULAR INVOLVEMENT

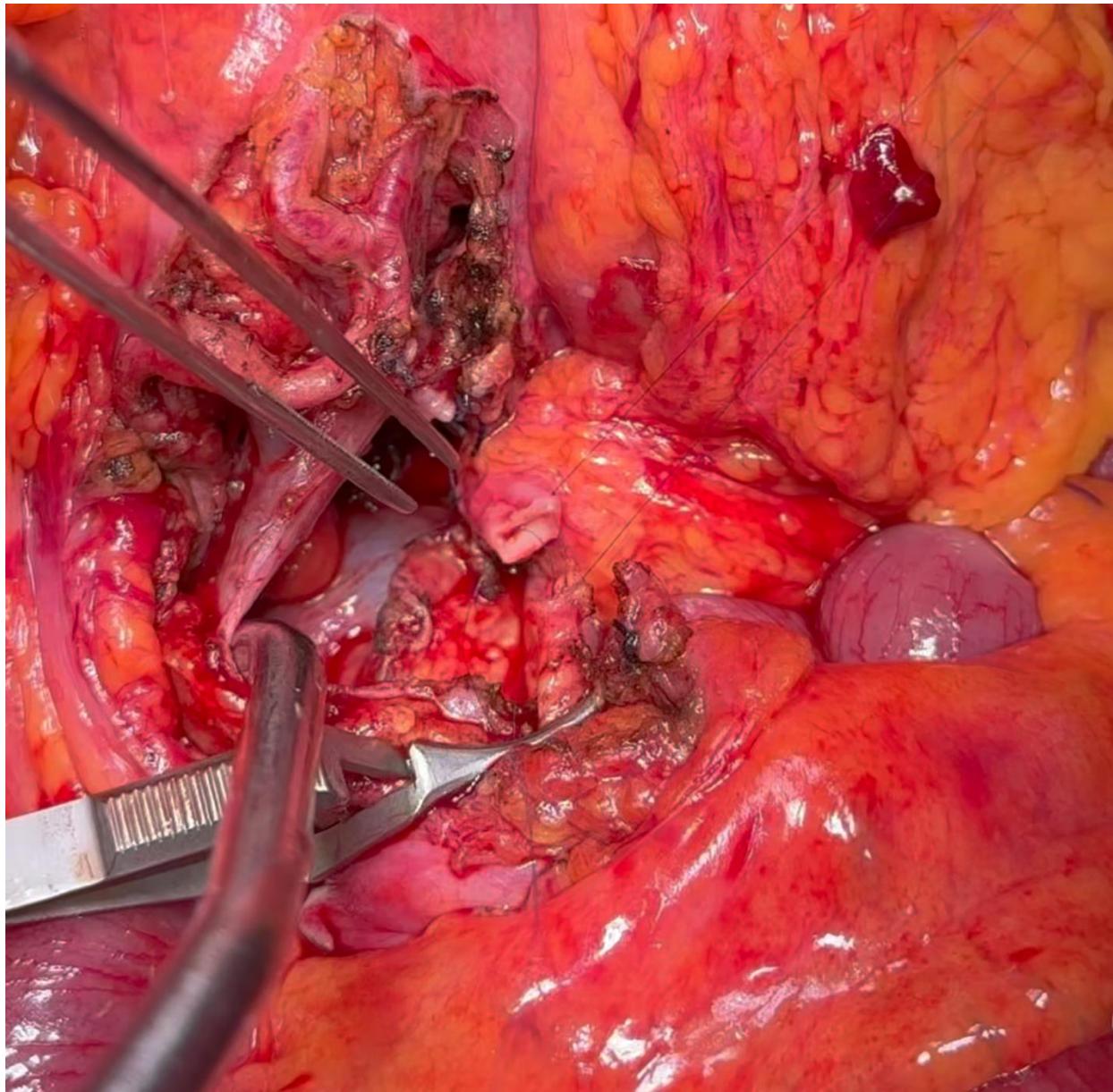


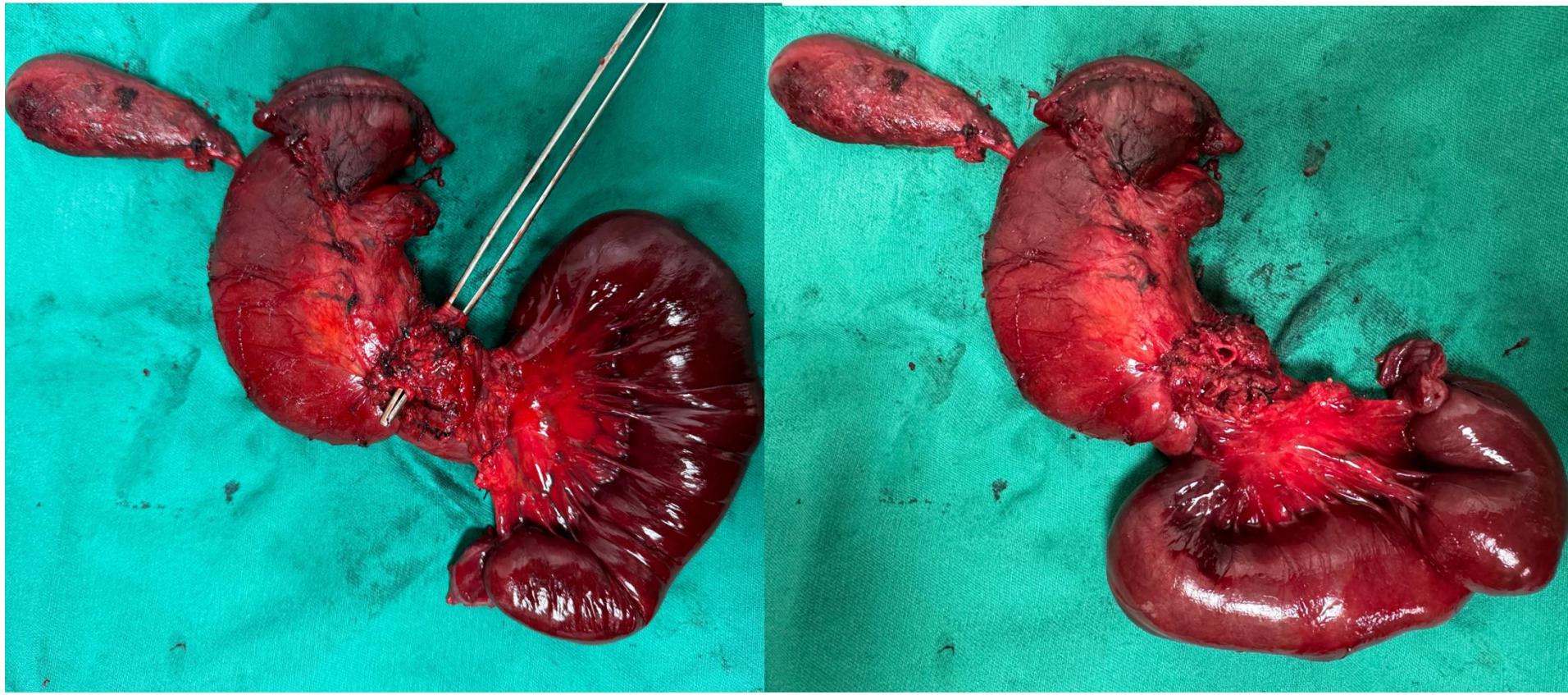
SMA Divestment





Superior mesenteric artery







Lençóis Maranhenses



Thanks!

