

# Abstract

## Introduction:

Pancreaticoduodenectomy (PD) has become increasingly accepted as a safe and appropriate surgical technique for patients with either malignant or benign diseases of the pancreas and periampullary region. In high-volume centers, Perioperative mortality rate is currently reported to be below 5% for PD. However, the rate of post-PD complications is still as high as 40–50%, pancreatic fistula (PF) rate is nowadays about 14%-25%. Pancreatic Fistula remains the single most important cause of morbidity. Many factors have been associated with pancreatic fistula formation after PD, in that type of pancreatic anastomosis & Operating Surgeon plays an important role. Many types of reconstruction have been described, either it is Pancreaticogastrostomy (PG) or pancreaticojejunostomy (PJ). The best technique in pancreatic anastomosis is still debated. This study was done to evaluate which anastomosis approach – pancreaticogastrostomy (PG) or Binding pancreaticojejunostomy (PJ), is a better option in terms of postoperative complications.

## Method:

The total number of cases studied is 45 which included 25 female and 20 male patients. Patients were admitted & operated in General surgical & Surgical Gastroenterology wards in Government Rajaji Hospital, Madurai.

Among 45 cases, pancreaticogastrostomy was done in 24 patients; binding pancreaticojejunostomy was done in 21 patients. Their post operative course is noted down, along with the complications patient developed.

## Results:

The primary end point of the study is Post operative Pancreatic Fistula (POPF), 4 out of 24 patients from pancreaticogastrostomy developed POPF; while 3 out of 21 patients from binding pancreaticojejunostomy developed POPF. Other complications occurred at same rate in both groups.

## **Conclusion:**

There was no statistically significant difference (p Value not significant) between two groups in terms of Post operative pancreatic fistula (POPF) which is primary end point of this study.

The PF rate was 16.6% in PG group; while in Binding PJ Group it is 14.2%. Other post operative complications rates were almost equal in both groups.

Mortality occurred in both groups(<5%), mortality in PG group was due to acute pulmonary embolism; while in Binding PJ group it was due to Post operative secondary haemorrhage, secondary to Pancreatic Fistula.

Over all morbidity in PG group was 14.5% & in Binding PJ group was 12.5%.

Perhaps personal preference, experience and familiarity of the surgeon with reconstruction technique is more important than the reconstruction method per se as there is no significant difference in mortality n morbidity in both groups.

## **KEY WORDS:**

Pancreaticoduodenectomy, Binding pancreaticojejunostomy, Pancreaticogastrostomy, post operative pancreatic Fistula