Use of staplers to divide the pancreas during pancreatodudodenectomy: is it justified?

We write with reference to the increasing trend for using stapling devices for the dissection and division of the uncinate process and pancreatic head behind the portal vein. The advantages of such devices over other methods of dividing the pancreas in distal or subtotal pancreatectomy have not been proven, and better outcomes have been reported for the hand-sewing technique.

The importance of nodal dissection along the superior mesenteric artery during pancreatoduodenectomy is well known, and it is this margin that remains the most common positive margin in R1 resections. Furthermore, the prognostic implications of the nodes along the uncinate margin have been reported. Stapler division may contribute to reductions in operating time and blood loss, but a critical volume of tissue is necessary for the stapler to be applied. This would compromise margin clearance and nodal yield along the uncinate process. A recent report from an anatomical cadaver-based study has also pointed out that the stapling technique carries a risk for incomplete tumour resection.

We believe that such staplers should be used with caution in pancreatoduodenectomy in malignant conditions and that further studies are required before this technique can be widely accepted.

Conflicts of interest
None declared.

References