HBP SURGERY WEEK 2021 VIRTUAL & ONSITE
MARCH 25-27, 2021 GRAND WALKERHILL HOTEL, SEOUL, KOREA
www.khbps.org
& The 54th Annual Congress of the Korean Association of HBP Surgery
The Korean Association of Hepato-Biliary-Pancreatic Surgery

BP PP 2-4

Is it worthy to perform elective total pancreatectomy considering morbidity or mortality? : An experience from a high-volume center

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Introduction : Total pancreatectomy (TP) is mostly performed for diseases involving the entire pancreas including various pathology. However, there is still a reluctance to perform TP due to high postoperative morbidity or mortality, and life-long endocrine and exocrine pancreatic insufficiency. This retrospective study aimed to evaluate postoperative outcomes in a high-volume center and identify the risk factors affecting major morbidity and mortality after TP.

Methods : From 1995 to 2015, a total of 142 patients who underwent elective TP at Samsung Medical Center were included in this study. One-stage TP was defined as elective primary TP, and in whom an intraoperative decision to extend the planned resection to TP, whereas 2-stage TP was elective completion TP due to recurred tumor. Patients who underwent TP in an emergency setting were excluded. Postoperative mobidity or pancreatectomy-specific complication was defined according to Clavien-Dindo classification (CDC) or ISGPF classification.

Results : There were no statistically significant differences between 1-stage TP (n= 128) and 2-stage TP (n= 14) in clinical, operative, pathologic variables. Overall major morbidity more than CDC ≥ 3 or ISGPF grade B/C were occurred in 25 patients (17.6%). The readmission rate within 90-day including DM control was 20.4%. There was no in-hospital mortality among all enrolled patients. Multiple underlying diseases (OR 3.350, 95% CI 1.244- 9.019, p= 0.017) and longer operative time (OR 1.005, 95% CI 1.000- 1.010, p= 0.041) were identified an independent risk factors for major morbidity after multivariable analysis.

Conclusions : TP are safe and feasible procedures with satisfactory early surgical outcomes when performed at high-volume center.

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