

**EP161****Outcomes of early reoperation in severe pancreatic fistula and/or haemorrhage after pancreaticoduodenectomy****Pyae Pa Pa KYAW**<sup>1</sup>, Min HTIN<sup>2</sup>, Lin Tun THEIN<sup>1</sup>, Tin Tin MAR\*<sup>1</sup><sup>1</sup>Hepatobiliary and Pancreatic surgery department, University of medicine 1, Yangon, Myanmar<sup>2</sup>Hepatobiliary and Pancreatic surgery department, University of medicine 2, Yangon, Myanmar

**Introduction :** Although advances in multidisciplinary management reduce the mortality after pancreaticoduodenectomy from medical complication, postoperative pancreatic fistula and/or post-pancreatectomy haemorrhage remain as common morbidities and main causes of mortality while management is still ongoing dispute. The morbidity of POPF and/or PPH after PD in our center is 18-30% per year.

**Methods :** It is a hospital based prospective descriptive study carried out between 2018 January and 2020 April in our center and two other centers. Total 28 reoperated patients with POPF and/or PPH patients after 144 PD were included in the study. Patients were advised for reoperation when indications were met.

**Results :** There were 56 patients who suffered from POPF and/or PPH after PD during this study period. Among them, total 28 patients were reoperated. Although reoperation was advised to 34 patients, six of them declined operation for various reasons. Median timing of reoperation was 9 days and 71% were reoperated within 10 days. And external tube wirsungostomy was done in majority of cases. Among reoperated patients, 14 patients survived and 14 patients expired. It was accidentally found that all six Grade C patients, who denied reoperation, died with conservative management.

**Conclusions :** It is found that reoperation is necessary in patients with indications. Early reoperation and damage control surgery is found to have better outcomes before organ failure or haemorrhage supervenes. And it is hard to say the accurate timing of reoperation and optimal procedures because this study has some limitations like small sample size, and limited resources for multidisciplinary management.

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