

**EP166****Routine use of Feeding Jejunostomy in Pancreaticoduodenectomy: A Metaanalysis.****Bhavin VASAVADA**, Hardik PATEL*Hepatobiliary and liver transplant, Consultant hepatobiliary and liver transplant, India*

**Introduction :** The primary aim of our study was to evaluate morbidity and mortality following feeding jejunostomy in pancreaticoduodenectomy compared to the control group. We also evaluated individual complications like delayed gastric emptying; postoperative pancreatic fistula, superficial and deep surgical site infection.

**Methods :** The study was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement and MOOSE guidelines. Heterogeneity was measured using Q tests and I<sup>2</sup>. The random-effects model was used.

**Results :** Four studies including a total of 1639 patients were included in the analysis. Total 843 patients were included in the Feeding jejunostomy group and 796 patients included in the control group without feeding jejunostomy. Overall morbidity was significantly higher in the feeding jejunostomy group. ( $P = 0.001$ ). There was no significant difference between both groups. ( $P=0.07$ ). Delayed gastric emptying was significantly higher in the feeding jejunostomy group. [ $P=0.021$ ]. There was no significant difference in the development of pancreatic fistula between the two groups. Deep surgical site infection was significantly higher in the feeding jejunostomy group. ( $P=0.013$ ). The hospital stay was significantly more in the feeding jejunostomy group ( $p<0.0001$ ). There was no significant difference between readmission; TPN requirement and time to start the oral feed.

**Conclusions :** Feeding jejunostomy seems to be associated with increased morbidity and increased length of stay.

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