

**EP210****Postoperative poor oral intake after open distal pancreatectomy****Hyeong Min PARK**, Sang-Jae PARK*, Mee Joo KANG, Sung-Sik HAN, Sun-Whe KIM*Center for Liver and Pancreatobiliary Cancer, National Cancer Center, Korea, Korea*

Introduction : Besides the causes we know including adhesive ileus, it is not uncommon for poor oral intake (POI) in patients after distal pancreatectomy (DP). This study investigated the occurrence of POI and identify the risk factors of POI in patients after DP.

Methods : In this retrospective study, prospectively collected data of patients who received DP in National Cancer Center, Korea between April 2013 and December 2020 were reviewed. The diet protocol after DP in our institution as follows; sips of water (SOW) on postoperative day (POD) 1, soft blended diet (SBD) on POD 2 or 3, and normal regular diet (NRD) after POD 5, if the patient was tolerable on diet protocol. POI after distal pancreatectomy was defined as the delay of postoperative diet protocol after DP or the reverse of postoperative diet progression sequence.

Results : A total of 148 patients received open distal pancreatectomy during the study period. Patients who were diagnosed adhesive ileus were excluded (n =14), and finally 134 patients were enrolled. Including 7 patients with postoperative delayed gastric emptying, 39.2 (52/134) % patients experienced POI after distal pancreatectomy. multi-visceral resection (HR 2.901, 95% CI 1.041–8.085, p = 0.042), celiac axis resection (HR 12.369, 95% CI 1.113–137.451, p = 0.041), operation time >180minutes (HR 3.146, 95% CI 1.265–7.822, p = 0.014), and postoperative major complication (HR 3.778, 95% CI 1.205–11.847, p = 0.023), clinically significant POPF (HR 3.642, 95% CI 1.065–12.451, p = 0.039) were independent risk factors for POI after DP.

Conclusions : Therefore, especially in patients with these risk factors,

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