2nd Jaipur Surgical Festival (JSF)
HPB Oncology
2-4 December 2022
Mahatma Gandhi Medical College & Hospital (MGMCH)
Jaipur Rajasthan India

Minimally invasive pancreatic surgery

The video session comprised video lectures on Lap distal pancreatectomy (Pravin Suryavanshi, Aurangabad and Ramesh Ardhanari, Madurai), Lap spleen preserving distal pancreatectomy (TLVD Prasadbabu, Hyderabad), and Pancreatoduodenectomy in portal hypertension (Arun Kumar ML, Thiruvananthapuram).
The key messages from the sessions are:

a) Distal pancreatectomy with splenectomy is preferred for the malignant tumors of the body and tail of the pancreas to achieve oncological clearance, known as Radical antegrade modular pancreatosplenectomy (RAMPS).
b) Distal pancreatectomy without splenectomy is usually offered for benign etiology or diseases with low malignant potential, with a minimally invasive approach (laparoscopic/robotic) usually preferred. It can be performed with splenic vessel preservation (Kimura technique) or ligation (Warshaw's technique), where the vascularity to the spleen relies on collateral circulation from the short gastric vessels.
c) Though Warshaw's technique is technically easier to perform but has a higher incidence of subsequent splenectomies.
d) Surgeons should be able to perform both procedures and tailor the technique according to the patient. The key steps are: Early mobilization of both splenic vein and artery of the pancreas; Division of the proximal pancreatic body by using a stapler with either white or blue cartridge; gradual dissection of pancreas till splenic hilum.
e) Though the lifetime risk for the development of Overwhelming Post splenectomy infection is 1% to 5%, it is associated with a significant mortality rate of 50–70%. Hence, it is preferable to provide vaccinations pre- or post-operatively, with the Pneumococcal vaccine being the most important.

Summary prepared by
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