Total Robotic Pancreatoduodenectomy with Pancreatico-jejunostomy by modified Blumgart technique

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Introduction: Robotic Pancreatoduodenectomy (RPD) has gained ground in recent past. Pancreatico-jejunostomy with modified Blumgart technique is less often used with minimally invasive approach due to its technical complexity, however it is feasible with robotics due to its multi-arm platform, three-dimensional view and an extended range of motion. We describe our approach for total robotic pancreateoduodenectomy with pancreatojejunostomy by modified Blumgart technique in this video.

Methods: Patient placed in reverse trendelenburg position with leg-split posture. Two port on each side of umbilicus 8mm apart in mid-clavicular line and anterior axillary line with infra-umbilical port (12mm) work as an assistant port. The dissection phase is performed in a standard manner with extended kocherisation, early division of antrum, caudal-cranial dissection of uncinate process. Pancreatico-jejunostomy: Transpancreatic horizontal mattress sutures are placed to secure the pancreatic parenchyma to the jejunum using 3-0 prolene. After a small enterotomy, a series of interrupted sutures with 5-0 PDS are used for duct to mucosa anastomosis. Finally, anterior layer of 3-0 prolene buttress sutures completes the anastomosis. Hepaticojejunostomy by Kelly’s technique and gastrojejunostomy either stapled or hand sewn after extraction of specimen. Feeding jejunostomy was performed.

Results: Patient did well in the post-operative period and doing well after 1 year of follow up.

Conclusions: Robotic Pancreatoduodenectomy with pancreatojejunostomy using modified Blumgart technique is feasible with robotic arms.

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