Topic : Biliary & Pancreas

## LAPAROSCOPIC OMENTOPEXY AS A SPACER FOR LOCALLY ADVANCED PANCREATIC CANCER BEFORE CARBON ION RADIATION THERAPY

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**Background** : Carbon ion radiation therapy (CIRT) is a treatment that takes advantage of unique physical and radiobiologic principles compared to conventional radiation therapy. However, CIRT is also one of the radiation therapies, and the doses delivered by carbon ion beams for treatment are beyond the tolerance of the gastrointestinal tract. This is an unmet need for the radiation oncologic field, and herein, we report our experience with laparoscopic omentopexy for locally advanced pancreatic cancer before CIRT.

**Methods** : Gastro-colic ligament was divided, and the pancreas surface was approached. Sparing the omentum for pexy, the gastro-colic ligament division line was adjacent to the transverse colon, and the omentum was prepared to the stomach side under gastroepiploic vessels. An assistant performed stomach traction to obtain the operative view Although the stomach was adhesion to the pancreas, there was no tumor invasion to the stomach. The surgical field for omentopexy was obtained after the adhesiolysis between the stomach and pancreas. After suturing one point of the omentum with the pancreas's superior border, the omentum was placed between the stomach and the pancreas as a spacer. To prevent omental migration, the omentum adjacent gastroepiploic vessels were fixed with the tissue under the inferior pancreas border. After the bleeding control, the abdomen was closed using a routine maneuver.

**Results** : The patient was discharged on postoperative day 2 without any complications. One month later, the patients took CIRT.

**Conclusions** : In conclusion, laparoscopic omentopexy in the locally advanced PDAC before CIRT could be one option for enhancing therapeutic efficacy.

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