

OUR FIRST EXPERIENCE WITH ROBOTIC SPLEEN PRESERVING DISTAL PANCREATECTOMY

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Background : While the use of the robotic system has been adopted by colorectal surgery and urology for many years, the introduction of robotic hepatobiliary (HPB) surgery only started 2 months ago in our institution. HPB surgeries generally carry significant morbidity and surgeons have been continuously searching for ways to improve outcomes. The robotic platform offers enhanced visualization, improved precision and stability which is helpful in fine dissections and intracorporeal suturing.

Methods : Our patient is a 72-year-old female with a 2cm incidental pancreatic body cyst with solid components on MRI and 2 unsuccessful aspiration attempts. Robotic spleen preserving distal pancreatectomy (Kimura technique) was performed with 5 working ports (4 robotic, 1 assistant) with the use of intra-operative ultrasound for identification of the lesion and pancreatic transection margin.

Results : The patient underwent a successful robotic spleen preserving distal pancreatectomy. Total operative time was 300 minutes and estimated blood loss was 150ml. She was transferred to the high dependency ward post-operatively and to the general ward on post-operative day (POD) 1. She ambulated on POD 1, tolerated normal diet on POD 2 and was discharged on POD 4. She had no complications at outpatient review. Final histology was serous cystadenoma.

Conclusions : The success of our first robotic spleen preserving distal pancreatectomy has demonstrated that the use of the robot for pancreatic resections can be done safely and efficiently in our institution. This case will be instrumental in paving the way for the acceptance and adoption of robotic resections in HPB surgery in our institution in the future.

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