

## **OUR EXPERIENCE OF ORGAN PRESERVING ROBOTIC PANCREATECTOMY USING THE DAVINCI SP SYSTEM: REPORT OF 11 CASES WITH VIDEO**

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**Background** : With the advances of laparoscopic techniques and instruments, many efforts to reduce the number of the trocar site in abdominal surgery has been made. The da Vinci SP, offers improvements and refinements for established robotic single-site procedures. We report our experience of organ preserving pancreatectomy using the davinci SP system. Specifically, we present a video of a patient undergoing robotic spleen preserving distal pancreatectomy for a lesion located at the proximal body of pancreas.

**Methods** : We reviewed the medical records of 11 patients in whom was carried out. Patient demographics, operative time, postoperative hospital stay and complications were obtained and analyzed. Robotic pancreatectomy was performed using the daVinci SP system with one additional port (12mm port). The additional port was placed on the left side of the daVinci SP system.

**Results** : The median age was 63 years (range 28-66). Organ preserving procedures included spleen preserving distal pancreatectomy, pancreatic wedge resection and enucleation. Pathological diagnosis included benign and malignant lesions such as pancreatic cancer. Median operation time was 90 min (range 57-150 min). There were 3 patients clinically relevant postoperative pancreatic fistula. Length of hospital stay was median 11 days after surgery.

**Conclusions** : Organ preserving pancreatectomy using the daVinci SP system is safe and feasible with a acceptable perioperative outcomes. Due to the unique structure of the daVinci SP system, eventually we believe that our method may have potential to reduce the number of the trocar sites and provide a gateway for “more minimal invasive organ preserving” pancreatectomy. However, further experiences are mandatory.

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