

TECHNIQUE OF ROBOTIC PANCREATICOJEJUNOSTOMY USING MODIFIED HEIDELBERG METHOD: STANDARDIZING THE STEPS

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Background : Minimally invasive, robotic technique for hepato-pancreatico-biliary procedures offer the potential for accelerated recovery and equal oncological outcomes. Standardization of the pancreatico-jejunostomy technique is critical for safe adoption of robotic technology in pancreatic surgery.

Methods : In this video, we demonstrate the primary steps and associated principles to perform a robotic pancreatico-jejunostomy using a modified Heidelberg method.

Results : Key steps to this procedure include: 1) Exposure and positioning of the pancreatic remnant and jejunal limb. 2) Opening up duct with anterior ductal stay suture and holding it anteriorly with prograsp forceps. 3) Securing posterior outer layer using 4-0 PDS suture from pancreatic parenchyma to jejunal seromuscular layer. 4) Small jejunotomy opposite to pancreatic duct and securing posterior inner layer with interrupted duct-to-mucosa sutures using 4-0 PDS. 5) Anterior inner layer with interrupted duct-to-mucosa anastomosis using 4-0 PDS with or without pancreatic duct stent. 6) Anterior outer layer from pancreatic parenchyma to jejunal seromuscular layer using 4-0 PDS.

Conclusions : We described our standard technique for performing a robotic pancreaticojejunostomy, which compensates for the technical limitations of the robotic approach. These adjustments in combination with the magnified surgical vision and augmented skill associated with the robotic platform allow for safe and reliable performance of the pancreaticojejunostomy technique.

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