

**E16**

Laparoscopic Spleen Preserving Distal Pancreatectomy: A Single Surgeon's Experience

JOODONG KIM*¹, DONGLAK CHOI¹

¹Department Of Surgery, Catholic University Of Daegu College Of Medicine, REPUBLIC OF KOREA

Background : Laparoscopic distal pancreatectomy (LDP) has performed for left-sided pancreatic tumors and spleen preservation has been performed recently for benign or low-grade malignant tumors due to its advantages. Herein, we describe our experience for laparoscopic spleen preserving distal pancreatectomy (LSPDP) and compare the postoperative outcomes according to two spleen preservation techniques.

Methods : A retrospective analysis was performed for laparoscopic distal pancreatectomies performed by a single surgeon between December 2016 and December 2019.

Results : Total 33 patients underwent LDP for left sided pancreatic tumors. Among them, 22 patients (66.7%) received LSPDP and subsequently, 7 patients underwent a laparoscopic Warshaw technique (lap-WT) and 15 patients underwent LSPDP with splenic vessel preservation (lap-SVP). Most perioperative variables were not different between the two groups and the operation time in lap-SVP group was not longer than that in lap-WT group in spite of technical complexity. Moreover, postoperative complication rates including pancreatic fistula were not different. The mean hospital stay ($P = 0.04$) and the mean of tumor size ($P = 0.03$) were higher in lap-WT group. In subgroup analysis, splenic vein patency rate in lap-SVP group was not inferior to that in open DP with splenic vessel preservation which was performed by same surgeon.

Conclusions : Both the lap-WT and lap-SVR seems to be safe and effective for left-sided pancreatic tumors under our operative strategy. Lap-SVR has better postoperative outcomes compared to lap-WT but, lap-WT could be performed as the more appropriate technique in cases in which tumor is relatively larger or close to the splenic vessels.

Corresponding Author : **JOODONG KIM** (milledr1127@gmail.com)