

## **Technical Modification in Pancreatic Surgery from a High-volume Center**

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**Lecture :** As highly technique-demanding procedures, pancreatic resections remain the most challenging ones in the field of abdominal surgery, with substantial postoperative morbidity world-widely. Furthermore, clinical outcomes after pancreatectomies varied from high-volume centers to low-volume centers, from experienced hands to young surgeons. In this presentation, we would like to demonstrate some representative technical modifications in pancreatic resections from our center, including: 1) one-layer modified duct-to-mucosa pancreaticojejunostomy (P-J) to simplify the anastomotic technique with satisfied postoperative pancreatic fistula (POPF) ; 2) one-layer duodenojejunostomy (D-J) with margin-sealing technique; 3) afferent loop decompression technique (ALDT) to reduce POPF after the construction of P-J; 4) artery divestment technique for T4 pancreatic cancer to increase R0 resection; 5) artery-first approach distal pancreatectomy for left-sided pancreatic cancer with vessel invasion; 6) uncinate-first approach total pancreatectomy. With all the reported surgical techniques, mortalities and morbidities had been significantly reduced during recent decades in our center. Our technical modifications are worthy for advocacy of its routine application in the clinics.