

**BP OP 4-2****A Novel Technique of Pancreaticojejunostomy for Robotic Pancreaticoduodenectomy****Rong LIU***Second Department of HPB Surgery, Chinese PLA General Hospital, China*

**Introduction :** Robotic pancreaticoduodenectomy (RPD) is one of the most technically challenging procedures for robotic abdominal surgery. The best technique for pancreatic anastomosis after PD remains controversial and the procedure for performing this anastomosis by robotic approach has never been reported to date. This study aimed to evaluate the safety and feasibility of a novel technique of pancreaticojejunostomy (PJ) for RPD.

**Methods :** The demographics and perioperative outcomes of a consecutive series of RPDs who underwent single-layer continuous suture (SCS) for PJ between September, 2018 and October, 2018, were analyzed.

**Results :** Thirty patients (19 men and 11 women; mean age, 55.0 years) were included in the study. 20 patients had a soft pancreas and 15 patients had small main pancreatic duct (MPD) size ( < 3 mm). The mean operative time was 234.1 minutes, the mean duration for PJ was 14.9 min and the median estimated blood loss was 100.0 mL (interquartile range, 50-150 mL). No patients required conversion to laparotomy or blood transfusion. Postoperative major morbidities (Clavien $\geq$ 3) occurred in 3 patients . The overall incidence of postoperative pancreatic fistula was 30% and included 7 cases of Grade A, 2 cases of Grade B, and no case of Grade C pancreatic fistulas. The mean postoperative hospital stay was 12.3 days. No 90-day readmission mortality or 90-day mortality was observed. Neither pancreatic texture nor MPD size affected the perioperative outcomes

**Conclusions :** SCS is safe and feasible PJ technique for RPD, which is easy to perform and associated with favorable clinical outcomes, regardless of pancreatic duct size and texture.

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