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Robotic versus laparoscopic distal pancreatectomy for left-sided pancreatic tumors

Sarang HONG, Ki Byung SONG*, Dae Wook HWANG, Jae Hoon LEE, Woohyung LEE, Jaewoo KWON, Song Cheol KIM

Division of Hepatobiliary and Pancreatic Surgery, Department of Surgery, Asan Medical Center, Korea

Introduction : Laparoscopic distal pancreatectomy (LDP) has gained popularity for the treatment of left-sided pancreatic tumors. Robotic system is the most recent treatment modality of minimally invasive surgery. Theoretically, robotic system is considered to have several advantages over laparoscopic system. However, there have been few studies comparing both systems in distal pancreatectomy. We compared perioperative and oncological outcomes between two groups.

Methods : A retrospective analysis was conducted of all consecutive minimally invasive distal pancreatectomy cases performed by a single surgeon at high volume center between January 2015 and December 2017.

Results : A total of 228 consecutive patients underwent minimally invasive distal pancreatectomy performed by a single surgeon between January 2015 and December 2017 (LDP, n = 182; RA-LDP, n = 46). Operative time was significantly longer in the RA-LDP group than in the LDP group (166.4 vs. 140.7 min; p = 0.001). In a subgroup analysis of patients who underwent the spleen-preserving approach, the spleen preservation rate of RA-LDP groups was higher than that of LDP group (96.8% vs. 82.5%; p=0.02). In another subgroup analysis of patients with pancreatic cancer, there were no significant differences in median overall and disease specific survival between two groups.

Conclusions : RA-LDP is a safe and feasible approach with perioperative and oncological outcomes comparable with those of LDP. It offers an added technical advantage that enables the surgeon to perform a complex procedure with good ergonomic comfort.

Corresponding Author. : **Ki Byung SONG** (mtsong21c@naver.com)