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## Evaluation of a new robotic procedure for pancreatic reconstruction: Rong's procedure.

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**Introduction** : A pancreatic lesion near the neck or proximal body of the pancreas has always been a surgical dilemma. To improve robotic surgery of a benign pancreatic neck or body lesion and overcome the dilemma of reconstruction of the pancreas, we developed a new robotic procedure for pancreatic reconstruction.

**Methods** : Surgical procedure: 1) Dissection was performed by central pancreatectomy, and pancreatic enucleation was conducted similar to that in a previous study. 2) Reconstruction in this procedure involved bridging the transected discontinued pancreatic duct-to-duct with an appropriate internal silicon stent, and then we tied an interrupted suture to fix the stent. The posterior surface of the pancreatic duct was carefully dissected from the splenic vessel to mobilize the distal stump. Next, it was ligated and two transected pancreatic stumps were oversewn with a continued 4/0 prolene sutured. The operative area was double checked to avoid missing unexpected pancreatic duct impairment, especially during pancreatic enucleation. Finally, a drainage tube was placed and covered by the stomach and omenta.

**Results** : This procedure involves end-to-end pancreatic reconstruction for a discontinued duct and fine repair of an incomplete duct. It corresponds well with human physiology and does not require digestive canal reconstruction.

**Conclusions** : It is that Rong's procedure could become an optional procedure for benign pancreatic lesions without anastomosis of the parenchyma and jejunum, and it corresponds well with nature physiology.

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