P114

Effectiveness of multi-video-assisted minimal invasive debridement in patients with infected pancreatic necrosis

Chongchong GAO, Fei LI*

General surgery , Xuanwu hospital, capital medical university, Beijing, China

Introduction : At present, video-assisted debridement of pancreatic necrotic tissue has gradually become the main treatment for IPN patients. Video-assisted devices mainly include laparoscope, nephroscope, 3D laparoscope and intraoperative ultrasound and so on. However, single video-assisted device was previous mostly used and each device has its shortcomings, such as hard to observe in bending necrosis channel, limited vision . It's difficult to cure patients diagnosed as complicated IPN (wide necrosis range , multi-region necrosis, segregation and poor condition, etc). Therefore, we combined
different video devices to treat complicated IPN patients and observe its effectiveness.

Methods : Patients who were diagnosed with complicated IPN at Xuanwu Hospital, China and underwent multi-video-assisted minimal invasive debridement from August 2016 to July 2018 were assessed. We observed the related therapeutic indices to evaluate the effectiveness of this treatment method in patients with complicated IPN.

Results : In all, 54 patients were enrolled. IPN was resolved in 28 (51.85%) patients using laparoscope with 3D laparoscope and in 15 (27.78%) using 3D laparoscope with nephroscope debridement or in 11(20.37%) laparoscope with intraoperative ultrasound debridement. The mean number of operations was 2.43 ± 1.11, and the mean surgery time was 52.13 ± 20.88 minutes. The median bleeding volume and total length of stay were respectively 17 (2–260) ml and 29 (3–120) days. The complication rate (Clavien–Dindo grade ≥III) was 9.26% (5/54) which abdominal hemorrhage (2/5) and digestive tract fistula formation (3/5) were mainly included. The overall mortality rate was 6.08%.

Conclusions : Multi-video-assisted minimal invasive debridement is considered effective and safe for patients with complicated IPN.

Corresponding Author. : **Fei LI** (feili36@ccmu.edu.cn)