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Laparoscopic versus open distal pancreatectomy for pancreatic ductal adenocarcinoma: a single-center experience

Key words: **Laparoscopic distal pancreatectomy; Distal pancreatectomy; Pancreatic neoplasm; Pancreatic fistula; Cinical outcome**

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Research Summary

Aim of this study:

To compare complications and oncologic outcomes of patients undergoing laparoscopic distal pancreatectomy (LDP) and open distal pancreatectomy (ODP) at a single center.

Main findings of this study:

- Complications including pancreatic fistula were similar between the LDP group and ODP group.
- The oncologic outcome including number of lymph nodes harvested, incidence of positive margins and the mean overall survival time was similar between the LDP group and ODP group.

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Innovation points of our LDP procedure

- A slow-compression of pancreas tissue with the GIA stapler was used in the LDP procedure.
- A radical antegrade modular pancreatosplenectomy (RAMPS) was used in the LDP procedure.

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Conclusions

- A slow-compression of pancreas tissue with the GIA stapler is effective in preventing postoperative pancreatic fistula in LDP precedure.

- Laparoscopic radical antegrade modular pancreatosplenectomy contributed to oncological clearance.

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Figure 4