

Surgical Techniques and Postoperative Management to Prevent Minimally Invasive Pancreatic Surgery

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ABSTRACT

Pancreatic surgery is one of the major surgeries because of the deep position of the organ inside the abdominal cavity and its close proximity to major vasculature, pancreatic surgery is one of the most challenging and complex fields in general surgery. As a result, when compared to most abdominal operations, the application of a minimally invasive (laparoscopic and robotic) approach to pancreatic resections came late and slowly.

INTRODUCTION

The use of a minimally invasive approach to pancreatic surgery has steadily expanded during the last 20 years. Because there is no reconstruction phase, distal pancreatectomy is the most commonly done operation. Middle pancreatectomy and pancreatoduodenectomy, on the other hand, have been shown to be safe and effective. The gold standard therapy for tiny cancers of the pancreatic body-tail is laparoscopic distal pancreatectomy, which has significant advantages over the traditional open method in terms of patient recovery. Due to the difficult resection and complex anastomoses, surgical treatment of pancreatic head lesions by a minimally invasive method is still confined to a few highly competent surgeons [1].

The minimally invasive distal pancreatectomy procedure appears to be gaining popularity, with evident advantages over the open procedure. On the other hand, minimally invasive proximal (right-sided) pancreatectomy appears to be limited to a few locations that have shown encouraging results despite the obstacles. In addition, as experience with laparoscopic and robotic pancreatic resection grows, minimally invasive central pancreatectomy and enucleation look to be viable [2].

MIPS (Minimally Invasive Pancreatic Surgery) is still controversial. A questionnaire was developed under the

auspices of three Scientific Societies (AISP, It-IHPBA, SICE) and sent to the largest possible number of Italian surgeons, also using the mailing lists of the two main Italian Surgical Societies, to assess the diffusion of MIPS in Italy and identify the barriers preventing wider implementation (SIC and ACOI). The inherent difficulty of the technology and a lack of specific training were the two key barriers to MIPS's widespread adoption. MIPS were praised for its overall value. Our survey demonstrates the current spread of MIPS in Italy and highlights the high level of interest in this technique. MIPS's spread will be aided by the deployment of uniform training methodologies [3].

In the past, infected pancreatic necrosis was treated by early, open necrosectomy, which was linked with a high fatality rate. In recent years, there has been an evidence-based shift toward a step-up approach that includes percutaneous catheter drainage, if needed, followed by minimally invasive necrosectomy. The endoscopic step-up method has recently gained favour. The diagnosis, prevention, and treatment of infected necrotizing pancreatitis are discussed in this study [4].

Every surgeon faces a significant difficulty when it comes to pancreatic cancer resection. With recent advancements in laparoscopic experience, minimally invasive surgical procedures, and instruments, the minimally invasive approach has become a true "triumph." Minimally invasive surgery has undeniably supplanted traditional surgery with tremendous success in several domains, including surgical cancer. The rate of advancement in pancreatic resection for cancer has been incredibly slow. Recent evidence suggests that minimally invasive distal pancreatectomy is safe and effective, and that it is increasingly being used to treat benign or low-grade malignant tumours in the distal pancreas. On the

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other hand, minimally invasive pancreatoduodenectomy has not yet gained widespread acceptance, and when used to treat pancreatic head adenocarcinoma, there is considerable criticism [5].

CONCLUSION

This article examines two minimally invasive methods for pancreaticoduodenectomy and distal pancreatectomy, concentrating on technique metrics, safety, morbidity, and oncologic results and possible benefits. The potential future uses of these technologies are examined in the hopes of improving pancreatic cancer patients' quality of life as well as their survival rates.

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