

# A MODIFIED TECHNIQUE OF PANCREATICOJEJUNOSTOMY DURING PANCREATODUODENECTOMY: IMPRESSIVE EARLY RESULTS

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**Introduction:** Resection of pancreas, in particular Pancreaticoduodenectomy (PD), is a complex procedure, with the morbidity rate remains high in the range of 30% to 65%. Most of these complications are related to pancreatic fistula (PF). The aim is to evaluate the feasibility of newly suggested technique for pancreaticojejunostomy (PJ) to prevent PF.

**Methods:** From January 2014 till June 2015, 15 cases underwent pyloric preserving PD for periampullary carcinoma with pancreaticoenteric anastomosis done by using PJ using a modified technique including: *end-to-end suturing of intestinal jejunal loop to pancreatic serosa in single interrupted layer, which then covered by reinforcing anterior second layer using "lesser omental pedicled patch" fixed over the first layer by interrupted sutures (pancreatic duct was stented in all cases)*. This group of patient was considered as (group 1) and it was compared to another group of 15 cases, previously operated using the traditional PJ technique, named (group 2) as regard applicability and efficacy of the modified technique in controlling PF.

**Results:** The new technique was easily applicable for all cases, tension free, and safe. With using the new technique no cases (0%) were complicated by pancreatic fistula in comparison to 3 cases (20%) had pancreatic fistula in group 2.

**Conclusion:** The modified technique of PJ using a second layer of "lesser omental pedicled patch" is easy and significantly decreases the pancreatic leakage and it is recommended to be used for PJ. Randomized large series will be needed to confirm the validity of these initial impressive results.

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