LAPAROSCOPIC CYSTO GASTROSTOMY IN PSEUDOCYST OF PANCREAS: HANDSEWN & STAPLED

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Introduction:
Management of pseudo cyst of pancreas ranges from conservative to endoscopic/open/laparoscopic surgery. Drainage procedures include cystogastrostomy, cystojejunostomy and cystoduodenostomy. Laparoscopic drainage procedure can be attempted using endo-staplers or with intra-corporeal suturing. Laparoscopic cystogastrostomy is an emerging procedure of choice over conventional open surgeries.

Material and Methods:
In a retrospective study of 63 patients including both male and female with age 18-65 years and mature cyst with minimum wall thickness of 4mm underwent laparoscopic cystogastrostomy from may 2013 to 2017. Of these 39 patients underwent stapler cystogastrostomy and 34 patients underwent handsewn cystogastrostomy. These patients were followed up for a period of 1 year. Patients were assessed in terms of operative time, return of bowel sounds, resumption of oral feeds, hospital stay, return to work and mortality.

Results:
The parameters namely operative time, return of bowel sounds, resumption of oral feeds, hospital stay and return to work in hand sewn v/s stapled cystogastrostomy are depicted in table 1.

Conclusion:
The stapled cystogastrostomy had significant less operative time, early return of bowel sounds, early starting of oral feeds, decreased hospital stay and earlier return of day to day activity as compared to hand sewn cystogastrostomy. Further studies are warranted to substantiate the evidence.

References:

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Table 1: Results

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Handsewn</th>
<th>Stapler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years</td>
<td>34</td>
<td>39</td>
</tr>
<tr>
<td>Operative time in hours</td>
<td>4.5</td>
<td>4.7</td>
</tr>
<tr>
<td>Return of bowel sounds in days</td>
<td>34</td>
<td>39</td>
</tr>
<tr>
<td>Resumption of oral feeds</td>
<td>34</td>
<td>39</td>
</tr>
<tr>
<td>Hospital stay in days</td>
<td>3.3</td>
<td>2.2</td>
</tr>
<tr>
<td>Return to work in weeks</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Mortality*</td>
<td>34</td>
<td>39</td>
</tr>
</tbody>
</table>

* 4.7% Mortality due to fulminant pancreatitis and sepsis

Fig 1: CT showing the pseudocyst of pancreas
Fig 2: Cyst cavity
Fig 3: Handsewn laparoscopic cystogastrostomy
Fig 4: Stapler Laparoscopic cystogastrostomy