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V015**Robotic spleen preserving distal pancreatectomy (Warshaw technique) in a 12 year old female**

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Solid pseudopapillary neoplasm (SPN) of the pancreas is a rare entity seen in young females. Complete surgical resection is often curative. This video shows a robotic spleen preserving distal pancreatectomy for a SPN in a 12-year-old female using the Warshaw technique. This technique preserves the short gastric and left gastroepiploic vessels allowing for splenic survival after ligation of the splenic vessels. This video demonstrates the feasibility of using the robot to perform this procedure in a pediatric patient. MRI at 18 months follow up showed that the spleen was completely perfused, with no evidence of recurrence or metastasis.

V016**Laparoscopic pancreaticoduodenectomy with replaced common hepatic artery**

Noah S. Rozich, MD; Barish H. Edil, MD, FACS; Laura E. Fischer, MD, MS, FACS; University of Oklahoma

We present a laparoscopic pancreaticoduodenectomy for an ampullary tubulovillous adenoma with high-grade dysplasia in a patient with aberrant arterial anatomy. The patient had a replaced common hepatic artery (CHA) originating from the superior mesenteric artery. The gastroduodenal artery was a branch off the replaced CHA. Highlighted are technical points to facilitate identification and control of aberrant vascular anatomy using a minimally invasive approach. Final pathology found a T2N0M0 invasive pancreatic adenocarcinoma with negative resection margins and negative lymph nodes. We demonstrate the feasibility of complex laparoscopic resection in the setting of anomalous and challenging anatomy for early stage cancer.

V017**Management of the pancreatic stump during laparoscopic distal pancreatectomy**

Francesca Di Vittorio¹; Francesca Aleotti¹; Domenico Tamburrino²; Renato Castoldi²; Massimo Falconi¹; Stefano Partelli¹; Nicolò Pecorelli²; ¹Vita-Salute San Raffaele University; ²San Raffaele Hospital

According to recent expert consensus guidelines, there is no preferred pancreatic transection technique known to reduce the postoperative clinically-relevant pancreatic fistula rate after distal pancreatectomy. The choice of a handsewn closure, stapling, or the use of an energy-based tissue sealing method showed no significant advantage on the risk of pancreatic fistula. However, each method appears to have its own advantages and drawbacks. In this video, we present different techniques used for pancreatic transection (e.g. stapling, energy device transection), stump management and hemostasis (e.g. clipping, suturing, hemostatic patch) during laparoscopic distal pancreatectomy at our institution.

V018**Laparoscopic Puestow**

Filipe Kunzler¹; Neha Lad²; Abdelrahman Attili¹; Ramon Jimenez¹; Horacio Asbun¹; ¹Miami Cancer Institute; ²Case Western Reserve University School of Medicine

This video is the recording of a laparoscopic Puestow procedure. The video is organized in a step-by-step manner with the intent of guiding others in replicating the technique.

The patient was a 43 year-old female with chronic pancreatitis due to cystic fibrosis.

The procedure starts by creating the Roux-en-Y loop and accessing the retrocavity. The duct is opened in a longitudinal fashion and progressively sutured to the bowel. The patient recovered well and had complete resolution of the pancreatic duct dilatation on follow-up MRI.