

GASTROENTEROLOGY AND DIGESTIVE DISORDERS

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Laparoscopic pancreatic surgery

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Pancreatic surgery is associated with a relatively high morbidity and mortality compared with other abdominal surgeries. This is a result of the complex nature of the organ, the difficult access as a result of the retroperitoneal position and the number of technically challenging anastomoses required. Nevertheless, the past two decades have witnessed a steady improvement in morbidity and a decrease in mortality achieved through alterations of technique (particularly relating to the pancreatic anastomoses) together with hormonal manipulation to decrease pancreatic secretions. Recently minimally invasive or laparoscopic pancreatic surgery is now being performed in specialized HPB units around the world with results comparable to open surgery and lesser morbidity. While practically all pancreatic surgeries can be done laparoscopically, the most common procedure performed is a laparoscopic distal pancreatectomy, because of the more straightforward nature of the resection and the lack of a pancreatic ductal anastomosis. Laparoscopic distal pancreatectomy is usually performed for tumors in the distal body and tail of the pancreas. Laparoscopic lateral pancreaticojejunostomy is also commonly done for patients with chronic pancreatitis with a dilated main pancreatic duct. Laparoscopic pancreaticoduodenectomy or Whipple's procedure is also possible in experienced centers in selected group of patients with periampullary tumors. The results are equivalent or better than those associated with a traditional approach. One of the areas where the minimally invasive approach has been found to be exceptionally useful is in patients with necrotizing pancreatitis who require necrosectomy. A laparoscopic approach for necrosectomy is much safer and carries far less morbidity than the traditional open necrosectomy. The procedure can be done multiple times to clear the necrotic areas and drain the infection. This technique has also been shown to reduce surgery related mortality in this group of patients. The talk will focus on the current evidence base for increasing the use of laparoscopic pancreatic resection and will highlight challenges and other aspects that must be considered before adapting to this technique.

Biography

Ritu Khare is an accomplished surgeon practising in the UAE for the last 12 years. She is an expert in laparoscopic abdominal surgery, bariatric surgery, colorectal surgery, hernia surgery and all forms of breast and thyroid surgery. She has done her Masters in General Surgery from the renowned King Edward Memorial Hospital in Mumbai, India followed by a specialization in Gastrointestinal Surgery from the Sanjay Gandhi Postgraduate Medical Institute at Lucknow, India. She is a member of the Royal College of Surgeons of Edinburgh. In 2017 she was conferred upon the Fellowship of the American College of Surgeons (FACS). She has a vast experience in laparoscopic abdominal surgery having trained at the Institute of Laparoscopic Surgery at Bordeaux, France.

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