

EP02D-085
OUTCOME OF WHIPPLE'S
PROCEDURE IN 448 PATIENTS: 17
YEAR EXPERIENCE IN TERTIARY
CARE HOSPITALS OF BANGLADESH

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Introduction: Whipple's Procedure (Partial Pancreaticoduodenectomy) is the definitive treatment for common malignant & nonmalignant conditions of the pancreas, bile duct & duodenum. Tertiary care facilities offer better outcome as the volume started growing.

Method: This retrospective study includes 448 patients of Classic Whipple's procedure during last seventeen years (January 2000 to December 2017) at three tertiary care hospitals at Dhaka. Training of young surgeons on Hepato-Biliary-Pancreatic surgery in one specialized center leads to the development of other centers. Surgeries were performed by the surgical teams following the same surgical technique. The outcome of these patients was retrospectively reviewed and centrally monitored data based.

Result: Patients include males 295 (65.85%) and females 153 (34.15%), mean age 59.5 yrs. Periampullary carcinoma in 302 (67.41%). Difficulty encountered in 44 (9.82%) due to vascular encasement, anomaly of hepatic artery & portal vein. Soft pancreatic texture & small duct in 287 (64.06%) needed special attention. Median operative time, blood transfusion & hospital stay decreased as the volume increases. Complications were delayed gastric emptying 95 (21.20%), wound infection 67 (14.95%), Internal hemorrhage 26 (5.80%), abdominal collections 36 (8.03%), Pancreato-jejunal anastomotic leakage 43 (9.59%) & Pancreatic fistula 14 (3.12%). Thirty-day mortality 6 (1.33%) & Post-operative deaths 18 (4.01%). Five-year survival in periampullary carcinoma 134 (29.91%).

Conclusions: Careful selection of patients addressing comorbidities and meticulous surgical technique are the key issues. Vascular anomalies need vigilant evaluation. Margin-negative & node-negative cases have better survival. Outcome improves with increasing experience of Whipple's procedure and growth of high volume center.