Augmenting pancreatic anastomosis during whipple operation with fibrin glue: a beneficial technical modification?.

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Abstract:

RESULTS: Thirty-two consecutive pancreaticoduodenectomies were undertaken between March 2008 and March 2012 by a single surgeon, 30 patients had fibrin glue augmentation of the pancreatico-gastrostomy anastomosis. Median length of stay was 12 days. There were no pancreatic leaks or mortality since adopting fibrin glue for the pancreatic anastomosis; however; this single surgeon series is not large enough to provide statistical evidence of a difference since glue was adopted.

DISCUSSION: Our results since the incorporation of this step in pancreaticoduodenectomy are encouraging. Selective use of glue is worthy of consideration in difficult cases, although confirmation of a reduction in pancreatic leak rate is not yet established, and we advocate a multi-institution randomized controlled trial to explore this.

INTRODUCTION: Various techniques have been described to try and reduce the rate of anastomotic leak following pancreaticoduodenectomy, which remains a challenge for pancreatic surgeons worldwide. We outline a technique to reinforce the pancreatic anastomosis with a double layer of fibrin glue between suture lines.

METHODS: Our technique for pancreatic anastomosis is described in detail. A review of consecutive pancreaticoduodenectomies by a single surgeon (NAC) since introduction of fibrin glue anastomosis reinforcement was compared with a historical control cohort performed by the same surgeon.

Surgeons.