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Laser technologies and double balloon enteroscopy in surgery of chronic pancreatitis and mini-invasive treatment of its complications

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After routine draining procedures for complicated ChP (classical Frey, Partington-Rochelle) recurrence of untreatable abdominal pain has more than 50% of patients. Modern techniques (Beger and its Bern modification, Izbicki) gives a high level of postoperative bleedings from pancreatic parenchyma. These procedures eliminate hypertension only in magistral pancreatic ducts. During January 2010–September 2017 we operated on 442 patients with ChP, including 330 resection – draining procedures (74,7%). In a randomized trial (62 laser resection vs 63 with electrocoagulation) we reduced the level of postoperative bleeding into the Roux loop in 4,7 times (1,2% vs 5,6%). We received evidence that besides the magistral, exista peripheral ductal hypertension due to tributaryliths. Latter had 17,8% of patients with ChP. For its elimination was proposed and carried out in 43 cases so-called “laser cylindric wirsung ectomy”. For the first time in the world, we executed 26 antegrade DBE of pancreaticojejunostomy (PJA) lumen for diagnosis of complications after elective surgery of ChP and their mini-invasive treatment (laser vaporization of PJA strictures and lithotripsy). During the follow up (6 to 72 months) after the surgical treatment, 93,4% of patients remained pain-free.

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