

**POST OPERATIVE COMPLICATION AFTER PANCREATICODUODENECTOMY, A  
COMPARATIVE STUDY WITH INTERNATIONAL STANDARDS**

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**Background:** Surgical resection remains mainstay of treatment for periampullary or head of pancreas carcinoma, D2 and D3 tumours, chronic calcific pancreatitis with head mass, neuroendocrine tumours, cystic tumors of HOP. Previously high incidence of complication was the rule. However recent trends are changing. The study is an attempt to compare post op complication in our setting with that of international standards based on our institute protocol

**Method:** All patient undergoing pancreaticoduodenectomy during the period January 2008 to July 2013 were retrospectively studied. Our protocols include 1) no routine feeding jejunostomy 2) early post op feeding 3) no elective post op ventilation. Post operatively the patient were followed up for minimum 6 months

**Results:** 141 patients were operated of which classical whipples done in 31, pylorus preserving in 108, and total pancreatectomy in 2. Jaundice was the predominant symptom (90%) followed by abdominal pain (74%). Mortality rate was 4.2% and morbidity 38.2%. Complication included surgical site infection (12%), pulmonary (9.9%), pancreatic leak (9.2%), delayed gastric emptying (4.2%), post op bleeding (2.8%), Post op stay was 9+/-2 days.

**Conclusion:** The study shows our protocol, hospital stay was reduced while the post op morbidity and mortality rates comparable with published international standards.

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