

Current Era of Pancreatic Cancer Surgery

2.30pm - 3.15pm

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Aims and objectives

- Overview of pancreatic cancer
- Pancreas anatomy
- Surgery and current management

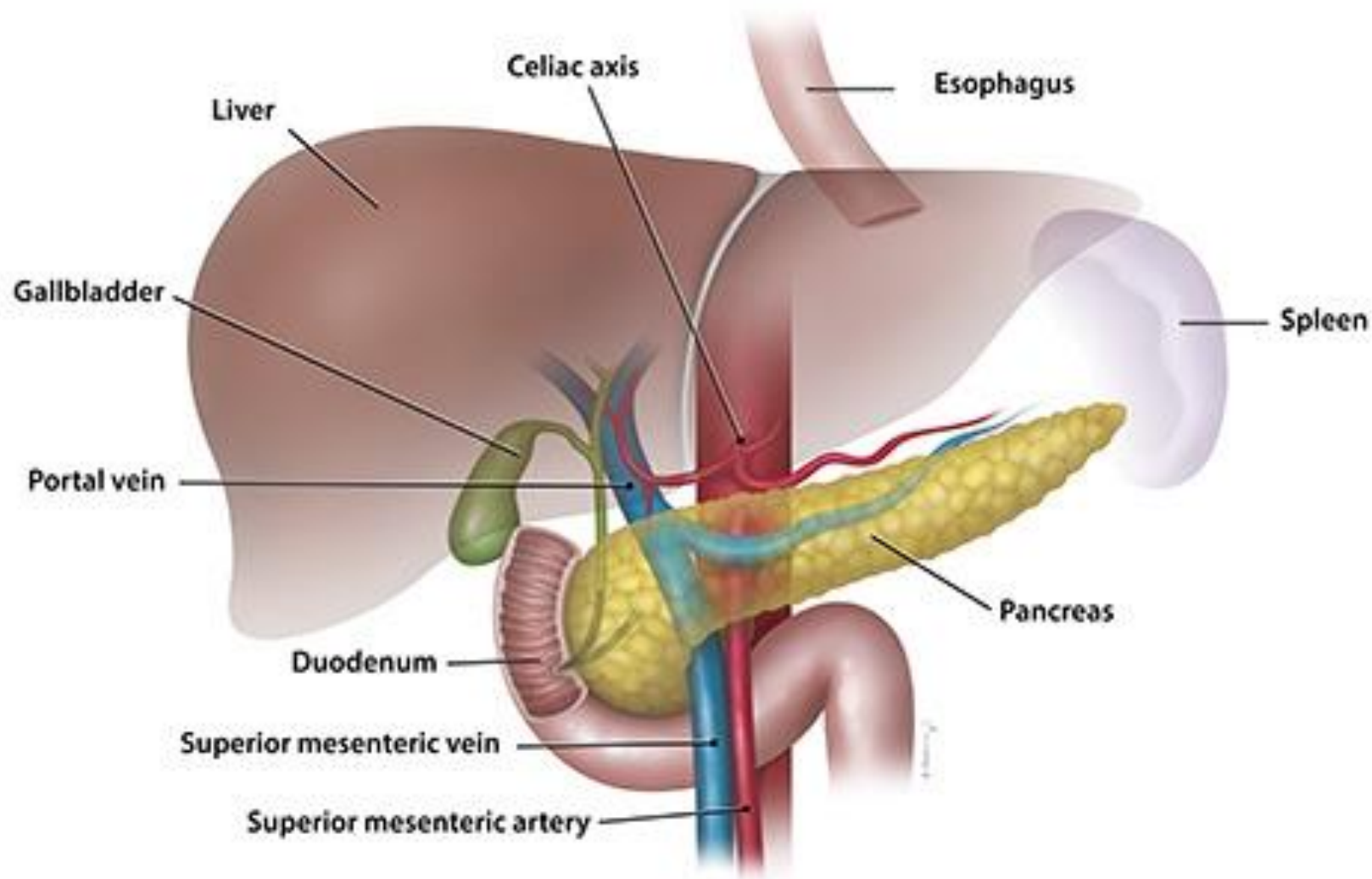


Background

- Pancreatic cancer
 - Adenocarcinoma (PDAC)
 - Neuroendocrine Tumour (NET)
 - Gastrointestinal Stromal Tumours (GIST)
 - Cystic tumours – IPMN/MCN
- 331,000 death/year in 2011 (PDAC)
- 5 year survival – 6%
- Surgery only curative option
 - Neoadjuvant chemo/chemoradiation

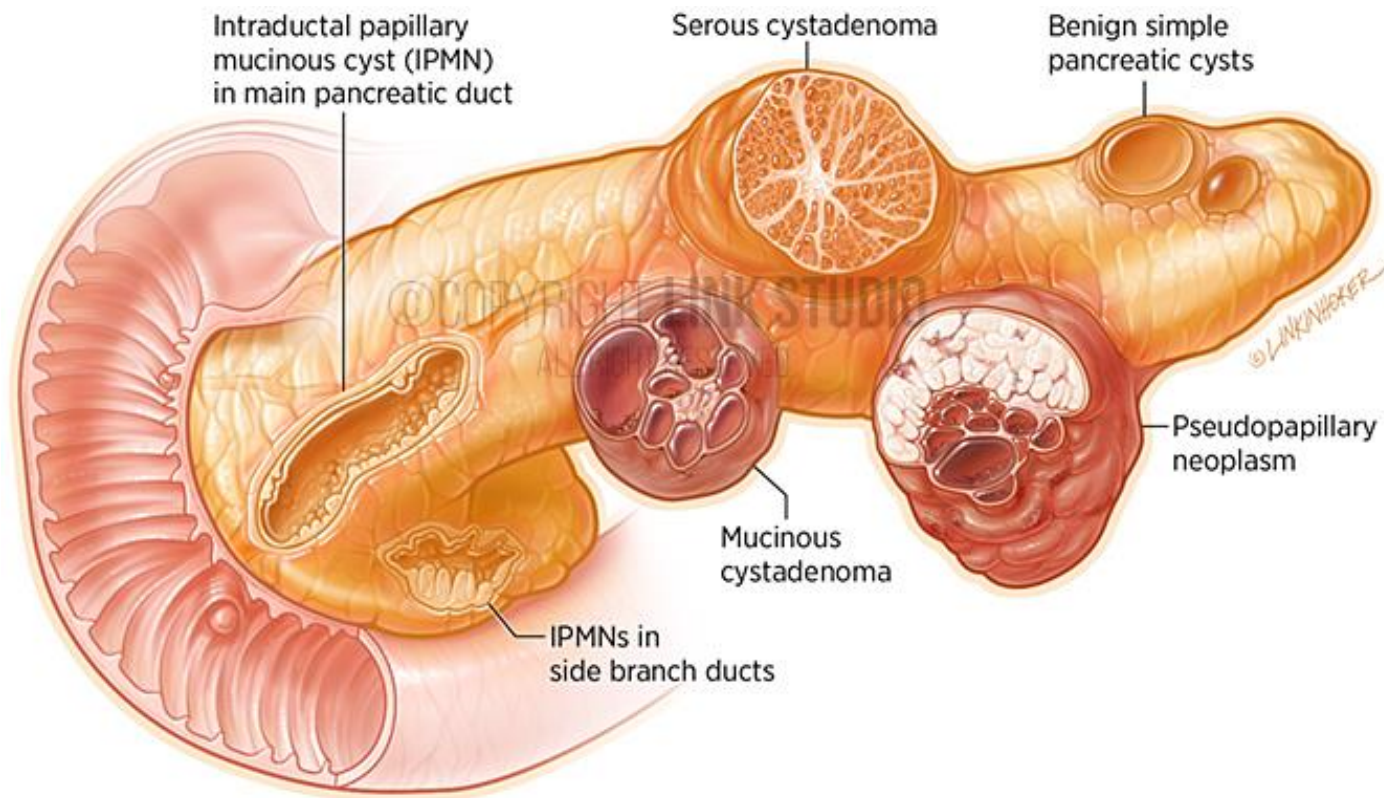


The pancreas

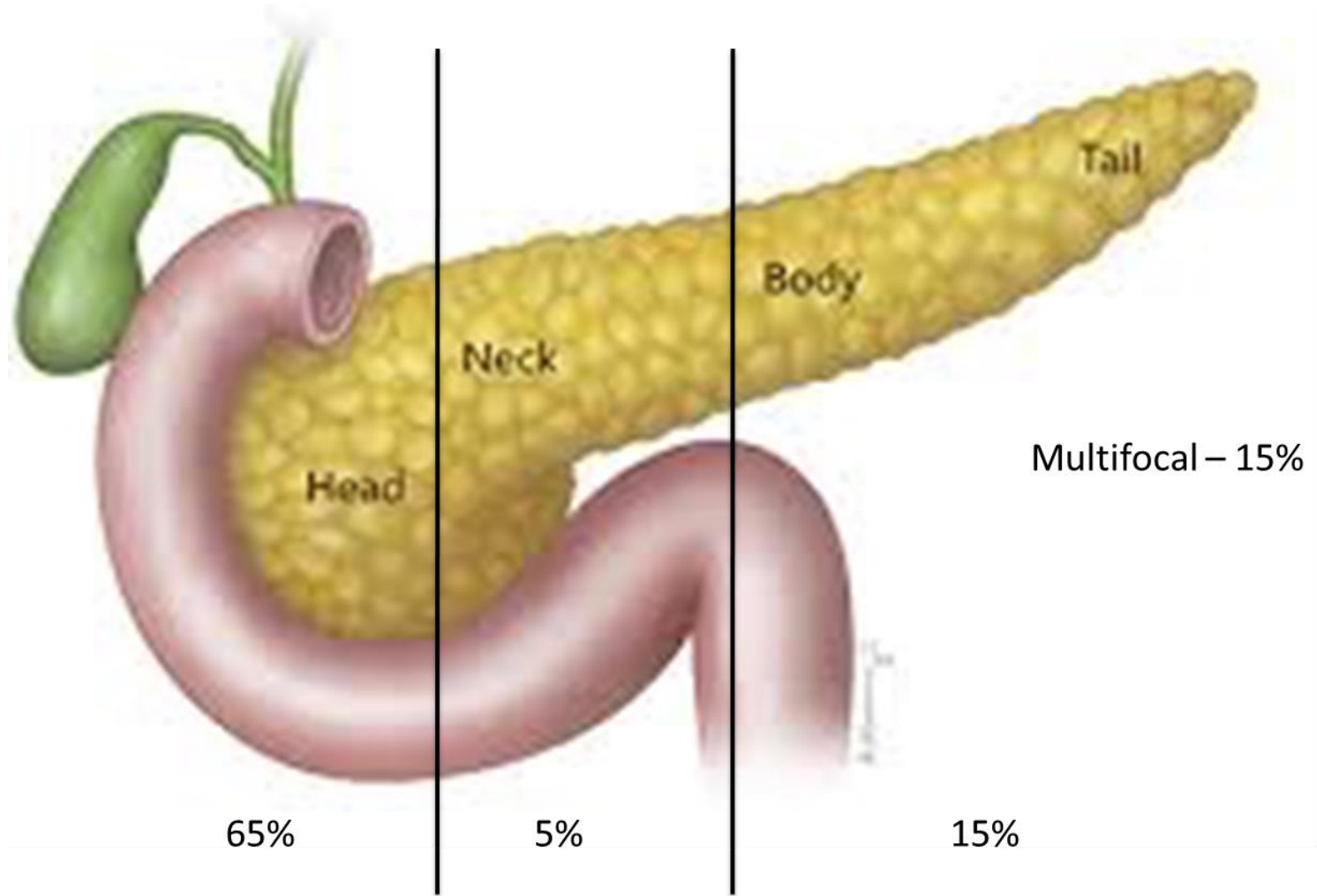


Pancreatic cysts

- Endoscopic ultrasound
 - Morphology
 - Cyst aspiration



Location of PDAC



Symptoms

- PDAC – head
 - Obstructive jaundice (painless)
 - Recent onset diabetes
- PDAC – body/tail
 - Left upper quadrant pain

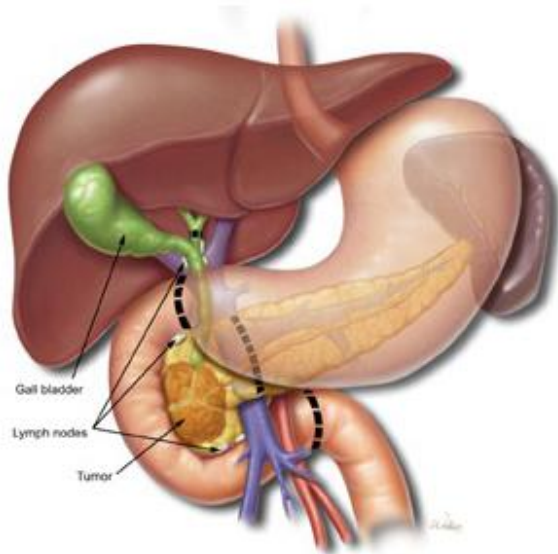


Examination

- Inoperable disease – minimal
- Advanced disease
 - Virchow's node
 - Ascites
 - Hepatomegaly
 - Chest signs



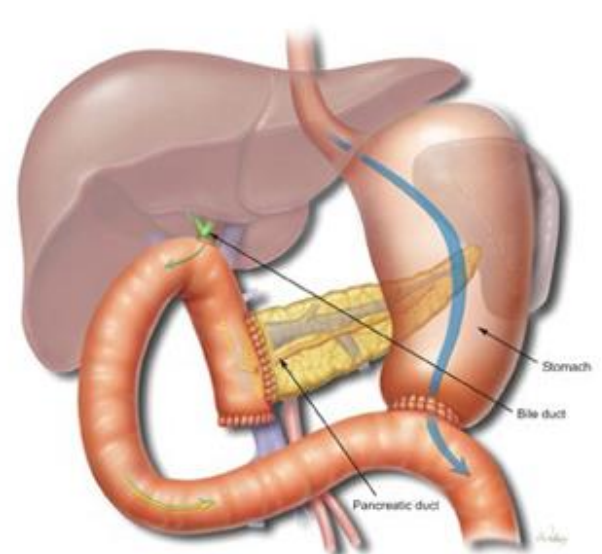
Whipple surgery



Dissection



Resection



Reconstruction



To stent or not to stent?

- Fast Track pancreatic surgery
- Traditional approach
 - Metal/plastic pancreatic stent
 - Block, pancreatitis
 - in-built delay to surgery
- Fast Track Approach
 - Quicker surgery, increase in resection rate,
 - Risk of coagulopathy and renal dysfunction



PANasta Trial

- Clear evidence that pancreatic fistula drives patient outcome
- No standard technique for pancreatic anastomosis
 - PJ or PG,
 - 2-layer technique or dunking techniques
- Randomised Control Trial – Comparing 2 duct-mucosa techniques

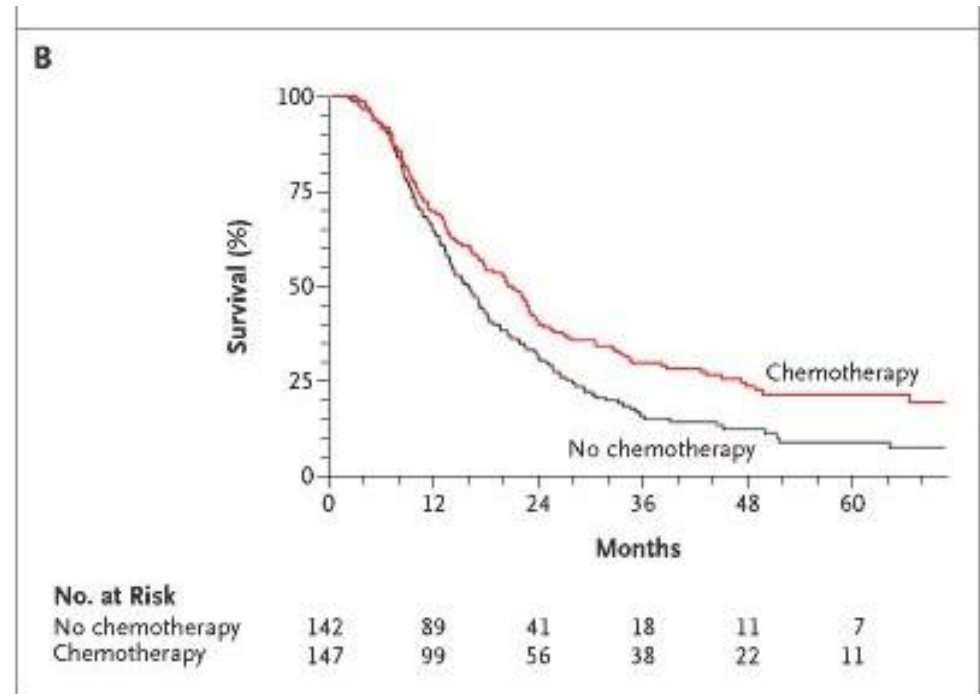
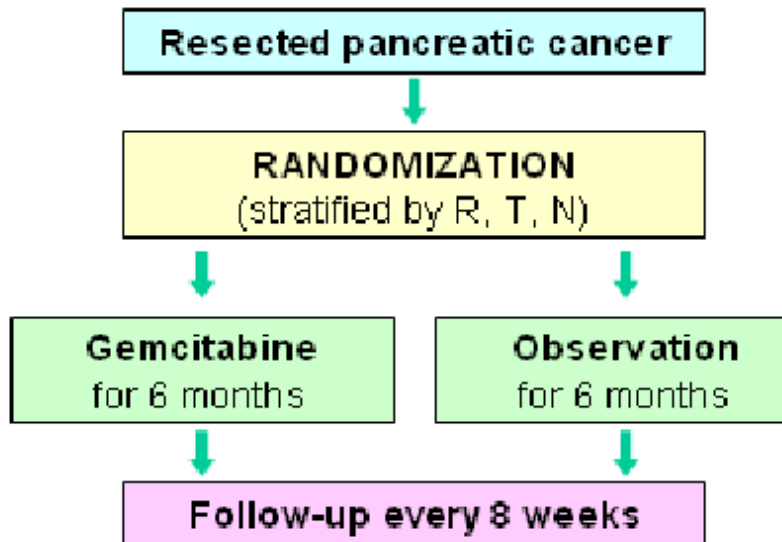


Enhance recovery pathway

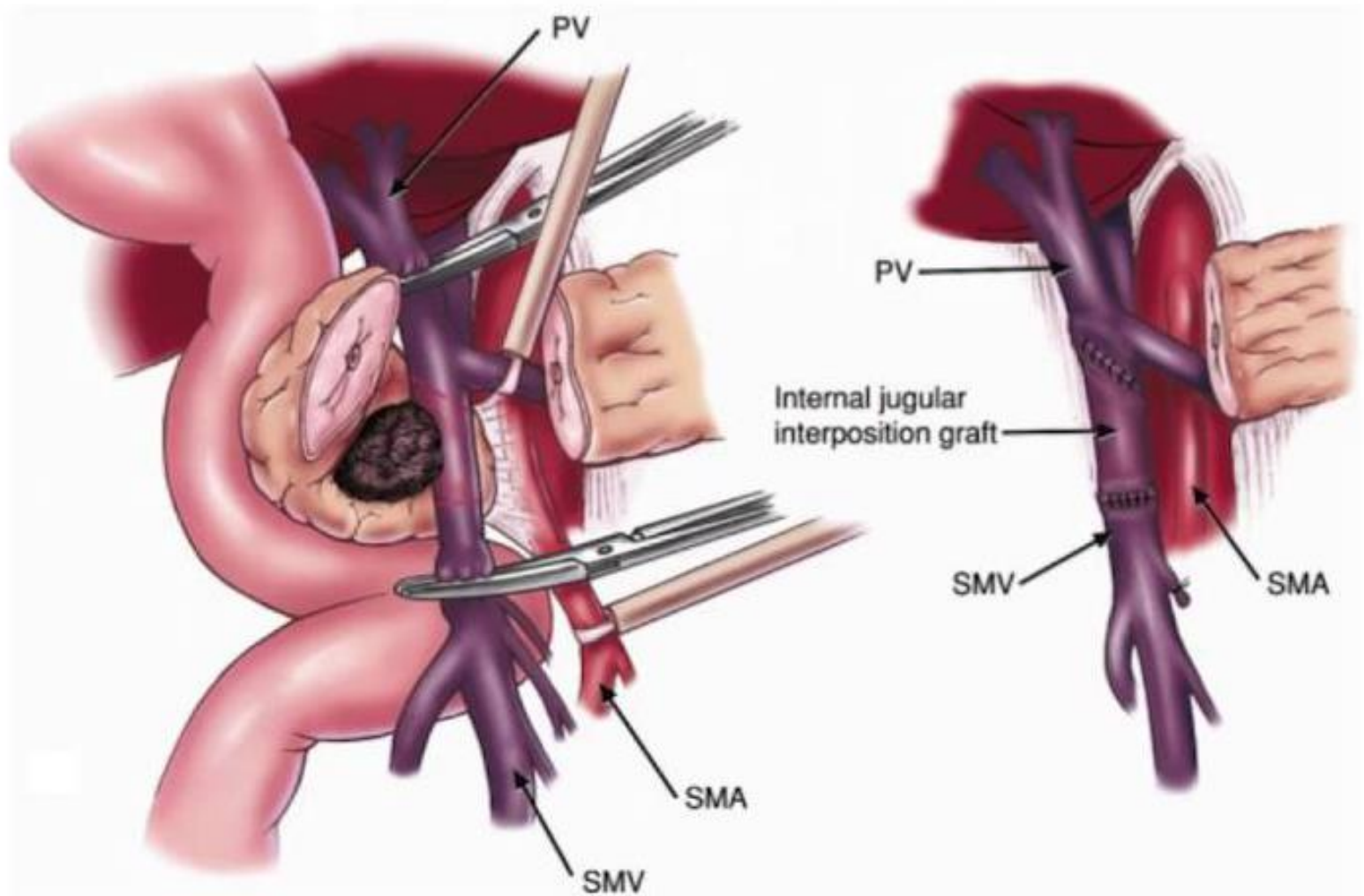
- Reduce complications
 - Reduce opiates
 - Early drain removal
 - NJ feeding if no pancreatic fistula – enteral not parenteral feeding
 - Mobilise early
- Reduce length of stay
 - Can reduce from 14 days to 9 days



European Study Group for Pancreatic Cancer (ESPAC)-1



Vein resection



Thank you and questions



Life demands excellence