



Simple and Easy Pancreaticojejunostomy; Invagination and Binding Method

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Clinical Image

For safe and simple pancreaticojejunostomy after pancreaticoduodenectomy, we devised Invagination-and-Binding pancreaticojejunostomy, which is one of the Dunking style pancreaticojejunostomy, and have successfully performed since January 2013. The surgical technique consists of one respective 4-0 Polypropylene anchoring suture along the superior and inferior border between pancreas stump and jejunum, and then one or two 3-0 Polypropylene encircling tie only. An internal silastic stent tube matching main pancreatic duct size was placed in main pancreatic duct and jejunal lumen in all patients (Figure 1). In contrast to Peng S et al. [1], this method needs neither everything sutures of jejunal stump and mucosal destruction nor circular mucosal suture between the pancreatic stump and the everted jejunum to bring together. Postoperative follow-up dynamic CT scan revealed mild ischemic changes without necrosis or

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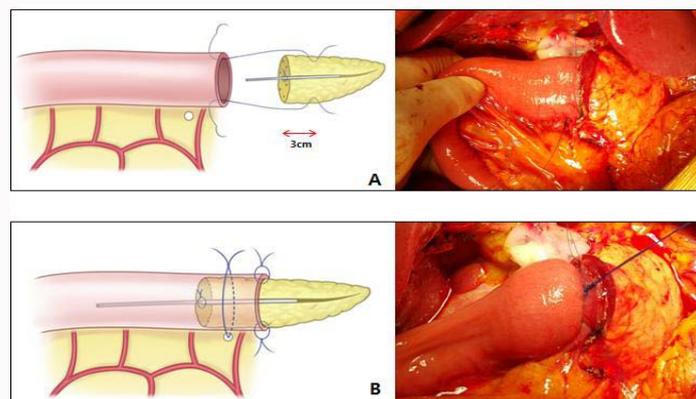


Figure 1: Invagination and binding pancreaticojejunostomy.

(A) The cut-surface of pancreas was sutured using 6-0 polypropylene for bleeding control, and internal silastic stent was inserted into pancreatic duct and fixed with purse-string suture using 6-0 polypropylene. (B) The 2 anchoring sutures along the superior and inferior border using 4-0 polypropylene were performed between remnant pancreas 3 cm apart from the cut-surface and jejunal end, and one small hole at the mesentery was made between first and second vascular pedicles to avoid ischemia of the jejunal end. (C) The 2 anchoring suture were tied after sliding of the pancreas into the jejunum, and then one or two binding ties using 3-0 polypropylene were performed between the slided pancreas and jejunum.

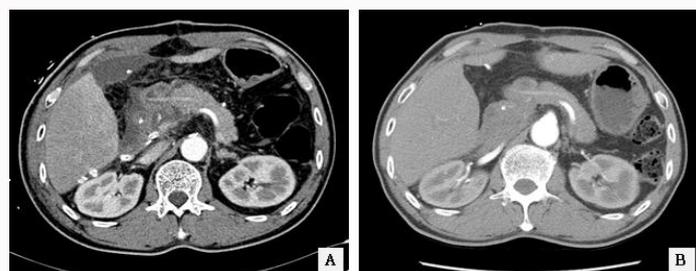


Figure 2: Typical Computed Tomography (CT) after invagination and binding pancreaticojejunostomy. Postoperative day 7 CT scan in the arterial phase (A) showed mild ischemia of the invaginated pancreas at proximal to the binding site, and the CT scan on postoperative 3 months (B) showed no demonstrable change of the invaginated pancreas.

abscess formation at the invaginated pancreas which is proximal to the binding site, but postoperative 3 months follow-up CT scan showed no demonstrable changes (Figure 2).

References

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