



Institutional Experience of Lateral Pancreaticojejunostomy for Multiple Pancreatic Ductal Stone

KEYWORDS

DR.SHEETAL MURCHITE

ASSOCIATE PROFESSOR M.S. (GEN SURGERY)
DR.D.Y.PATIL HOSPITAL KOLHAPUR

Dr.VAISHALI GAIKWAD

ASSOCIATE PROFESSOR M.S.(GEN SURGERY)
DR.D.Y.PATIL HOSPITAL KOLHAPUR

DR.MANSING GHATGE

PROFESSOR M.S.(GEN SURGERY) DR.D.Y.PATIL
HOSPITAL KOLHAPUR

DR.ANKUSH SHARMA

3RD YEAR RESIDENT M.S.(GEN SURGERY)
DR.D.Y.PATIL HOSPITAL KOLHAPUR

ABSTRACT *OBJECTIVE: Institutional Experience Of Lateral Pancreatico jejunostomy For Multiple Pancreatic Ductal Stone.*

MATERIAL AND METHODS: 20 patients of chronic pancreatitis at DR.D.Y.PATIL HOSPITAL, Kolhapur with multiple pancreatic calculi ,treated by lateral pancreaticojejunostomy ,follow up of operative patients was done over 3years(march2012-march2015)

RESULTS:

Post Operative Morbidity Rate Was 5% Mortality Rate Was 0%.Rehospitalization For Recurrent Attacks & Pain Was Necessary In 10 Patients .Overall Response To Surgery Was Good In 18 Patients. Pancreatic Enzyme Supplement Was Required In 40 %

CONCLUSION: Morbidity And Motality Rate Was Comparable To Other Studies. Pain Was Almost Nil In The First Year. However Pain Increases As Years Pass By Due To Progression Of Disease. However Lateral Pancreaticojejunostomy Is Safe Procedure With Acceptable Morbidity.

(ii) INTRODUCTION

Pancreatitis Is Defined As Inflammation Of Pancreas And Divided In Two Parts, Acute And Chronic. In Our Study We Have Included Cases With Chronic Pancreatitis[2]. Chronic Pancreatitis Is Characterized By Irreversible Morphological Changes Associated With Pain, Steatorrhoea And Diabetic Mellitus.

Chronic Pancreatitis Associated With Multiple Pancreatic Calculi Has Been Managed Successfully With Lateral Pancreaticojejunostomy[3]. Excellent Early Results Defined By Relief Of Pain And Low Morbidity And Mortality Have Been Documented. Many Studies State that Continued Alcohol Abuse May Influence The Long Term Benefits Achieved By Lateral Pancreaticojejunostomy[5].

The Aim Of Our Study Is To Determine The

---Morbidity & Mortality

-Over All Health Status

PATIENT DEMOGRAPHICS

Total 20 Patients Were Followed Post Operatively, (Male 12/Female 8).The Cause Of Chronic Pancreatitis Were Alcohol In 6 Patients And Unknown In 14 Patients

OPERATIVE COMPLICATION

Patients Who Underwent LPJ, Had Associated Complications Of Chronic Pancreatitis.

In One Patient There Was Common Bile Duct Stricture, While In Another Patient There Was Pseudocyst Of Pan-

creas.

EARLY POSTOPERATIVE OUTCOME(IN 30DAYS)

PAIN RELIEF

ALL PATIENTS WERE COMPLETELY RELIEVED FROM PAIN

EARLY POSTOP COMPLICATIONS

SEEN IN 1 OUT OF 20 PATIENTS

COMPLICATION	MANAGEMENT	RESULTS
ANASTOMOSIS LEAK	NON OPERATIVE	RESOLVED

LATE OUTCOME

PAIN RELIEF

	1 ST YEAR	2 ND YEAR	3 RD YEAR
NO PAIN	19	18	18
MILD TO MODERATE	1	2	2
SEVERE	0	0	0
TOTAL	20	20	20





HOLMBERG ET AL	1985	51	8	72
NEALM ET AL	1988	41	1	93
GREENLEE ET AL	1990	50	8	62
NEALM & MARTIN	1999	124	6.5	86

Schwartz Textbook of Surgery says that pain relief achieved in first few years ranges from 75% to 85% . However further followup is necessary to determine long term pain relief.[1,15]

Overall health status	Results
Good	19
Fair	1
Poor	0
Total	20

OVERALL HEALTH STATUS

CONCLUSION

LPJ is surgery of choice for chronic pancreatic calculi. We had 96% of success rate with complete/substantial pain relief.

Overall health status improved. there is also weight gain in post op patients[12,13].

Further long term followup is advised to assess long term pain relief.

(iii)DISCUSSION

The mean age of patients are mid-40s and alcohol was main cause in males. the patient selection is based on :-

- pain not relieved by analgesic
- dilated pancreatic duct (Size more than 6mm).
- presence of multiple pancreatic stones.

Outcome after procedure is influenced by many factors like alcohol abuse, tobacco, narcotics also use of analgesics is one of the reasons given for pain relief[6]

OPERATIVE PROCEDURE

In 19 cases duct incision was taken. The ductal incision in the head area was carried as close as possible to duodenal wall to avoid pancreatoduodenal arcade. needle aspiration was done for culture, gram stain and amylase levels. a 60 cms roux-en-y jejunal limb was used to construct the LPJ anastomosis followed by closed suction drainage used to drain the area while in one patient frey's procedure was carried out.

(several authors have suggested the importance of an adequate length of incision over major pancreatic duct to assure complete drainage) [1]

OTHER STUDIES ALSO SUGGEST THE SAME RESULTS:[8,9,10]

REFERENCES	YEAR	PATIENTS	FOLLOWUP (YRS)	%PAIN RELIEF
PRINZ & GREENLEE	1981	43	8	65
SARLES ET AL	1982	69	5	85
WARSHAW	1984	33	4	88

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