



**LAPAROSCOPIC CHOLEDOCHOJEJUNOSTOMY
COMBINED WITH GASTROJEJUNOSTOMY
FOR
PALLIATIVE TREATMENT OF PERIAMPULLARY TUMOR,
A CASE REPORT**

Poschong Suesat M.D.



**LAPAROSCOPIC DOUBLE BYPASS
FOR
PALLIATIVE TREATMENT OF PERIAMPULLARY
NEOPLASMS**

Poschong Suesat M.D.

Periampullary Neoplasms

1. Carcinoma of the head of the pancreas
2. Carcinoma of the ampulla of Vater
3. Carcinoma of the duodenum
4. Carcinoma of the distal common bile duct

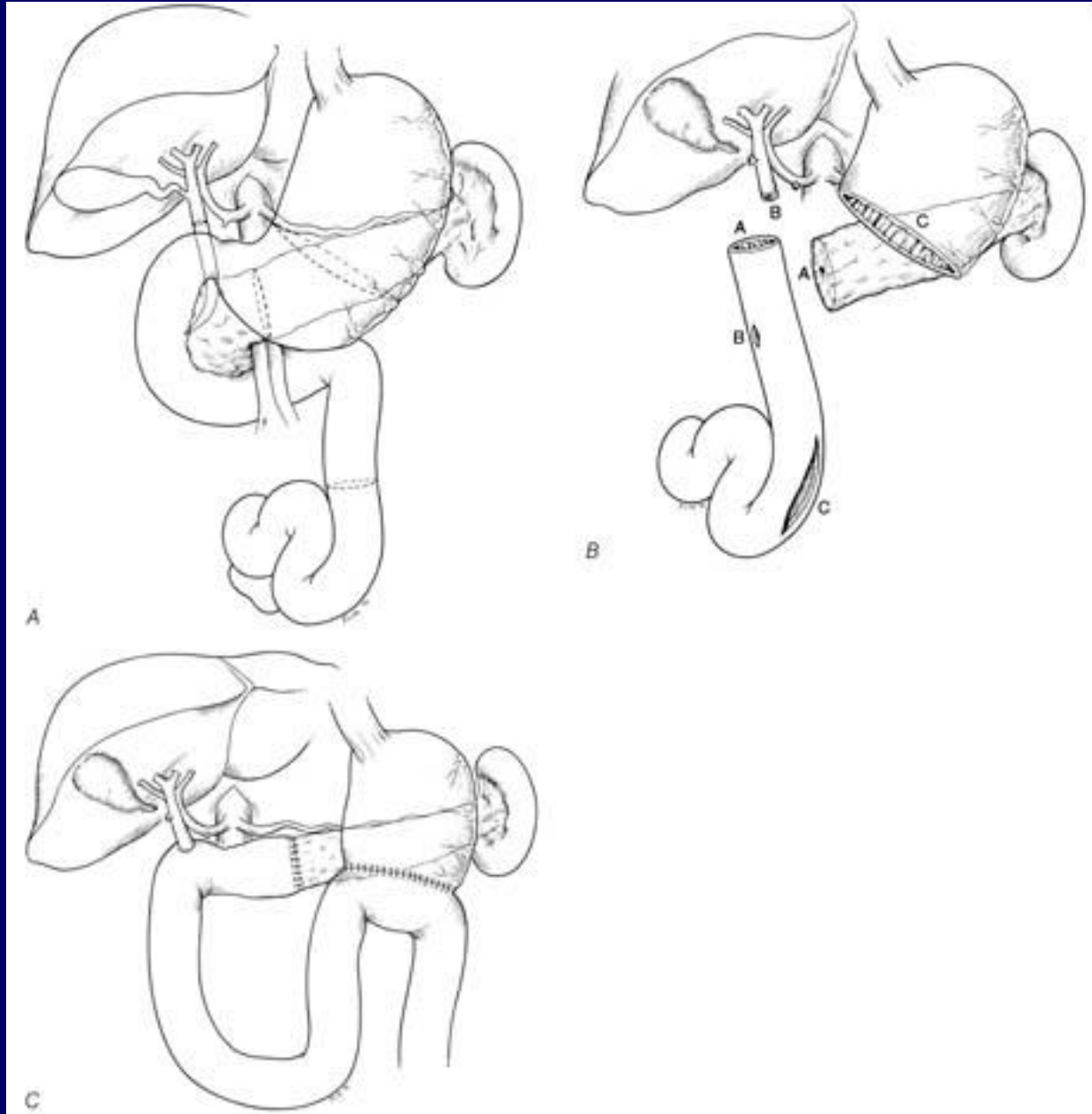
Relative Frequency of Periampullary Neoplasms

Site	Percent
Pancreas	83
Ampulla of Vater	10
Duodenum	4
Common Bile Duct	3

Prognosis of Periampullary Neoplasms

Site	5-year Survival Rate (Percent)
Pancreas	10
Ampulla of Vater	35
Duodenum	30
Common Bile Duct	15

Whipple pancreaticoduodenectomy



Complications of pancreatoduodenectomy

Early postoperative

- Hemorrhage
- Cardiopulmonary events
- Infections

Late postoperative

- Hemorrhage
- Anastomotic leak - intrabdominal sepsis
- Wound abscess
- Urinary and respiratory infections

Complications of pancreatoduodenectomy

Early postoperative

- Fistulae:- pancreatic, biliary
- Wound hemorrhage
- Cardiopulmonary events
- Infections

Late postoperative

- Hemorrhage
- Anastomotic leak - intrabdominal sepsis
- Wound abscess
- Urinary and respiratory infections

Palliative surgery for Periampullary Neoplasms

- **Unresectable disease discovered at the time of initial diagnosis**
- **Patients with prohibit risk for resectional therapy (advanced age, limited cardiopulmonary reserve, associate diseases, etc.)**
- **The quality of life Improvement**

Palliative surgery

Often required relieving

obstructive jaundice

and

gastric outflow obstruction

Obstructive jaundice

- **Biliary Stenting**

Endoscopic or percutaneous transhepatic
(recurrent obstruction , cholangitis)

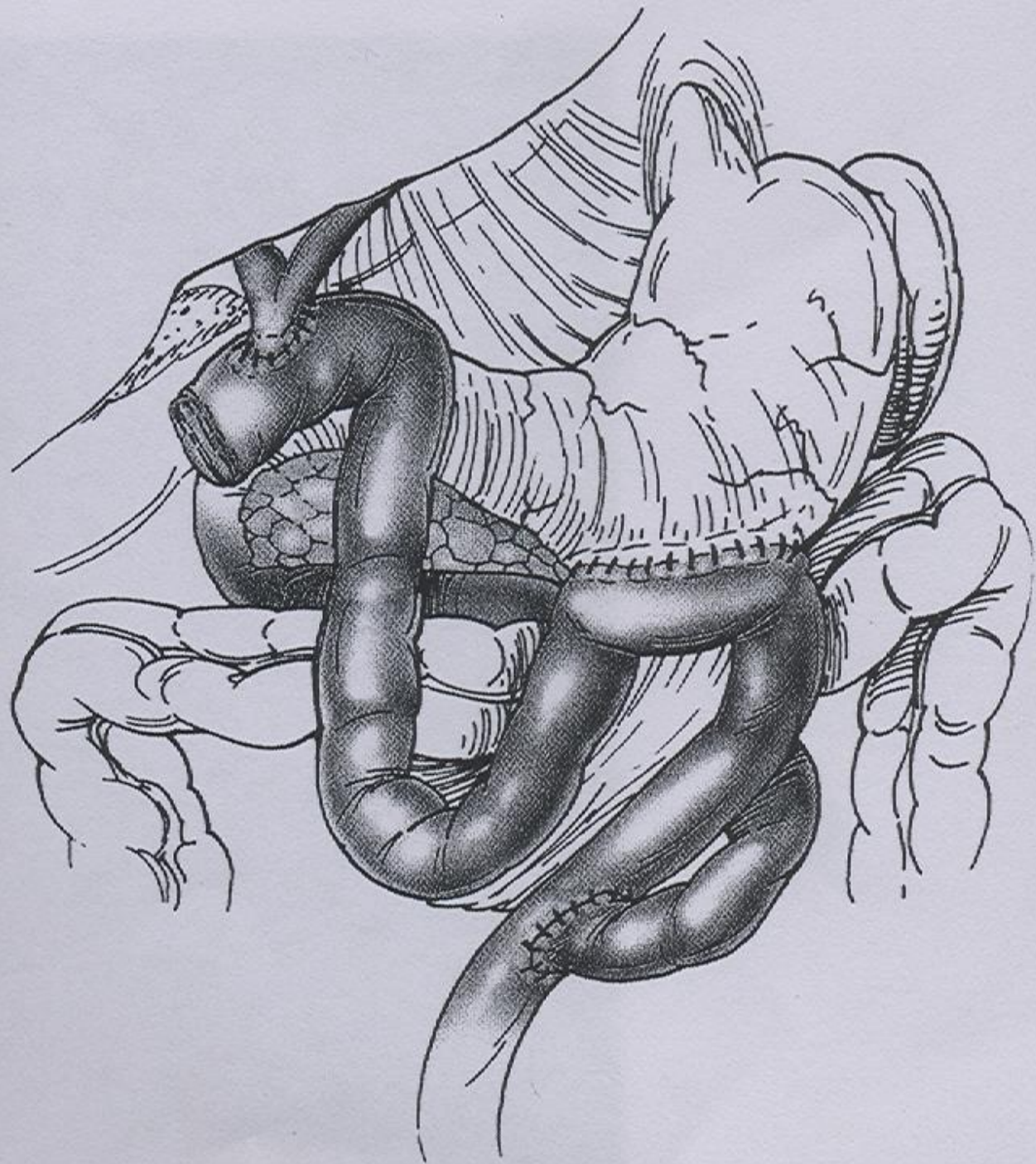
- **Surgical Bypass**

Cholecystojejunostomy or
Choledochojejunostomy (loop, Rou- En- Y)

Gastric outflow obstruction

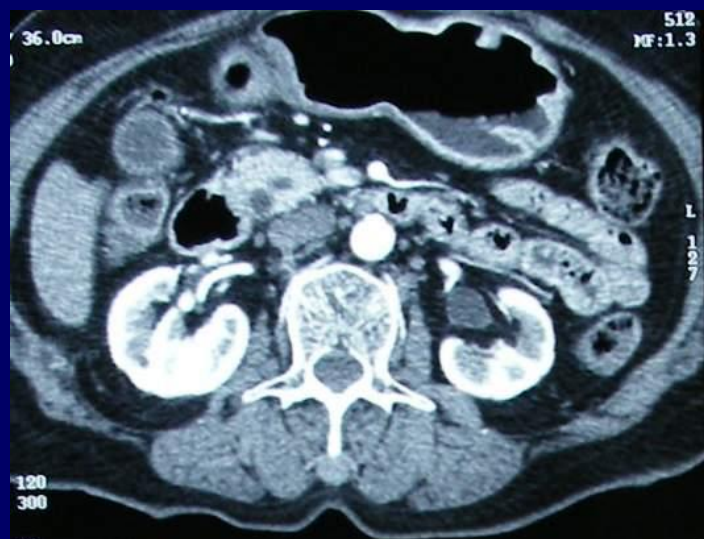
**up to one third of patients with
unresectable tumors develop
obstructive symptoms prior to death**

**Prophylactic gastrojejunostomy does not
add to the morbidity or mortality for
palliative surgery**



A CASE REPORT

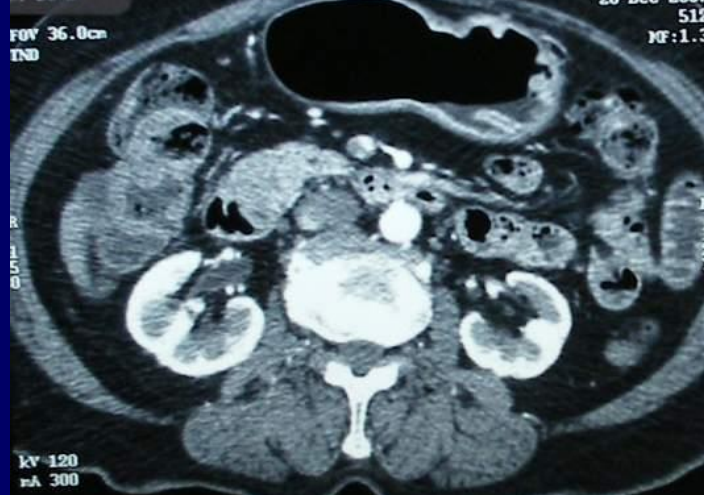
79 year-old female with a few month histories of abdominal distress, anorexia, nausea and vomiting associated with jaundice, and a diagnosis of duodenal cancer at the periampullary region was made.



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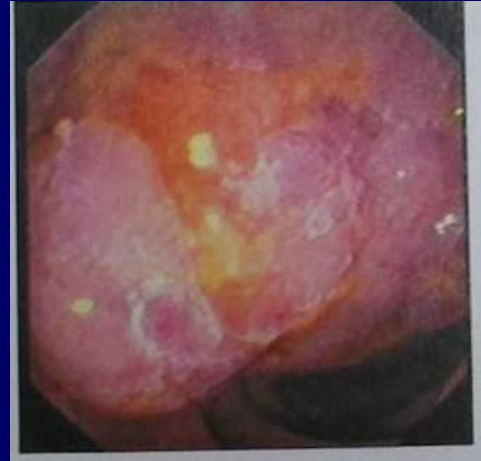
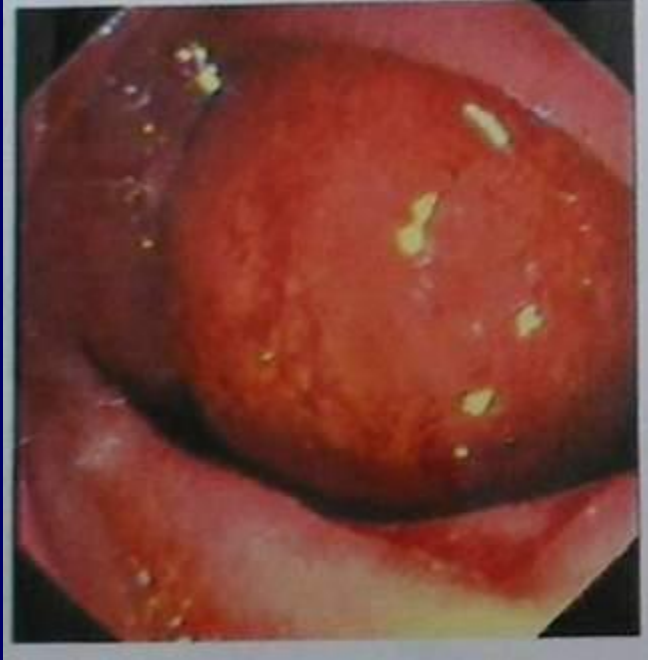
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FOV 36.0cm STND
kV 120 mA 300
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DFOV 36.0cm STND
kV 120 mA 300
R 150 L 127



Laparoscopic choledochojejunostomy combined with gastrojejunostomy



Results

The operating time was 410 minutes.

Post op. hospital stay was 9 days.

There were no intraoperative complications and she recovered completely from the operations.

Neither biliary nor anastomotic leakages were found in postoperative period.

Some degree of delayed gastric emptying symptoms occurred on the resumption of diet but disappeared within three weeks.

She was free of symptoms during the early follow-up interval.

CONCLUSIONS

Laparoscopic choledochojejunostomy combined with gastrojejunostomy accomplish biliary drainage and intact intestinal flow can be performed to improve the quality of life similar to open operations

Thank You

for attention

Laparoscopic choledochojejunostomy and gastrojejunostomy in a porcine model.

Surg Endosc.2003; 17(1):86-8 (ISSN: 1432-2218)

Reed DN; Cacchione RN; Allen JW; Arlauskas V; Casey J; Larson GM; Vitale G

Department of Surgery, McLaren Regional Medical Center and Michigan State University College of Human Medicine, USA.

- **seven pigs underwent laparoscopic choledochojejunostomy and gastrojejunostomy using an intracorporeal hand-sutured technique.**
- **The mean operating time ranged from 150 to 450 min. All the animals recovered completely from the operation and had patent anastomoses at the time of necropsy.**

Endo-laparoscopic approach in the management of obstructive jaundice and malignant gastric outflow obstruction.

Hepatogastroenterology. 2005; 52(6): 128-34 (ISSN: 0172-6390)

Tang CN; Siu WT; Ha JP; Li MK

Department of Surgery, Pamela Youde Nethersole Eastern Hospital, Hong Kong.

- **34 patients selected for endo-laparoscopic approach and 35 open double bypass**
- **Palliation of both gastric outflow obstruction and obstructive jaundice can also be accomplished using the endo-laparoscopic approach. (laparoscopic gastrojejunostomy +/- endoscopic or percutaneous transhepatic stenting)**
- **In comparing to the open double bypass, operation time, intraoperative blood loss and incidence of wound infection are significantly less and patients can have early resumption of diet.**