

2nd Jaipur Surgical Festival (JSF)
HPB Oncology
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Mahatma Gandhi Medical College & Hospital (MGMCH)
Jaipur Rajasthan India

ISGPS RECOMMENDATIONS

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1. 2016 modification of 2006 criteria for POPF divided mostly B (leak with infection but without organ failure) or C (with organ failure, surgical intervention with highest mortality morbidity) and A is just Biochemical Leak
2. Solid mass in HOP with definite suspicion of mitosis with Autoimmune pancreatitis ruled out, don't mandatorily need pre op Histology proof for resection
3. Neoadjuvant treatment planning needs Histology proof for Ca HOP
4. Borderline pancreatic cancers (BPRC) are considered inoperable if a - SMA or CA abutment > 180 or encasement, b - if SMV PV post resection cannot be reconstructed, c - Aorta or IVC encasement / involvement.
Rest all CHA, GDA , HA , SMV PV can be resected reconstructed with PD as BRPC
5. SMV PV resection can be repaired partially (type 1), with patch (2), with end to end (3) or interposition grafts (4)
6. Extended PD in terms of surrounding viscera or vascular involvement and resection in selected cases has comparable results as PD
7. Extended lymphadenectomy more than standard, no proven benefit.
8. Minimum 15 LN s need to be harvested for adequate prognostication
9. Role of LN Station 16b1 i.e. inter aortocaval is controversial (some consider removing, some consider it to be M1 disease if found positive on sampling.
10. 109 papers with 9 RCT and 17 Meta-analysis has not shown any proven benefit of octreotide, internal stent, sealant, isolated loop anastomosis etc
11. Standard Duct to Mucosa is technique suggested for PJ
12. Distal pancreatectomy - no difference in rates of POPF between hand-sewn vs staple with or without buttress in Lap vs robotic and drain vs no Drain routinely (no consensus)
13. POPF correlated to 2 definite factors from Soft Pancreas with < 3mm MPD having highest leaks to least in Non Soft Pancreas with MPD > 3 mm
14. New entity yet to have validated classification is Post pancreatectomy Acute pancreatitis (PPAP) (Annals of Surg 2022) usually happening within 72 hrs of OT.
15. PPAP suggested classification similar to ISGPS Gr B and C for POPF

Summary prepared by
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