Identification of high risk categories for pancreaticoduodenectomy based on diagnosis.

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Disclosures





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Introduction

- Pancreaticoduodenectomy (PD) is a complex operation associated with considerable postoperative morbidity.
- Pancreatic leak and intra-abdominal infection are common morbidities.
- Soft gland texture and small duct are associated with leak.
- Diagnosis is associated with gland texture and duct size.
- Hypothesis: Postoperative morbidity and length of stay (LOS) following PD varies by diagnosis and patients may be grouped into low- and high-risk categories.

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Methods

- ► NSQIP review for all PD's between 2005 and 2011.
- Diagnoses were identified and categorized using ICD9 codes.
- Patients were excluded if: severe pre-operative conditions, without pancreaticojejunostomy, with concurrent operations unrelated to standard PD, or ICD-9 code ambiguous.
- Chi-square, t- Tests and multivariable logistic regression were utilized to assess the impact of diagnosis on PD outcomes.

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Pertinent Negative Findings

"High Risk" was not independently associated with:

- Readmission Rate
- Mortality
- Reoperation



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Conclusion

- Despite "Low Risk" diagnoses having increased number of traditional risk factors for complication
- "High Risk" diagnoses are independently associated with increased:
 - Major Postoperative Complications
 - Minor Postoperative Complications
 - Prolonged Length of Stay
- PD should be stratified by diagnosis to more accurately reflect case mix variation, postoperative risk of complication and complexity of care.

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