



# Pancreatic Head And Tail Resection: A NSQIP Database Analysis Of Postoperative Complication Profiles

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# Disclosure

The authors have no conflicts of interest to report in relation to this program/presentation.



# Background

- The number of pancreatic resections performed for malignancies continues to increase.
- Postoperative complications remain a significant burden (20% - 60 %).
- Pancreas head resections are thought to have higher complications compared to pancreas tail resections, however no direct comparison exists to our knowledge.
- We sought to evaluate and compare the complications of pancreatoduodenectomy and distal pancreatectomy using the ACS-NSQIP database.



# Methods

- ACS-NSQIP database was queried between January 2005 and December 2010.
- Pancreatoduodenectomy and distal pancreatectomy cases were identified (*CPT 48150* and *48140*).
- Cases with a primary diagnosis of pancreatic or extrapancreatic malignancy based on ICD-09 were selected.
- Demographic, pre-, and post-operative characteristics were compared in patients who underwent pancreatoduodenectomy vs. distal pancreatectomy.
- Chi-square or Fisher's exact tests for categorical variables and t-tests for continuous variables.



# Conclusion

- Pancreatoduodenectomy performed for malignancy has a higher incidence of complications and mortality than distal pancreatectomy. Including: SSI, sepsis, wound disruption, transfusion requirement, reoperation and LOS.
- This may be a direct result of increased operative time and complexity in the pancreatoduodenectomy group.
- The higher frequency of septic complications in the PD group suggests higher rate of pancreatic leaks and their associated complications.
- The NSQIP database lacks information on pancreatectomy specific complications (fistula formation, delayed gastric emptying, etc.), which limits our analysis.
- We advocate for introducing pancreatic surgery specific outcome measures in the NSQIP database.