

## PERSPECTIVE

# Diagnostic Criteria and Severity Assessment of Hepatobiliary Pancreatic Surgery

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### ABSTRACT

Hepatobiliary and pancreatic surgery include surgical treatments used to treat cancer and other illnesses of the liver, bile ducts, gallbladder, and pancreas. These are among the most difficult and demanding operations performed in general surgery, necessitating considerable knowledge. A substantial portion of HPB services are provided at local hospitals, but due to the complexity and high cost of care, delivery in collaboration with or at specialist tertiary centers is required.

### INTRODUCTION

In selected individuals with peritoneal cancer, the combination of Cytoreductive Surgery (CRS) and Hyperthermic Intraperitoneal Chemotherapy (HIPEC) has been employed as locoregional treatment. The goal of this study was to provide information on the outcomes of individuals who had hepatobiliary and pancreatic operations during CRS and HIPEC. Patients who received hepatobiliary and/or pancreatic surgeries during CRS and HIPEC were identified using a prospectively kept database [1].

Instruction for minimally invasive pancreatic surgery is crucial, as an expanding body of data supports its usage with acceptable training outcomes and improved short-term outcomes after completion. Although the number of cases required to attain expertise is unknown, superior results for both laparoscopic and robotic pancreatectomy are proven after a learning curve and inflection point. To reduce this learning curve and enhance results, specific training courses for both laparoscopic and robotic pancreatectomy have been devised [2].

### ROBOTIC-ASSISTED PANCREATIC SURGERY

Although minimally invasive surgery has gained widespread popularity in many sectors, pancreatic surgery

remains one of the most difficult abdominal surgeries. Indeed, the rationale for robotic surgery in pancreatic illness has been a source of contention. The purpose of this study was to evaluate the safety and feasibility of robotic pancreatic resection. We looked back on our experience with robotic pancreas resection at Sanchinarro University Hospital. Clinicopathologic features, as well as perioperative and postoperative outcomes, were documented and evaluated [3].

### SURVIVAL AFTER SURGERY

Acute Pancreatitis (AP) is a major morbidity in pancreatic cancer, although its unfavourable impact on long-term outcomes is unknown. The purpose of this study was to look into the effects of AP on the recurrence pattern of Pancreatic Ductal Adenocarcinoma (PDAC) and tumor-specific survival. Patients with moderate to severe acute pancreatitis experienced recurrences sooner than those who did not. Patients with PDAC who have moderate or severe AP have a lower overall and disease-free survival [4].

### LAPAROSCOPIC PANCREATIC SURGERY

Only diagnostic laparoscopy using a minimally invasive approach was employed to evaluate periampullary cancer. Recent advancements in surgical methods and instruments have enabled surgeons to undertake almost all pancreatic treatments, including the Whipple surgery. Some of these techniques are the most advanced applications of minimally invasive surgery, with allegedly better results than traditional open methods. Palliative operations, such as biliary bypasses and gastrojejunostomy, can be performed laparoscopically in addition to evaluating resectability in periampullary cancer. Although doing a Whipple surgery laparoscopically is supposedly possible, no advantage of the laparoscopic method over the standard open approach

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has been proven. Laparoscopic distal pancreatectomy, with or without spleen preservation, is technically simpler and less invasive than the Whipple technique [5].

Cystic neoplasms and islet-cell tumours in the pancreatic body or tail are indications for laparoscopic distal pancreatectomy. Acute and chronic pancreatitis complications can be managed by surgical laparoscopy. When infected necrotizing pancreatitis is discovered, surgical intervention is indicated for drainage and debridement. Three laparoscopic operational methods have been documented, depending on the kind and location of infected necrotizing pancreatitis: infracolic debridement, retroperitoneal debridement, and laparoscopic transgastric pancreatic necrosectomy. When internal drainage of a pseudocyst is required, a minimally invasive method is a viable choice [5].

Depending on the size and location of the pseudocyst, laparoscopic pseudocyst gastrostomy, cyst jejunostomy, or cyst duodenostomy can be done. A pseudocyst gastrostomy, which can also be performed using an intragastric surgical approach, is the best way to drain a pseudocyst that is in close contact with the posterior wall of the stomach.

## CONCLUSION

The requirement for hepatobiliary treatments has a considerable - but manageable - morbidity rate. However, it should not be regarded as an absolute contraindication for CRS and HIPEC. Based on our first findings, robotic pancreas surgery is a safe and viable method. To validate the usefulness of the robotic technique in pancreatic surgery, further experience and follow-up are necessary.

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