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Predictors of outcome following surgery for chronic pancreatitis

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Chronic pancreatitis is a benign debilitating condition associated with intractable abdominal pain, diabetes and steatorrhea. Surgery is indicated when the patient has intractable pain or develops complications of chronic. Surgery provides good pain relief in 70% to 80% of patients, whereas the remaining 10% to 20% of the patients have persistent pain. Several risk factors for poor pain relief have been described in the literature with controversial results. The aim of the study is to identify the factors associated with the outcome following surgery for chronic pancreatitis. Patients who underwent surgery for chronic pancreatitis, from August 2012 to January 2015 were included in the study. These patients were prospectively followed up for a minimum of one year and the outcome was assessed using the short form 36 quality of life questionnaire and visual analogue pain score 24 patients with chronic pancreatitis underwent surgery - Frey's procedure. All patients had a significant improvement in the QOL and VAS scores from the preoperative period to 12 months after surgery (QOL: 34.75 ± 12.92 vs. 73.04 ± 14.67 $P < 0.001$, VAS: 7.50 ± 1.14 vs. 1.58 ± 2.00 $P < 0.001$). The presence of the main pancreatic duct smaller than 4 mm, side branch calcifications and malignancy were associated with a poor outcome ($P = 0.01450$, $P = 0.01450$ and $P = 0.0417$). Frey's pancreaticojejunostomy is a safe surgical procedure resulting in a statistically significant, sustained alleviation of pain and significant improvement in health related quality of life which is comparable to that of general population with minimal difference in exocrine and endocrine function of pancreas. The size of the main pancreatic duct larger than 4 mm was the single most relevant factor associated with a good outcome following surgery. The presence of extensive side branch calcifications and malignancy was associated with a poor outcome.

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