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A prospective study on drain fluid amylase as an indicator of clinical outcome in patients undergoing Whipple surgery

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Introduction

Post-Whipple pancreatic fistula is defined as having a high drain fluid amylase (DFA) (>3 times of normal value). In our observation, DFA levels did not influence the clinical outcome.

Objectives

To determine the drain fluid amylase levels on the outcome of patients

Methods

48 patients who underwent the Whipple procedure from May 2015 to September 2019 were included. Serum amylase and DFA levels were assessed on days 1,3 and 5. Amylase levels were compared with the patient's outcome and the nature of the pancreas.

Results

20 patients had DFA over three times on day 1. Their median hospital stay (HS) and ICU stay did not differ from others (HS 8 vs. 9 days, $p=0.545$; ICU stay 3 vs. 3 $p=0.95$). On day three 15 patients had DFA rise and their hospital stay (HS) and ICU were comparable. (HS 8 vs. 9 days ($p=0.083$), ICU stay 3 vs 3 $p=0.26$). On day five 5 patients had DFA over three times and their median hospital stay (HS) and ICU stay were similar.

Nature of the pancreas also did not correlate significantly with DFA more than 3 times. Although patients with DFA more than 3 times of normal value on day 1,3, and 5 had smaller duct diameter (D1 2.78mm vs 4.25mm $p=0.86$; D3 2.08mm vs 4.42mm $p=0.165$; D5 4.10mm vs 1.86mm $p=0.44$) non was statistically significant.

Conclusions

DFA > 3 times on Day1,3 and 5 did not significantly alter the outcome of patients.

Key words: *Whipple, DFA, POPF*

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Transoral Endoscopic Ultrasonic surgery (TOUSS), a novel robotless Surgery: first experience in Sri Lanka: a case report

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Introduction

This is to describe Transoral Ultrasonic Surgery (TOUSS), a new endoscopic alternative to transoral robotic surgery for dissecting laryngopharyngeal tumours using an ultrasonic scalpel