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Long Term Follow-up Results of Surgical Management of Chronic Pancreatitis

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Abstract

Background: Chronic pancreatitis is a progressive loss of exocrine and endocrine pancreatic function. Surgical procedures are required in cases of intractable pain, biliary obstruction or intestinal obstruction, complications from pseudocysts, or pancreatic fistulae.

Objective: To assess the outcomes after surgical management of chronic pancreatitis, in a long-term follow-up.

Methods: Patients that underwent surgical management of chronic pancreatitis,from 2006 to 2017, were reviewed. Demographics and complications of the procedures were recorded. Visual analogue pain scale was used for pain control evaluation. The 12-Item Short-Form Health Survey questionnaire was used for quality of life assessment.

Results: Sixty-five patients were included in the study. Mean follow-up was 60.26 months. Twenty patients underwent lateral pancreatojejunostomy, 22 to Roux-en-Y cystojejunostomy, 7 to transgastric cyst-gastrostomy,1 to Frey procedure, 4 to hepaticojejunostomy, 1 to Frey procedure and hepaticojejunostomy, 1 to lateral pancreatojejunostomy and cyst-gastrostomy, 7 to lateral pancreatojejunostomy and hepaticojejunostomy and 2 to cystojejunostomy and hepaticojejunostomy. No cases of perioperative deaths were recorded. A Pancreatic fistula was found in 5 cases, and all of them followed non-operative management. Of the 65 patients included in the study, 39 answered the questionnaires. Mean scores on SF-12, physical and mental scales were respectively 42.72 ± 10.76 and 49.84 ± 11.75.

Conclusion: Surgical management of chronic pancreatitis is safe, with low mortality and morbidity rates. These procedures are effective in assuaging pain and in providing good quality of life.

Key words: chronic pancreatitis, chronic pain, pancreatic ducts, pancreatojejunostomy, quality of life