

Case Report

Pancreato-Jejunum Anastomosis

University Hospital Virgen de Arrixaca
Murcia, Spain

THE FUTURE IN
BIODEGRADABLE
GI PRODUCTS



ARCHIMEDES

Biodegradable Biliary and Pancreatic Stent

75 y/o male patient with pancreatic cancer presented for pancreaticoduodenectomy (image 5, Whipple Procedure) in order to remove the head of the pancreas, the duodenum, the gallbladder, and bile duct.

Patients who have undergone this complex surgery have seen post-operative complications such as strictures and/or leakage of the anastomosis at the level of the pancreato-jejunum anastomosis.

Plastic biliopancreatic stents have been implanted at the level of the pancreato-jejunum anastomosis to support and mitigate those post-surgical complications, however, if the plastic stents do not

migrate into the small bowel, they require an additional endoscopic procedure to retrieve them. By utilizing the **ARCHIMEDES** biodegradable stent, the surgeons were looking avoid the additional post-operative endoscopic procedure necessary for stent removal.

During the reconstruction phase of the surgical procedure, a slow-degrading 10 F x 100 mm **ARCHIMEDES** biodegradable stent was prepared and directly implanted in the remaining pancreatic duct (image 2 and image 3).

Approximately half of the stent was placed inside the duct, with the other half pushed into the jejunum, before the circular pancreato-jejunum anastomosis was completed. The anastomosis was located approximately at the mid-point of the stent's overall length (image 4).

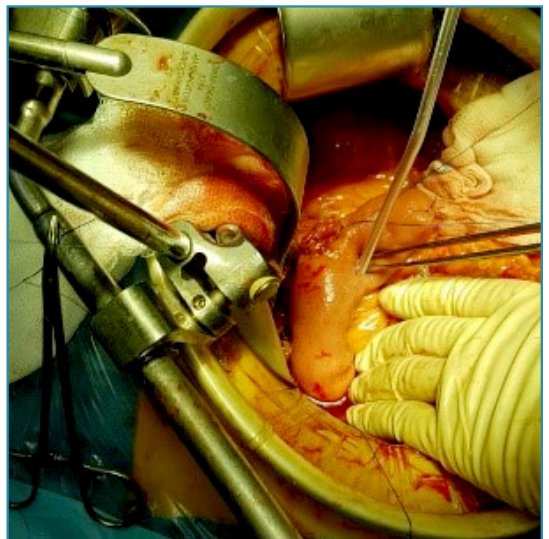


Image 1. Surgical field.

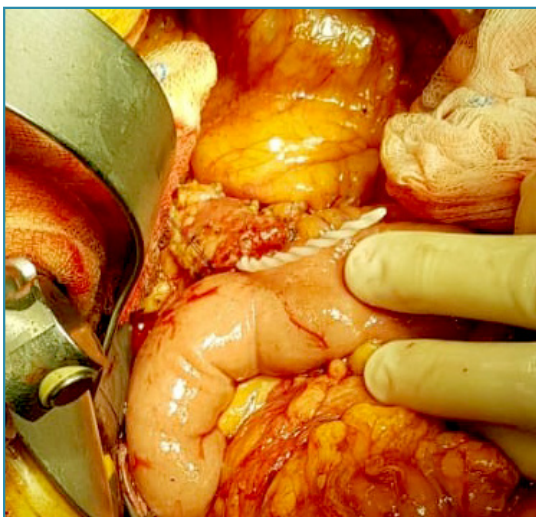


Image 2. ARCHIMEDES stent implanted in the pancreatic duct.

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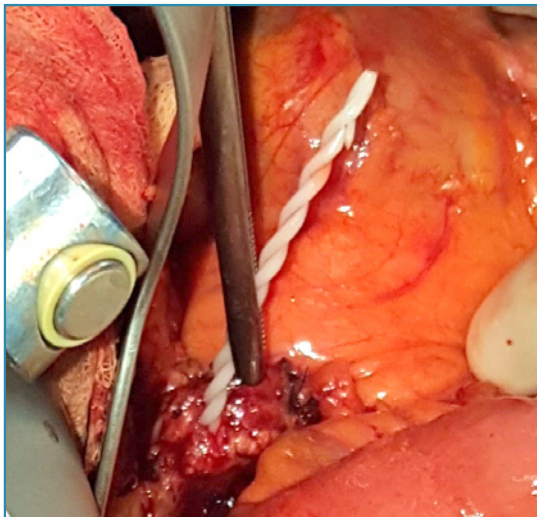


Image 3. Close-up view of the ARCHIMEDES stent inside the pancreatic duct.

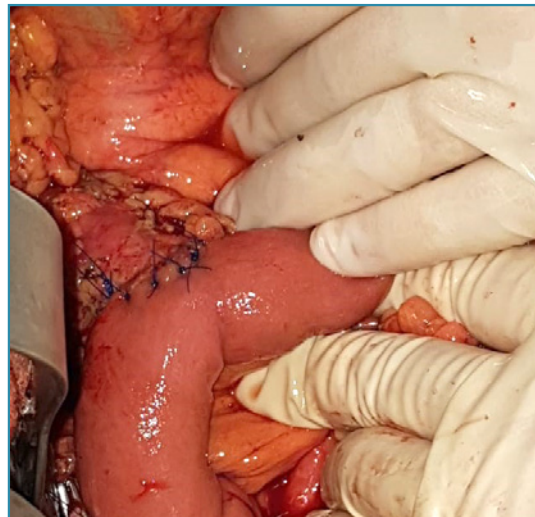


Image 4. Close-up view of the completed pancreato-jejunum anastomosis.

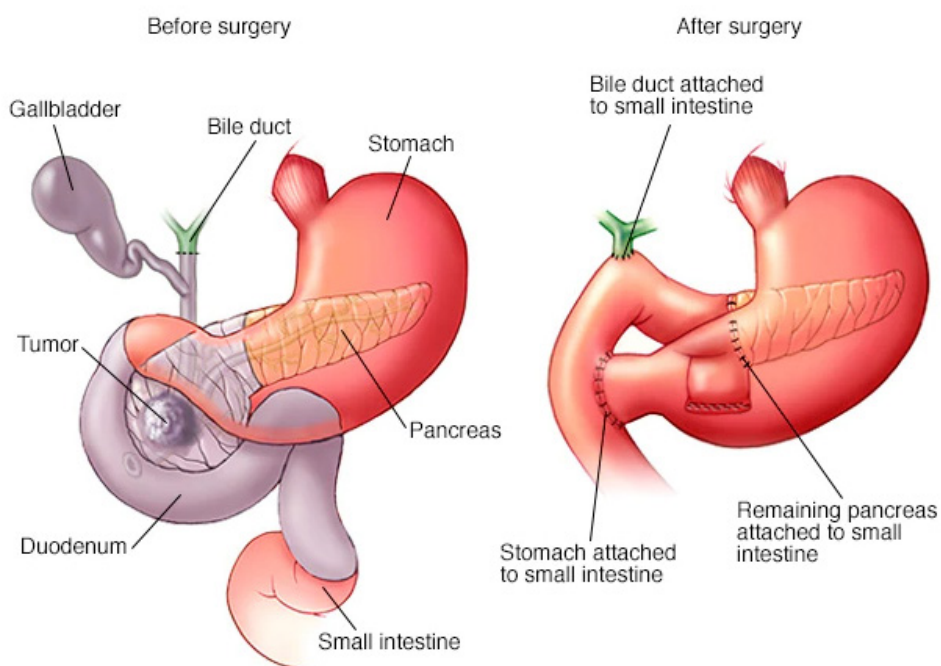


Image 5. Pancreaticoduodenectomy (Whipple Procedure), Mayo Foundation for Medical Education and Research. All Rights Reserved

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