Distal Pancreatectomy

The distal pancreatectomy is a pancreatic operation which is performed to remove disease primarily within the body and tail or possible the neck of the pancreas. This type of pancreatic resection may be performed for benign diseases such as chronic pancreatitis or a pancreatic pseudocyst. Premalignant or tumors with malignant transformation potential such as mucinous pancreatic cysts are also reasons to perform the distal pancreatectomy. These premalignant cysts are either an intraductal mucinous cystadenoma (IPMN) or a mucinous cystadenoma. Malignant tumors also are reasons to recommend and perform a distal pancreatectomy. These malignant tumors are pancreatic adenocarcinoma (cancer) and neuroendocrine tumors (also called islet cell tumors).

For the benign or premalignant diseases, a distal pancreatectomy is often performed laparoscopically or robotically. Both Dr. Thompson and Christein will utilize the laparoscopic approach. As with other pancreatic operations, the robotic approach does not offer any benefit other than surgeon preference. As with all pancreatic operations, the main complication would be a leak from where the pancreas is divided. The leak rate after a distal pancreatectomy, either open or laparoscopic/robotic, varies greatly in what is reported in the literature; however, most high volume experienced pancreatic surgeons would realistically discuss a 30% leak rate.

During a distal pancreatectomy for cancer (adenocarcinoma), an open approach is usually advocated by both Drs. Thomson and Christein. Obtaining a margin free from any contact with the cancer is imperative and difficult, for cancer of the pancreatic body or tail. An aggressive, all encompassing resection is often more feasible through the open approach, especially if extended resections are required which may involve parts or all of the left adrenal gland, left kidney, stomach, colon, or duodenum.

When the distal pancreatectomy is performed for cancer, a splenectomy is always performed. When we are in childhood and through adolescence, the spleen plays an important role in antibody formation and immune function. If your case regards a benign or premalignant tumor, in some instances the spleen may be able to be spared. You will still receive a standard set of splenectomy vaccines to cover certain infections. These include meningitis, pneumonia, and hemophilus influenza vaccines. Currently these are recommended to most high school age students and adults.

After the operation, you may or may not spend a night in the intensive care unit. Your total hospital stay will usually be about 5 or 6 days, with recovery of your energy and appetite at about a month. It usually takes 2 or 3 months for a full recovery. As with many cancers, if your operation was for malignancy, you will be asked to meet with a medical oncologist and chemotherapy will likely be recommended. The multidisciplinary approach we provide at the Grandview Cancer Center and through Alabama Oncology will allow this process to be easily navigated by you and your family.