

# Temporary mesocaval shunt to facilitate pancreatic resection in locally advanced pancreatic cancer.

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## Background

- Limits of LAPC operability are expanding.
- Strategies for vascular resection are needed.
- tMCS can facilitate resection whilst maintaining mesenteric drainage.
- The literature is sparse with a mixture of techniques and indications.
- This case series presents the Birmingham experience of the previous 4 years with technical description and outcome reporting.

## Methods

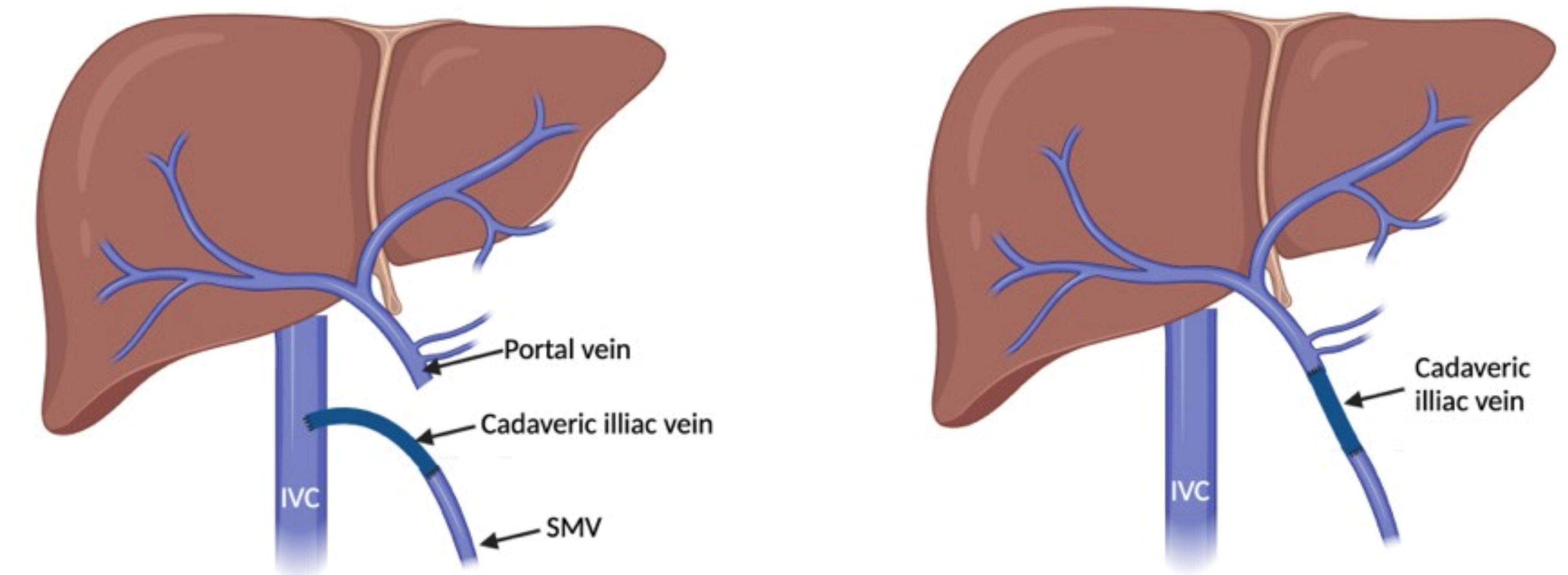
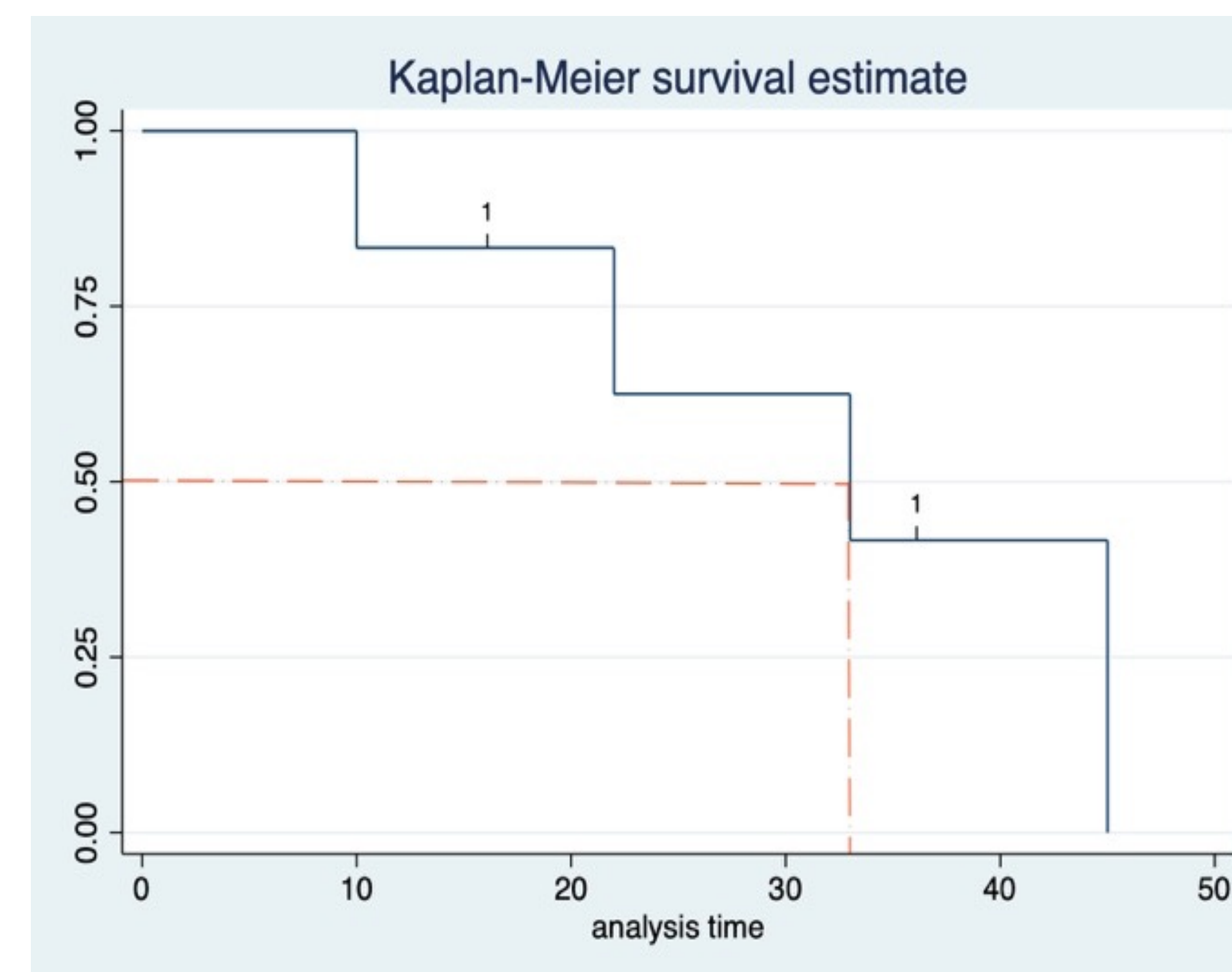
- Using a prospectively held database, all cases using a tMCS over the preceding 4 years were identified.
- Neoadjuvant therapy was used for all patients.
- Demographics, peri-operative data, complications and outcomes were reviewed.
- All statistics were done using Stata 16.1®.

## Results

- 181 underwent resection for LAPC over 4 years.
- 6 (3 x TP and 3 x PD) required a tMCS to facilitate resection.
- For all a cadaveric iliac vein graft with an end-to-side anastomosis on the IVC and an end-to-end anastomosis on the SMV was used.
- Following resection, the shunt was transected close to the IVC and swung round to be anastomosed onto the PV, with or without splenic vein re-implantation.
- Median length of stay was 13 days (IQR 11-16), 2 patients (33%) had complications Clavien-Dindo grade  $\geq$ III, median overall survival was 33 months (IQR 22-45).

## Discussion

- Advanced surgical techniques such as the use of a temporary mesocaval shunt can facilitate resection in locally advanced pancreatic cancer after careful patient and disease biology selection.
- Current reporting is limited to a handful of case series within which the technical description and clinical indication is variable.
- Although only a small series, sharing data of this nature is important in raising awareness of resectional options for LAPC.



**Abbreviations:** LAPC: Locally advanced pancreatic cancer. tMCS: Temporary mesocaval shunt. TP: Total pancreatectomy. PD: Pancreaticoduodenectomy. SMV: Superior mesenteric vein. IVC: Inferior vena cav. PV: Portal vein. IQR: Interquartile range