

Letter to the Editor

Robotic revisional pancreatojejunal anastomosis: when less is more

To the Editors:

We read with great interest the Inside the Operating Room article by Araujo and Martinie [1] from the *Journal of Gastrointestinal Surgery* entitled “Robotic revisional pancreato-jejunal anastomosis” [1]. Our interest in reading this article is that we too have experienced and had to deal with long-term

complications, such as stricture of the pancreatojejunostomy (P-J) in some of our patients. We have described a new and simple robotic technique to deal with this problem [2]. However, the authors mentioned in their introduction that this was the “first description of the robotic approach using PubMed, Embase, Scopus, and Web of Science databases.”

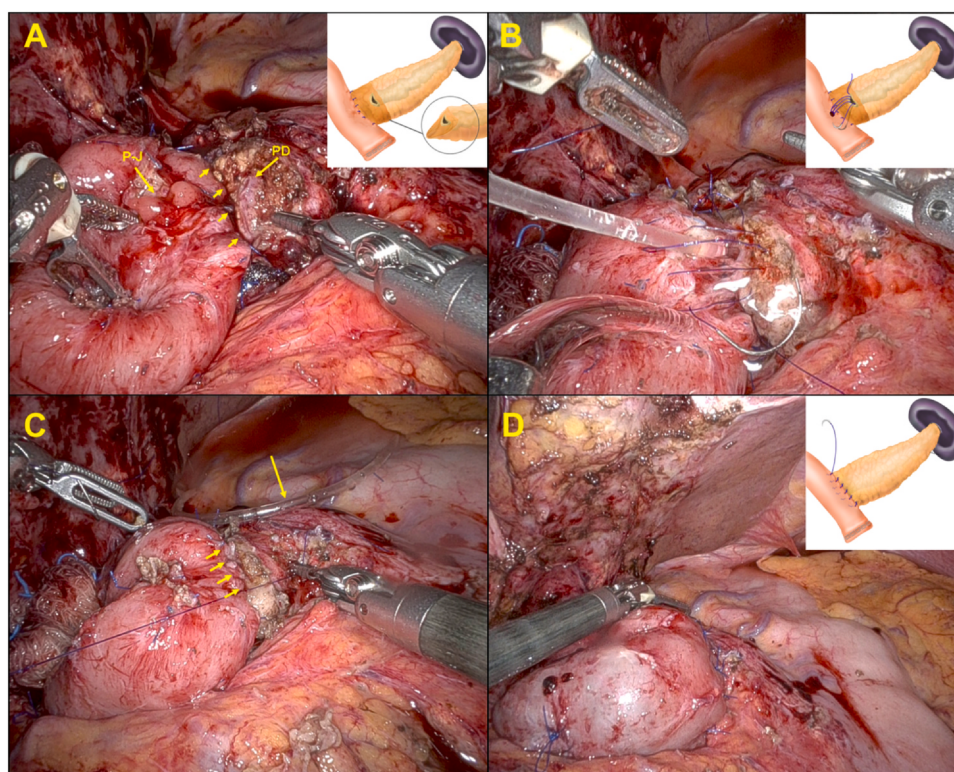


Figure. Robotic redo of P-J after robotic pancreatoduodenectomy using an alternative technique. A, Intraoperative view after removal of the anterior layer and pyramidal resection of the pancreas exposing the main PD. Posterior layer is preserved (small arrows). The image shows a previous site of P-J. The inside picture represents a schematic drawing. B, Intraoperative view of the duct-to-mucosa anastomosis using running 5-0 PDS suture. The stent is kept inside the duct to avoid inadvertent suture to the posterior layer. The inside picture represents a schematic drawing. C, Intraoperative view after completion of duct-to-mucosa anastomosis (arrows). The stent is removed (large arrow). D, Intraoperative view showing the final aspect of the redo P-J. The inside picture represents a schematic drawing. PD, pancreatic duct; PDS, polydioxanone; P-J, pancreatojejunostomy. Adapted from Machado et al. [2].

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Nonetheless, the most interesting thing about the redo P-J (or revision) is that our team has always used the isolated P-J in open and laparoscopic pancreatoduodenectomies (PDs). Moreover, we have had no difficulty in revising the P-J (and sometimes the hepatojejunostomy) in patients with symptomatic stenosis because the hepatojejunostomy and the P-J are separate [3,4]. However, since 2018, we have replaced laparoscopic PD with the robotic approach and temporarily abandoned the isolated P-J in all patients [5]. Therefore, the first time we dealt with it, we came up with the idea of not disassembling the anastomosis. Our technique is simple and feasible, and it is not necessary to create a Roux-en-Y limb to remake the P-J anastomosis. Since the publication of our technique in 2020, we have performed this technique in 2 additional patients after a robotic Whipple procedure: one procedure was performed because of late P-J stenosis (with intermittent pancreatitis), and other procedure was performed because of hemorrhage after acute pancreatitis due to P-J stenosis. Both procedures were successfully performed using robot-assisted procedure, and the symptoms disappeared (Figure). To date, in patients with expected long-term survival, we are switching back to isolated P-J (double jejunal loop) to, among other reasons, facilitate the revision or redo of both hepatojejunostomy and P-J [6]. Sometimes, less is more.

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Declaration of competing interest

The authors declare no competing interests.

Supplementary material

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.gassur.2025.102006](https://doi.org/10.1016/j.gassur.2025.102006).

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