

FIGURE 3. Alternative technique for redo pancreaticojejunostomy.

A. Schematic drawing shows pancreaticojejunostomy with stenosis of duct-to-mucosa anastomosis. Close-up shows stenotic anastomosis after adhesiolysis. Pancreaticojejunostomy is identified. Intraoperative view after removal of the anterior layer and pyramidal resection of the pancreas exposing the dilated main pancreatic duct. Posterior layer is preserved to maintain the anastomosis assembled. C. Intraoperative view after completion of redo pancreaticojejunostomy. D. Schematic drawing after removal of the anterior layer and partial pancreatic resection shows dilated main pancreatic duct, stenotic duct-to-mucosa anastomosis and preserved posterior layer. Close-up shows the pyramidal resection of pancreas, preserving posterior layer.

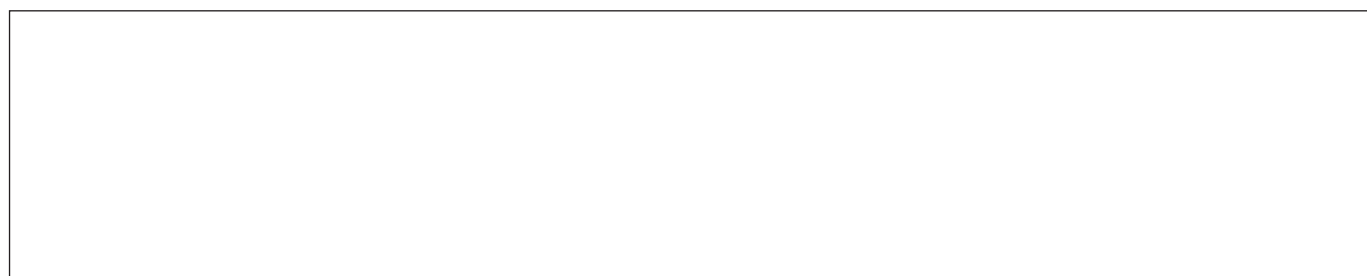


FIGURE 4. Alternative technique for redo pancreaticojejunostomy.

A. Intraoperative view after completion of duct-to-mucosa anastomosis. B. Schematic drawing shows duct-to-mucosa anastomosis. C. Schematic drawing after completion of redo pancreaticojejunostomy. D. Intraoperative view after completion of redo pancreaticojejunostomy.

cavity. Operative time for docking of the robotic system was four minutes. Redo pancreaticojejunostomy took one hour. Estimated blood loss was minimum, and recovery was uneventful. Patient was discharged on the 3rd postoperative day. No pancreatic stula was observed, and drain was removed on the 5th postoperative day. Patient presented no recurrence of acute pancreatitis during one year of follow-up. Robotic redo pancreaticojejunostomy is feasible and safe. This alternative technique maintains this anastomosis as assembled thus reducing the operative time and technical difficulties to perform this complex operation. This video shows the different steps necessary to perform this operation and will be useful for all surgeons having to perform a revision pancreaticojejunostomy.

#### Authors' contribution

Machado MAC and Makdissi FF carried out the operative procedure. Machado MCC and Machado MAC conceived the technique. Ardengh JC and Makdissi FF supervised and commented on the manuscript. All authors discussed the results and contributed to the final manuscript.

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