Introduction:
Pancreatic Robotic Surgery (PRS) allows less invasivity and a better anatomical view than open surgery. From the anaesthesiological point of view, this approach requires greater attention to hemodynamics and ventilation as complications can occur during or after surgery. This observational study aimed at evaluating the first 2 years of PRS procedures so as to foster a common anesthesiological management.

Methods:
We analyzed the data of patients submitted to PRS between December 2017 to January 2020. Standard general anesthesia was performed (induction with propofol, opioid and rocuronium for neuromuscular blockade, maintenance with alogenate or TIVA/TCI), using VCV or PCV-VG ventilation; vital signs and TOF were constantly monitored intra-operatively. We recorded baseline clinical characteristics, pre-operative SOFA score, positive pre-operative surveillance rectal swabs, clinical (AKI, pneumonia, fever and/or sepsis) and surgical complications (pancreatic fistulae, abdominal collections, bleeding); 1st post-operative day (POD) SOFA score; ICU and hospital length of stay (LOS).

Results:
66 pts (14-77 y, 21 males) were analysed, ASA 1-3, mean BMI 20.3, kind of interventions were performed: 5 enucleoresections, 27 spleen preserving distal pancreatectomy, 34 distal splenopancreatectomy. Mean duration of surgery was 426’ with a mean laparoscopic IAP of 12 mmHg. TAP block was performed in 21 pts. Pre-operative SOFA score was 0 for all patients. Pre-operative rectal swabs showed 1 case of E. coli ESBL. Pre- and PO SOFA score were not statistically different. 9 patients were admitted to ICU with maximum LOS of 5 days. Mean LOS in the hospital was 11 days. 65% of patients had complications (21 sepsis, 23 fistulae, 16 abdominal collections, 5 PO bleeding, 4 pneumonias, 2 pneumothorax, 1 AKI). We recorded 1 case of PO positive rectal swab (C. Freudii ESBL) and 3 cases of MRSA bloodstream infection.

Conclusion:
IO management did not alter pts’ SOFA score but postoperative complications prolonged both ICU and hospital LOS.