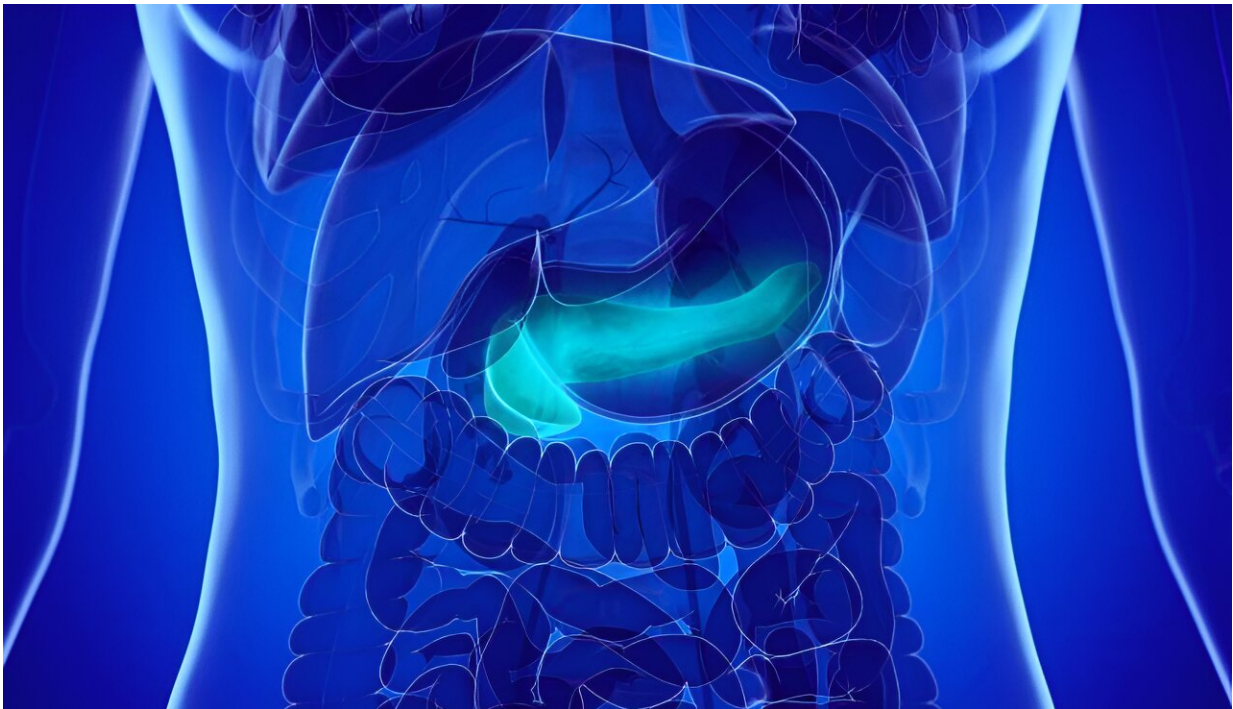


# No-drain policy noninferior for major morbidity in distal pancreatectomy

April 1 2024, by Elana Gotkine

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For patients with distal pancreatectomy, a no-drain policy is noninferior in terms of major morbidity, according to a study [published](#) online

March 15 in *The Lancet Gastroenterology & Hepatology*.

Eduard A. van Bodegraven, M.D., from the University of Amsterdam, and colleagues examined the noninferiority of a no-drain policy in patients with distal pancreatectomy in a multicenter, randomized, noninferiority trial. Patients undergoing open or minimally invasive elective distal pancreatectomy for all indications were randomly assigned intraoperatively to no drain or prophylactic passive drain placement (138 and 144, respectively). Seven patients in the no-drain group received a drain intraoperatively, resulting in a per-protocol population of 131 and 144, respectively.

The researchers found that in the intention-to-treat analysis, the rate of major morbidity was noninferior in the no-drain versus the drain group (15 versus 20%); similar results were seen in the per-protocol analysis (16 versus 20%). In the intention-to-treat analysis, grade B or C postoperative pancreatic fistula occurred in 12 and 27% of patients in the no-drain and drain groups, respectively. Three patients in the no-drain group died within 90 days; two deaths were unrelated to the trial. Within 90 days, no patients from the drain group died.

"We expect these results to be practice-changing and encourage the implementation of a no-drain [policy](#) as the new standard approach in eligible [patients](#) undergoing distal pancreatectomy," the authors write.

**More information:** Eduard A van Bodegraven et al, Prophylactic abdominal drainage after distal pancreatectomy (PANDORINA): an international, multicentre, open-label, randomised controlled, non-inferiority trial, *The Lancet Gastroenterology & Hepatology* (2024). [DOI: 10.1016/S2468-1253\(24\)00037-2](https://doi.org/10.1016/S2468-1253(24)00037-2)

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