

## Variants of digestive reconstruction during Pancreatoduodenal Resection

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Currently, with many known methods of digestive reconstruction after pancreatoduodenal resection (PDR), the frequency of early postoperative complications and unsatisfactory remote functional results remains stably high, which indicates the topicality of searching for the optimal variant of reconstruction. Currently, with many known methods of digestive reconstruction after pancreatoduodenal resection (PDR), the frequency of early postoperative complications and unsatisfactory remote functional results remains stably high, which indicates the topicality of searching for the optimal

variant of reconstruction. The least acceptable results after PDR are accompanied by a reconstruction with HEA, PEA and HEA on a single loop of the small intestine. Factors that do not affect results of the operation include: manual or stapler formation of the GEA and intestinal anastomosis, separate loops for PEA and HEA. Prevention of PGRS is associated with adequate resections of the stomach and sufficient length of the intestinal loop. The best results PDR are accompanied by a reconstruction with the formation of PGA or L. Blumgart's PEA and HEA on Roux-loop.

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