

## Should Gastric Decompression Be a Routine Procedure in Patients Who Undergo Pylorus-Preserving Pancreatoduodenectomy?: Reply

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To the Editors,

We would like to thank Dr. Tez for his interest in our article “Should gastric decompression be a routine procedure in patients who undergo pylorus-preserving pancreatoduodenectomy (PPPD)?” [1]. We agree that some patients after PPPD require nasogastric(NG) tube, and NG tube has been used following gastrointestinal anastomoses for several years.

But, nowadays, recently published data support the abandonment of routine NG tube for elective abdominal surgical procedures [2–4]. Actually in our data [1], only 9.8% of patients in the no-tube gastrostomy group required eventual nasogastric insertion because of delayed gastric emptying.

We agree that changing the clinical habit is harder than changing sleeping habits because implementing changes in clinical process is usually not a single action but involves a well-planned stepwise process. Change can frequently be messy, waste time and can have unpredicted consequences. However, the use of an evidence-based approach enables us to do the changes in our clinical habits, and it allows us to constantly review our practice and to seek new and more effective ways of our clinical pathways.

In conclusion, surgeons must be active in promoting evidence-based practice and focusing on changing competences and attitude to translating evidence to practice for better surgical outcomes.

### References

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