Droplet-based real-time detection of amylase in patients undergoing pancreatic surgery



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- complications Pancreatic surgery influence cure. Current clinical strategies quantify α amylase activity intermittently, resulting in delayed treatment.
- portable droplet-based microfluidic The device is capable of real-time monitoring α -



Millifluidic droplet-based device

Detection Principle



amylase activity.

This strategy significantly improves the determination time (3 min) and detection limit (7 nmol/s-L) and reduces material requirement (10 µL) and wastes.

Calibration Curve & Patient Sample Test



- Reagent, amylase, and buffer are mixed as an aqueous phase through T-junctions.
- Droplets formed at cross-junction after meeting HFE oil and mineral oil (spacer).
- Amylase reacts with the reagent, resulting in cleavage products emitting fluorescence.

Continuous monitoring



Results of the clinical and millifluidic methods have a great linear correlation in a total of **32 patient samples**.

Conclusion

- Droplet-based real-time detection of amylase offers improvement in LoD, detection time, and reagent requirements.
- All 32 samples measured with the millifluidic method matched well with clinical measurements Rapid response of fluorescence intensity to sample concentration fluctuations indicates the method can be implemented to continuously

monitor drain α -amylase activity of patients.

Outlook

We expect this concept could be transferred to further relevant analytes, setting new standards of diagnostics, monitoring, and surgical care. We envision the potential utility of our technique in other clinical scenarios, e.g., detecting "anastomotic leakage in colorectal surgery" or "bile leaks in liver surgery" where our dropletbased analysis technique could be explored.

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