The purpose of this paper is to illuminate the origin and current results of the duodenum-preserving pancreatic head resection (DPPHR) developed by Beger in the 1970s, as well as its simplified Berne modification, for patients suffering from chronic pancreatitis (CP). Indications for the procedures and their results are presented on the basis of available data. A selected review was made of the available data on the DPPHR developed by Beger and its modifications. The organ-sparing DPPHR developed by Beger, and its modifications, provide better pain relief, better preservation of exocrine and endocrine pancreatic function, and a superior quality of life compared with the more radical pancreaticoduodenectomy (PD, with or without pylorus-preservation), once the standard treatment for patients with CP. Recently published data on the long-term follow-up of studies comparing PD to DPPHR indicate that the initial benefits of DPPHR over PD might be less pronounced in the long-run. The organ-preserving DPPHR developed by Beger, and its modifications, have become established and well-evaluated surgical treatment options for patients with CP.