Pancreatic adenocarcinoma is one of the most aggressive human solid tumors with a 5-year survival rate of less than 5%. The only chance for cure is complete resection of the tumor. This can be achieved in approximately 8-15% of all cases since solely localized tumors and a small part of locally advanced carcinomas may be resected. However, many patients suffer from a local relapse after surgical therapy. In order to improve the long-term survival of surgically treated patients, extended lymphadenectomy after partial duodenopancreatectomy was introduced. Some retrospective studies from the 80s showed improved survival rates for those patients in whom extended lymphadenectomy was performed. However, these results were not confirmed in following randomised controlled prospective studies. Extended lymphadenectomy can be performed with slightly increased morbidity and equal mortality but survival is not improved. Therefore, standard lymphadenectomy is recommended in patients undergoing duodenopancreatectomy for pancreatic cancer. Extended lymphadenectomy (with retroperitoneal clearance) should only be accomplished within controlled clinical studies.