



Submission No.: PG01-9221

Session : Postgraduate Course 1 (Liver)

Date & Time, Place : November 16 (Thu), 08:30-10:00, Room 3F-1

Session Title : How do I do (RL donor): Hilar dissection & RL mobilization

Glissonean pedicle approach for donor hepatectomy

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Pure laparoscopic donor hepatectomy is being increasingly performed at experienced centers. This procedure is still developing and is associated with several challenges owing to its technical difficulty. We think that the Glissonean pedicle approach with performing parenchymal transection prior to liver mobilization is suitable for laparoscopic procedure.

Procedures: 1. The right side of the inferior vena cava (IVC) was dissected. 2. The right Glissonean pedicle was encircled and temporally clamped, and the demarcation line was marked. 3. The liver parenchyma was transected using the four landmarks which were the demarcation line, the middle hepatic vein, the encircled right Glissonean pedicle, and IVC. Use of these landmarks avoided disorientation, which is one of the disadvantages of laparoscopic surgery. 4. The mobilization of the graft liver was performed. The order, which the right liver was mobilized after the liver parenchymal transection, might be attribute to reduction of compression injury and incidence of subcapsular hematoma, as liver mobilization is easily performed because of increased liver mobility. 5. The hepatoduodenal ligament was dissected. The right hepatic artery and portal vein were dissected out and freed from the encircled Glissonean pedicle. Then, the right hepatic duct was encircled by subtracting the right hepatic artery and portal vein from the right Glissonean pedicle. The minimal dissection around the hepatic duct was possible using the subtraction method, helping in avoiding damage to the peribiliary arterial plexus. Additionally, the dissection of the portal pedicle after parenchymal transection provides a good surgical view at the hilus during exposure of the hepatic artery and portal vein. This can be achieved because this step separates the right and left liver, thus expanding the surgical space. 6. Finally, the right hepatic duct, right hepatic artery, right portal vein, and right hepatic vein were divided, and the graft liver was retrieved via a suprapubic incision.