



Submission No.: PG05-9379

Session : Postgraduate Course 5 (Liver)

Date & Time, Place : November 16 (Thu), 13:00-14:30, Room 3F-1

Session Title : The State of Art Video in minimally invasive donor hepatectomy

Laparoscopic donor posterior sectionectomy

Hiroyuki Nitta

Iwate Medical University, Japan

Background: The use of laparoscopic liver resection (LLR) is widespread owing to its several advantages, especially smaller incision. However, both posterior sectionectomy and donor hepatectomy are extremely difficult procedures to perform in LLR. Moreover, the right posterior section graft procurement is also difficult even in open laparotomy procedure.

Methods: The donor was placed in the semi-left lateral decubitus position with the reverse Trendelenburg position using a bean bag device. The right liver was mobilized, and the right hepatic vein was exposed. To adopt the liver hanging maneuver, a tape was inserted between the middle and right hepatic veins along the inferior vena cava. The posterior Glissonean pedicle was encircled and controlled, and the liver parenchyma was completely transected using the liver hanging maneuver. The vessels to the posterior section were respectively isolated. The posterior branches of the hepatic duct, hepatic artery, and portal vein were cut. The right hepatic vein was divided, and the graft liver was retrieved via a suprapubic incision.

Results: The overall surgical time was 503 min, and the blood loss was 400 mL. No complications were observed, and the donor was discharged from the hospital on postoperative day 11.

Conclusion: This procedure is more difficult than other laparoscopic donor hepatectomies because it involves parenchymal transection in the right intersectional plane and dissection of the posterior branches of hilar vessels.