

**Abstract Type : Oral Presentation**  
**Abstract Submission No. : F-008320**

## **Laparoscopic Drainage Basin Hepatectomy Based on Cone Unit**

**Yu Cheng**<sup>1</sup>, Shunzhong Zhang<sup>1</sup>

<sup>1</sup>Department of Hepatobiliary and Pancreatic Surgery, Binzhou Medical University Affiliated Yantai Hospital, China

**Introduction:** Laparoscopic anatomical hepatectomy is mainly for liver malignant tumors, most HCC has the basis of cirrhosis, does not allow large-scale hepatectomy, with the deepening of the understanding of liver anatomy and the application of Laennec capsule, for patients with small HCC and severe cirrhosis, according to the precise basin of liver blood supply, the liver resection reduces the volume of hepatectomy and achieves the purpose of anatomical hepatectomy.

**Methods:** This study explores the application of single or combined Cone Unit resection in drainage basin hepatectomy. In this study, 12 patients with cirrhosis underlying liver cancer underwent Cone Unit-based resection in the watershed. After enhanced CT or MRI, 3D reconstruction constructs the Glisson pedicle composition of the area where the tumor is located, each small pedicle blood supply area acts as a CONE unit, two methods determine the cone unit resection range, 1 liver gate Laennec membrane dissection is applied, one or several cone unit blood supply pedicle is isolated and ligated, ICG reverse staining determines 1 or several cone unit ranges for resection; Another method: ultrasound localization of cone unit Glisson pedicle and puncture portal injection of ICG, anatomical excision by puncture one or several cone unit blood supply pedicles according to preoperative planning.

**Results:** In all 12 patients with small HCC based on cirrhosis, 8 cases were reverse stained and 4 cases were orthostained. The median duration of surgery was 89±15 minutes and the average estimated blood loss was 103 ml. All 12 recovered successfully. There was no liver failure for 6.83 days. Follow-up results showed that the mean disease-free survival (DFS) was 24.7m and OS 38.9month

**Conclusion:** Defined liver resection based on cone unit watershed is a safe and effective surgical method for small HCCs with severe cirrhosis, which reduces the incidence of postoperative liver failure and reduces bleeding, thereby increasing DFS and OS in patients