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Initial experience of laparoscopic assisted ventral segment preserving right hemihepatectomy

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Background

Transection along the right anterior fissure was proposed as a mechanism by which to open the third door of the liver for anatomical hepatectomy. nowadays, laparoscopic anatomical liver resection is gaining momentum with less blood loss and shorter postoperative hospital stay. In this study, we sought to evaluate the feasibility, safety and potential benefits of laparoscopic assisted ventral segment preserving right hepatectomy.

Methods

Between October 2016 and August 2018, 17 patients underwent ventral segment preserving right hepatectomy at the authors' institution. except 3 patients underwent combined resection, 8 patients underwent laparoscopic assisted ventral segment preserving right hepatectomy and 6 patients underwent open ventral segment preserving right hepatectomy. Patient demographics and perioperative outcomes were analyzed and compared.

Results

There was no open conversion during laparoscopic procedure. There were no differences in operation time(507.5 ± 111.3 vs. 424.5 ± 90.3 , $P=0.181$), length of hospital stay(9.13 ± 1.35 vs. 16.3 ± 10.11 , $P=0.181$) between laparoscopic assisted and open ventral segment preserving right hepatectomy. Patients who underwent laparoscopic procedure had less bleeding amount than those who underwent open procedure. (587.5 ± 294.8 vs. 1391.6 ± 770.9 , $P=0.013$). Five patients in open group required blood transfusions, but no patient in laparoscopic group received a transfusion.

Conclusion

Laparoscopic assisted ventral segment preserving right hepatectomy is a feasible and safe procedure. However, more experience is essential to reveal the benefits of laparoscopic assisted ventral segment preserving right hepatectomy.