

Submission No.: PG03-4207

Session : Postgraduate Course 3 (Liver)

Date & Time, Place : November 17 (Thu), 10:30-12:00, Room 3F-1

Session Title : Recipient Hepatectomy & Implantation (Video session)

Strategies in recipient Hepatectomy

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Although recipient hepatectomy procedure includes 3 steps including hilar dissection, total hepatic mobilization, and removal of the native liver under vascular clamping, the most important key step among them is hilar dissection. Over 15 years ago, we had performed conventional hilar approach by dissection, ligation and division of hepatic arteries, division of hepatic duct, followed by isolation and division of the portal branches. However, after the report of high hilar dissection from KW Lee at Samsung, we have applied the modified high-hilar technique, dividing arterial-biliary bundle at high-hilar level, preserving portal vein, under Pringle maneuver. The impact of application of the technique was huge because of shortening of the hepatectomy time, preservation of the blood vessels around the biliary tree, and obtaining multiple bile duct openings. Moreover, after learning of very fast donor hepatectomy procedure from Korean colleagues under upper midline incision, earlier division of the portal branches made easier native liver mobilization, hepatectomy and implantation. However, in cases of difficulties like previous histories of hilar dissection for hepatectomy or previous history of liver transplantation, we apply conventional high-hilar technique to obtain high-level Glissonean pedicles to have vessels to be reconstructed. After total hepatectomy, hepatic arteries are dissected sharply and the bile duct orifices are made ready for reconstruction under bloodless surgical field by Pringle maneuver. In this video session, we show various types of standard hilar dissection, hilar vessel preparation and a recent routine case performed at Jikei University Hospital.