In Asian countries, the majority of organs for liver transplantation come from live donations. Because many live liver donors death has been reported from many centers, the risk is not eliminated and remains a major consideration in the potential donor’s decision. In adult recipients, if a left-lobe graft is selected, the liver graft volume (GV) is often less than 40% of the standard liver volume (SLV) of the recipient or 0.8% of the graft-recipient-weight-ratio (GRWR); therefore, right-lobe liver transplantation was introduced, and this trend has been spreaded widely. However, the risk to the donor of the right-lobe graft is higher than the risk of the left-lobe graft. Recently, dual left-lobe grafts from two living donors for 1 recipient were obtained to make up the insufficient graft size and to ensure donor safety, although it is technically complex and requires long operation time. Furthermore, if a larger recipient needs a bigger GV than the sum of dual left-lobes, and the right-lobe hepatectomy from one potential donor is safe, the combination of a right and a left-lobe from two donors can be applicable to avoid a small-for-size graft problem. In this video presentation I would like to show 3 types of dual living donor liver transplantation which consist of 2 left lobe, right-left lobe and right posterior-left lobe.