

Video Symposium

Minimal Invasive Live Donor Hepatectomy

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Due to the shortage of deceased donor organs, live donor liver transplantation has become an established treatment modality for patients with acute and chronic liver disease. The first successful pediatric LDLT, of a left lateral section graft from a mother to her son, was performed in Brisbane, Australia in 1989. Since then, this life-saving procedure has been applied to adult patients. Recent reports have strongly suggested that the laparoscopic approach should be the gold standard for lesions in the left lateral section. Laparoscopic live donor left lateral sectionectomy was first described in 2002, indicating that this technique was feasible for pediatric live donor liver transplantation. Subsequently, laparoscopic procurement of left lateral sections was shown to be safe and reproducible, resulting in grafts similar to those obtained with open surgery. In 2006, laparoscopy-assisted right lobe donor hepatectomy was reported. Laparoscopic donor nephrectomy has become the standard method of procuring kidneys for live donor renal transplantation because it is associated with lower rates of donor mor-

bidity without having any deleterious effects on long-term renal function in recipients. To date, however, only a small number of centers have performed laparoscopic donor hepatectomy because the procedure can be performed only by surgical teams with extensive expertise in performing both minimally invasive surgery on the liver and liver transplantation with partial and live donor liver grafts. Here, the author present minimal invasive live donor hepatectomy including total laparoscopic surgery, laparoscopy-assisted surgery and minimal incisional surgery.

References

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