

Herein, we reported a laparoscopic anatomic right anterior sectionectomy of liver using a hanging maneuver and glissonian approach in patients for colorectal liver metastasis at 8 segment of liver

Method

A 58 year-old female patient was diagnosed with rectosigmoid colon cancer with liver metastasis. 2cm sized metastatic mass was located at deep portion of segment 8. Laparoscopic Rt. Ant. sectionectomy was firstly performed and open LAR and Lt. salpingo-oophorectomy was performed later. Firstly, we dissected the space between right and middle hepatic veins and then dissected infrahepatic IVC, so we create the space between the anterior surface of the vena cava and the posterior surface of the liver. And we placed cotton tape through the space using Goldenfinger dissector for hanging maneuver. We isolated right anterior portal pedicle, and we placed two cotton tape for hanging maneuver during parenchymal dissection. We ligated the anterior portal pedicle with hemo-weck clip. And we identified aright anterior sector along the demarcation line. Liver parenchymal dissection was continued along the demarcation line using hanging manneuver. All the parenchymal dissection was performed CUSA and harmonic scalpel.

Results

The total operating time was 595 minutes, the operating time for liver resection was 400 minutes and the total estimated blood loss was 500 ml. Diet was started a bit late at postoperative day 5 due to paralytic ileus and discharged at postoperative day 10 without another complications.

Conclusions

Laparoscopic anatomic right anterior sectionectomy of liver using a hanging maneuver and glissonian approach is a feasible and safe method for mass at 8 segment of liver.

4. No touch isolation technique in huge adrenal tumor with IVC thrombi

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Background and aims

In case with huge adrenal tumor, if tumor invaded inferior vena cava (IVC), surgical resection is difficult and there is the risk of pulmonary tumor embolism during manipulation. Furthermore, in case with functional adrenal tumor, hormone related acute change can be happened during manipulation. Therefore, many surgeons hesitate to do surgical resection. In this presentation, we reviewed 3 cases of IVC thrombectomy combined with or without major hepatectomy using no touch isolation technique.

Video contents

This video contain three cases of adrenal malignancy with liver and IVC invasion Each video clip explain three different methods for prevent pulmonary embolism and bleeding. IN three cases, the thrombosed IVC was isolated and clamp during thrombectomy. In case with IVC thrombus up to atrial entrance, veno-veno bypass was used (Case 2). In case of pheochromocytoma with direct IVC invasion, IVC was resected and replaced by Dacron graft.