

Laparoscopic central lobectomy and right posterior

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Lecture : Along with all the relentless work by the pioneer laparoscopic liver surgeons all over the world during the past 25 years, laparoscopic hepatectomy has been used in various indications. Basically, the limitations of tumor location have been waived at least in hands in expert teams, even for tumors in upper segments and caudate segment. The most important contributing advancements include standard inflow control, parenchyma dissection, hepatic vein dissection, surgical exposure in laparoscopic environment and continuous accumulation of surgical experience. For lesions in the S8, S58, laparoscopic central hepatectomy has evolved into a regular procedure including relatively fixed steps to ensure success. For lesions in S67, laparoscopic right posterior sectionectomy with or without right hepatic vein is a very attractive alternative to anatomical subsegmentectomy. In these two procedures, similar thinking process has been established, including extrahepatic Glissonean pedicle dissection, marking the liver surface along the demarcation line (with or without ICG fluorescence image), parenchymal dissection to exposure major hepatic veins to ensure anatomical hepatectomy etc. For these two procedures, constant, steady traction of surgical field is crucial which can be largely achieved by rubber band traction.

In this presentation, recently published literature of laparoscopic right posterior sectionectomy and central hepatectomy will be reviewed. Video clips of some crucial surgical steps will be demonstrated also.