

# WHAT SHOULD WE KNOW BEFORE STARTING MINIMAL INVASIVE LIVER RESECTION ?

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# Minimal Invasive Liver Resection

- First report by Gagner (Surg Endosc 1992)
- First report of bisegmentectomy II-III by Azagra in 1993 (Surg Endosc 1996)
- First large series in 2000 (Cherqui, Ann Surg 2000)
  
- Minor >> major hepatectomies (> 3 segments)

# Principles

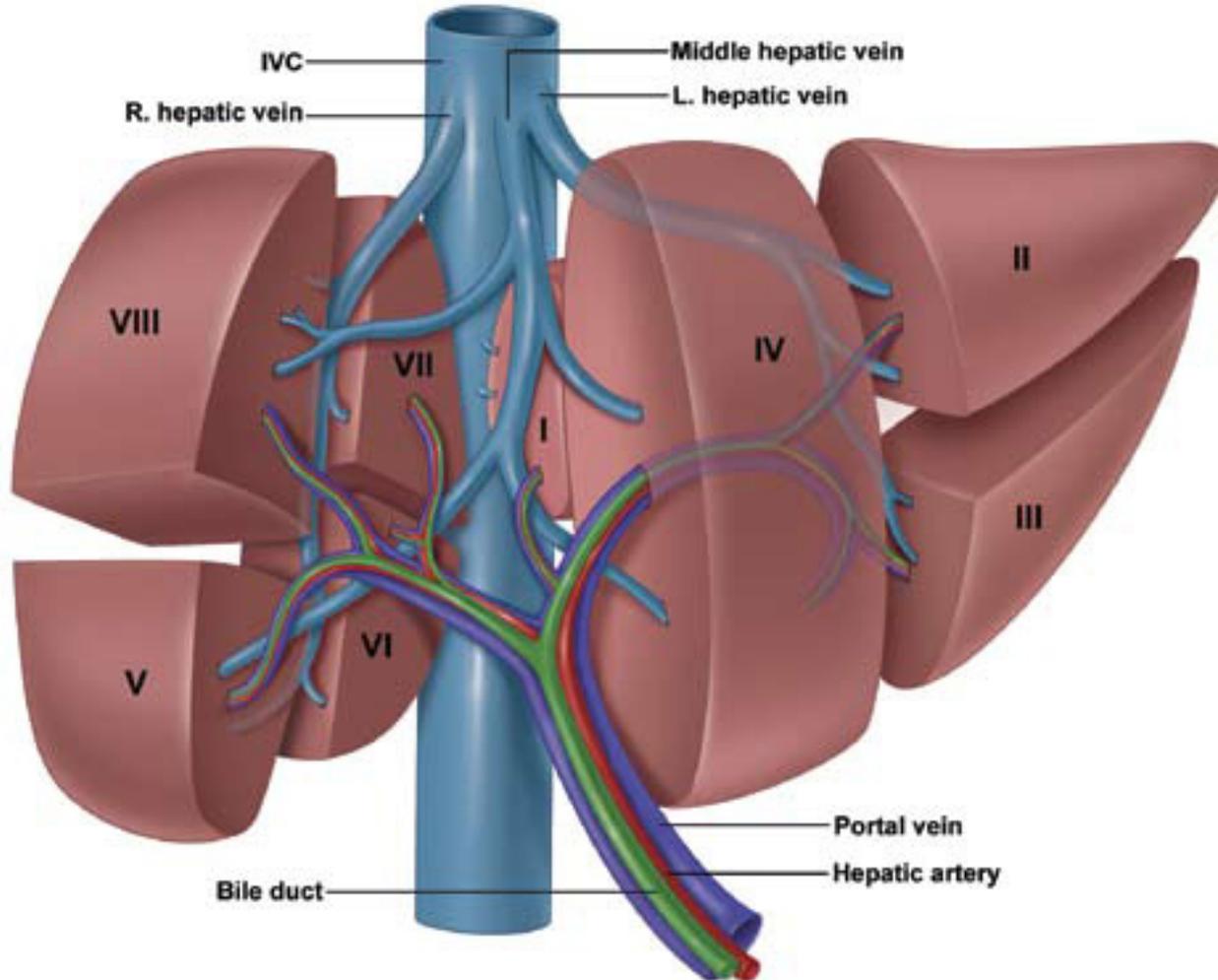
- Same indications than open liver resection
- SAFETY
- ONCOLOGIC SURGERY !!!
  
- Laparoscopic ultrasonography

# Principles

- Experience in hepatic surgery
- Experience in laparoscopic surgery
- Same indication than open procedure
  - first question: what is the best resection?
  - second question: open or scopy ?

# Indications of MILR

- Benign, cystic, parasitic, cancer lesions
- Ideal:
  - solitary lesion < 5 cm
  - peripheral or/and pedunculated
  - segments III - IV b - V
- Standard for left lateral bisegmentectomy (II-III)



# Relative contraindications

- Segments I, IVa, VI, VII, VIII
- Contact with large vessel
- Gallbladder cancer & hilar cholangiocarcinoma
- Previous abdominal surgery in the right upper abdomen

# Advantages

- Less bleeding and less transfusion ?
- Less pain
- Esthetics
- Less or no drain
- Shorten hospital stay
- But patient selection?

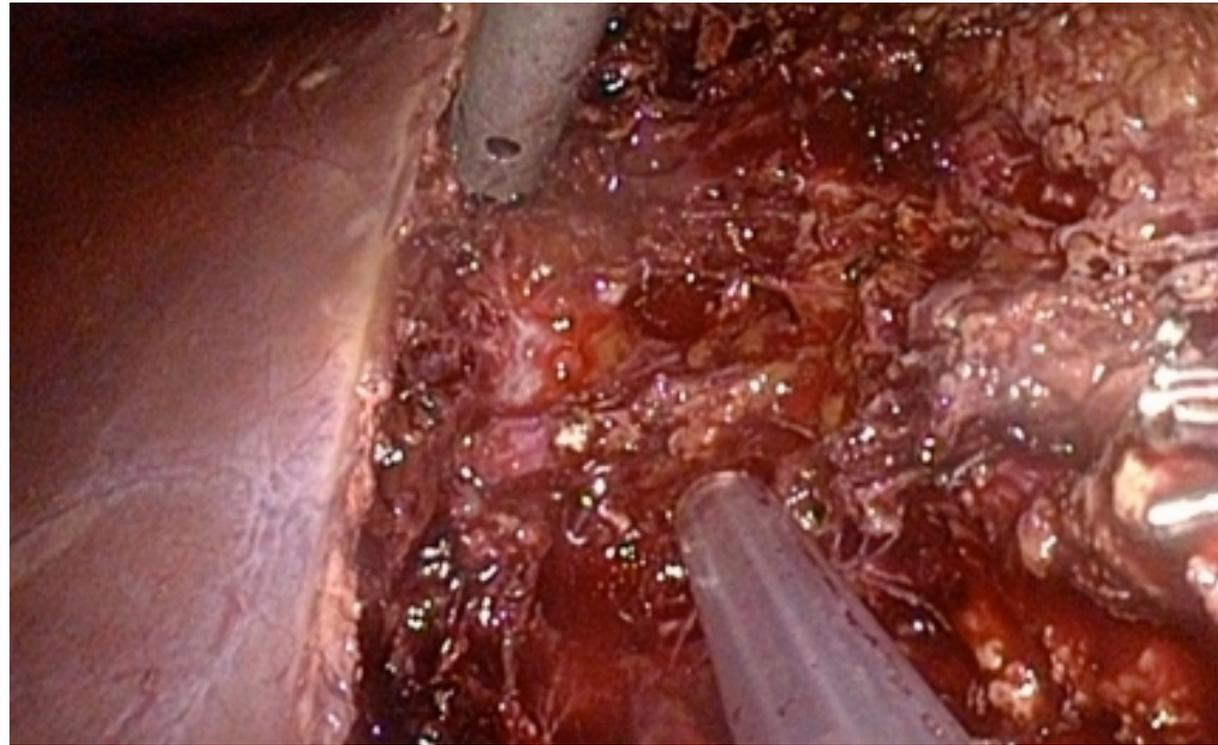
# Risks

- CO2 embolism
- Hemorrhage
- Oncologic surgery

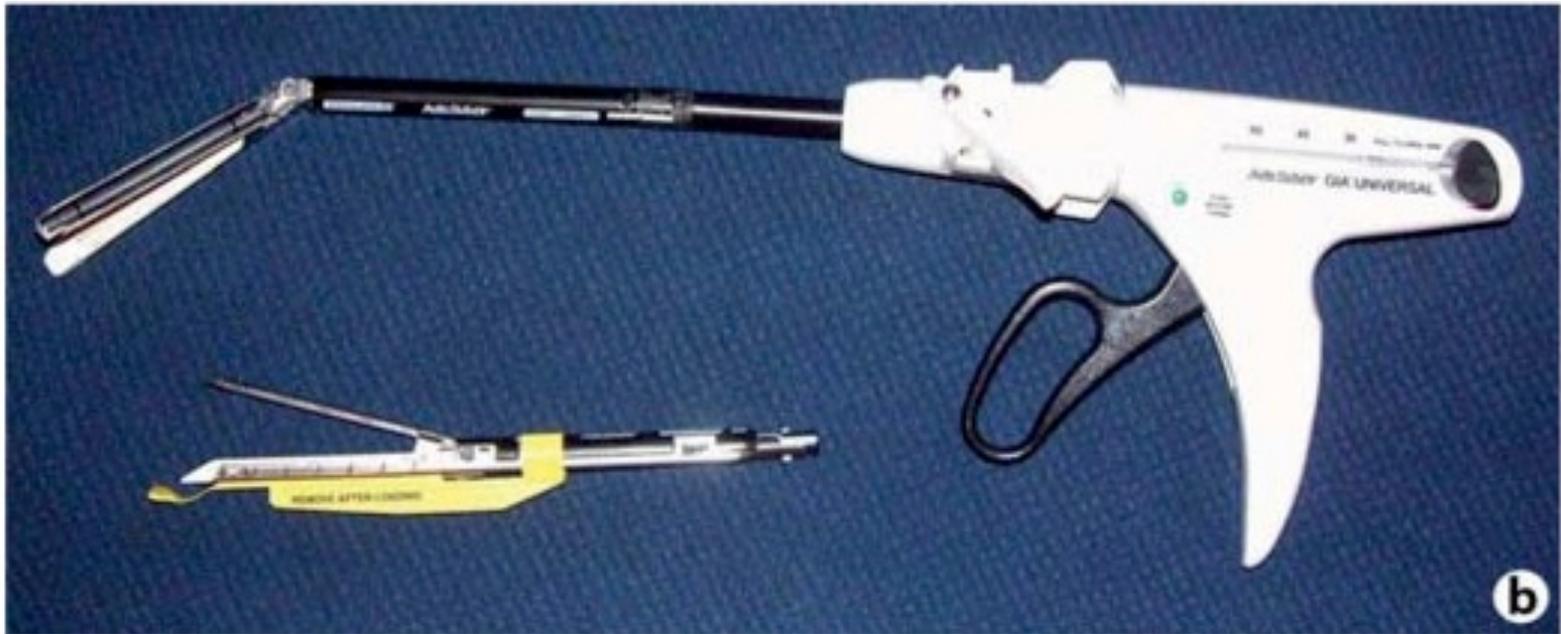
# Transection device



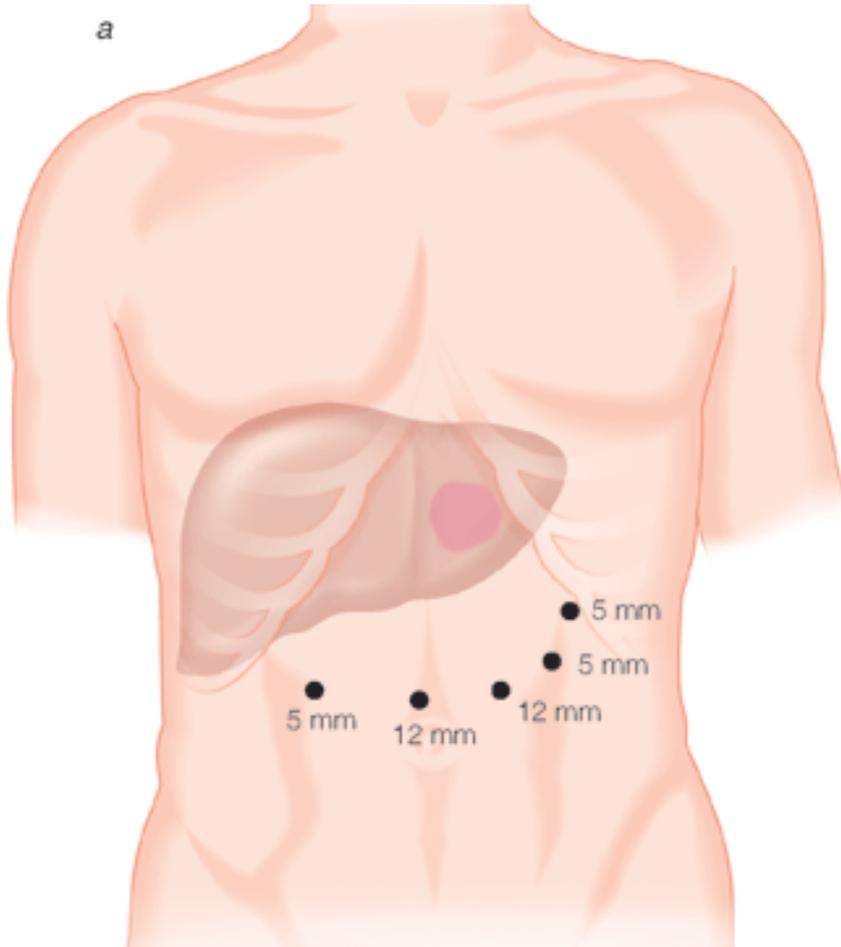
# Laparoscopic CUSA



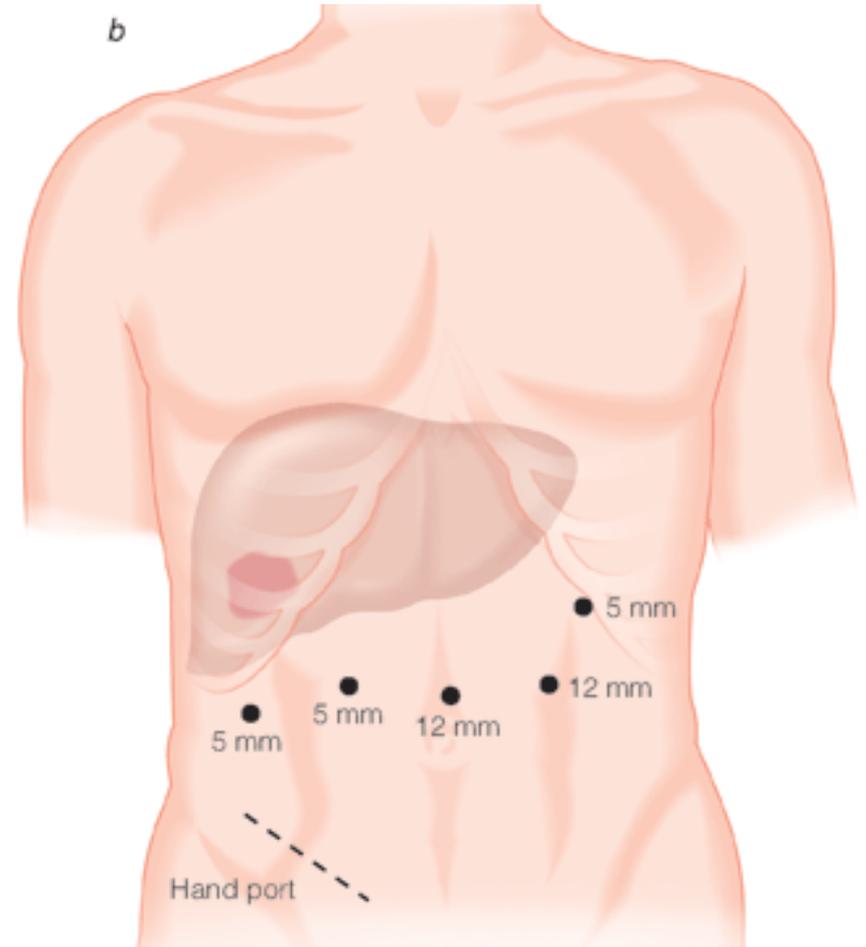
# Vascular Endo GIA



a



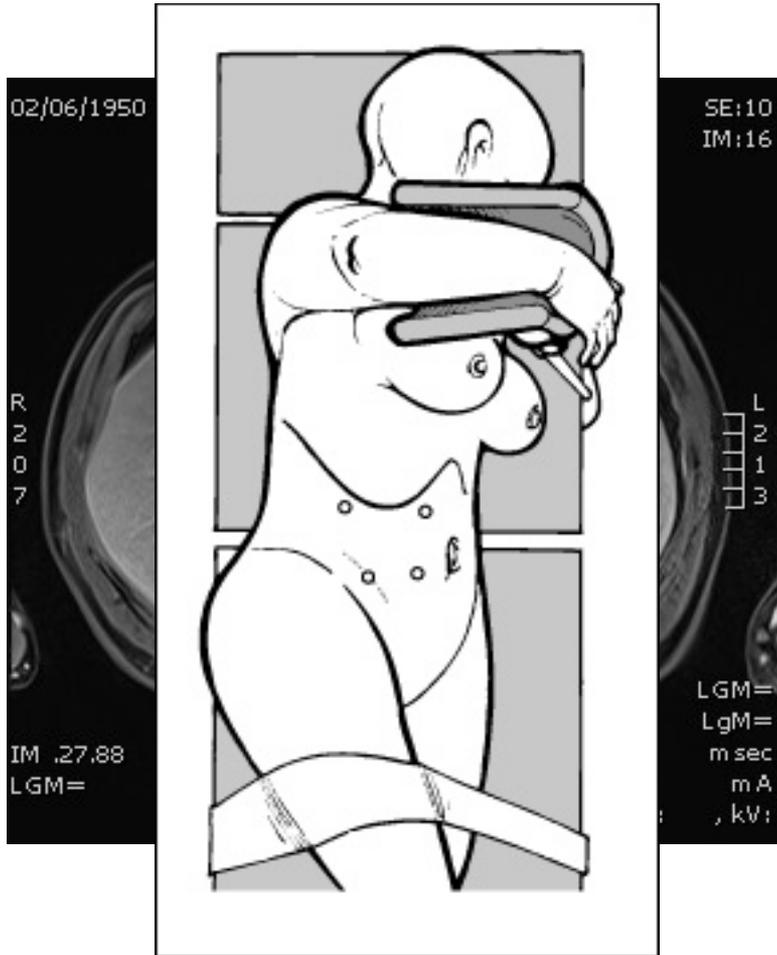
b



# Case 1: Man, 66 y-old

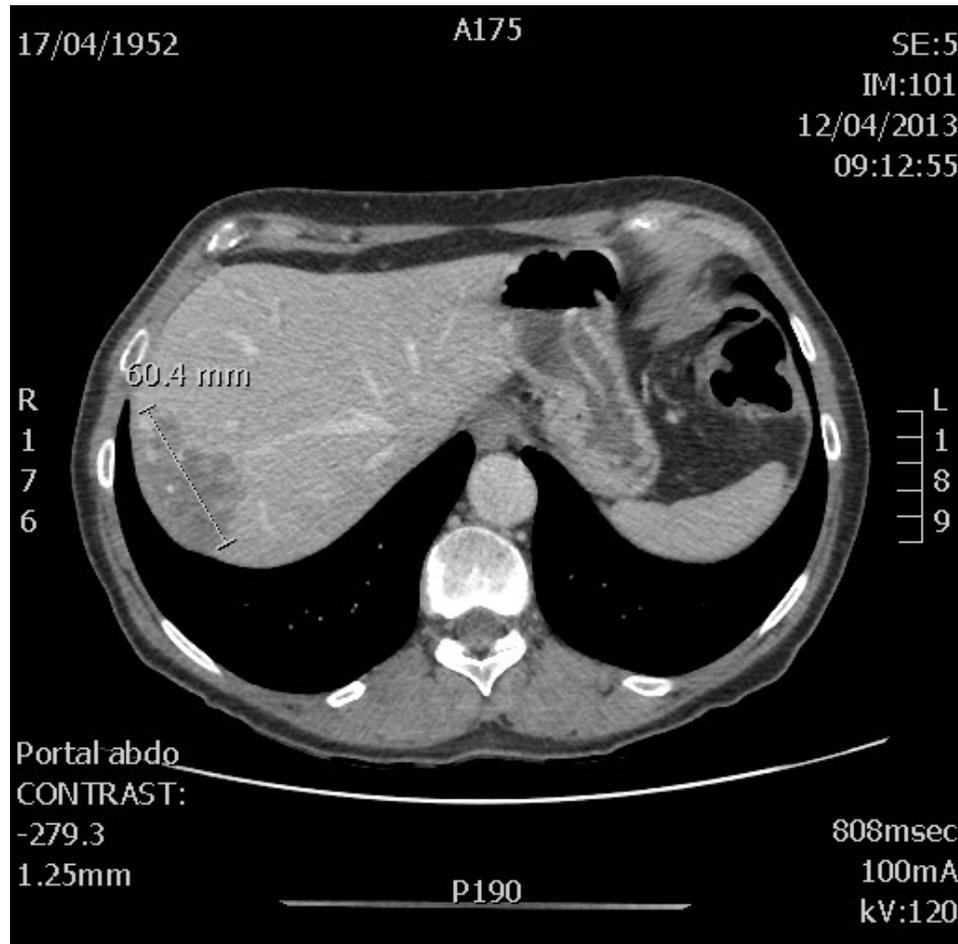


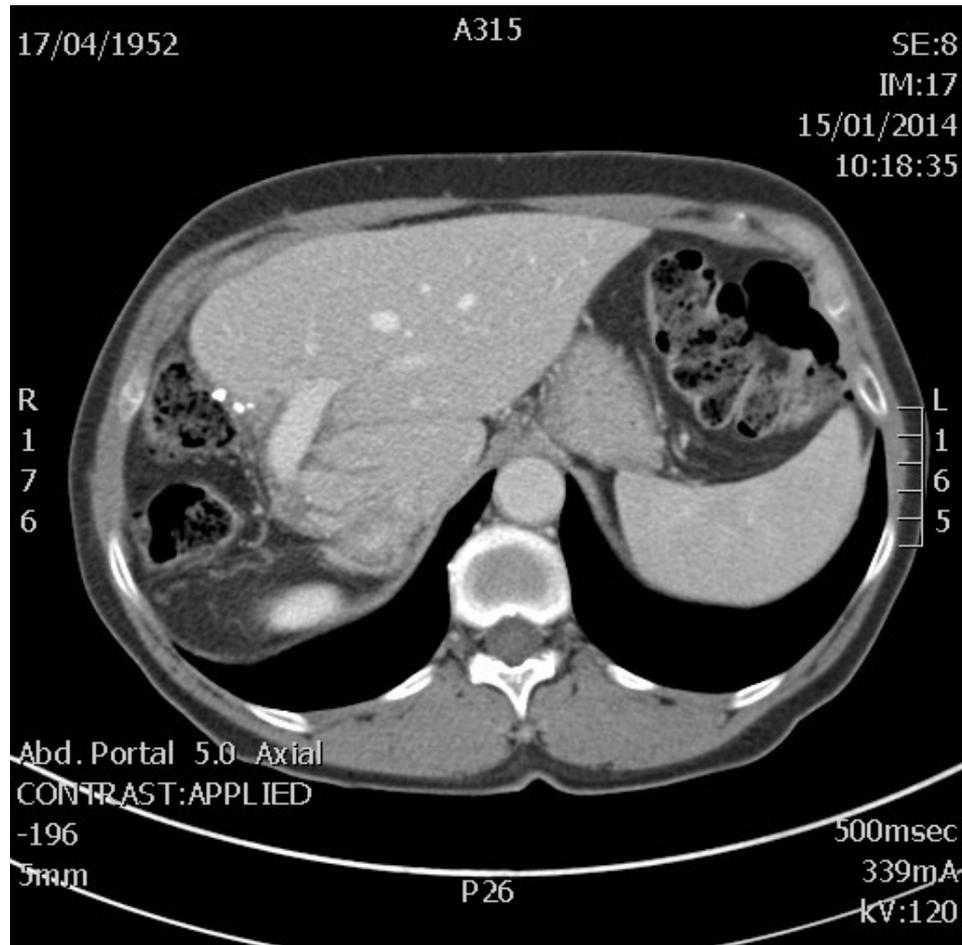
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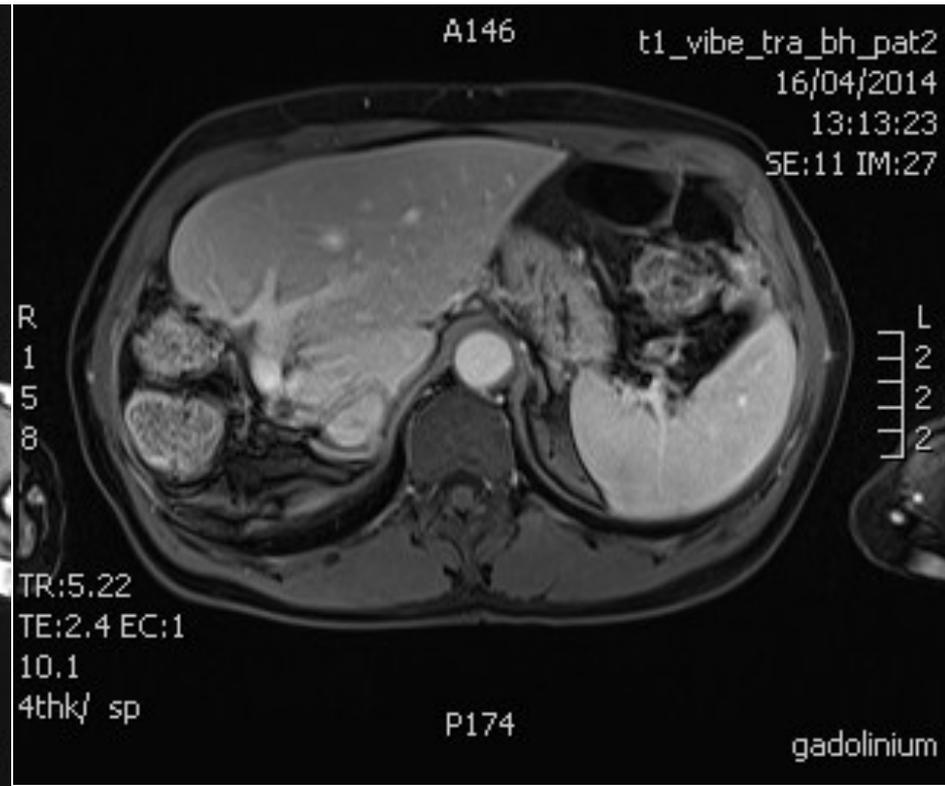
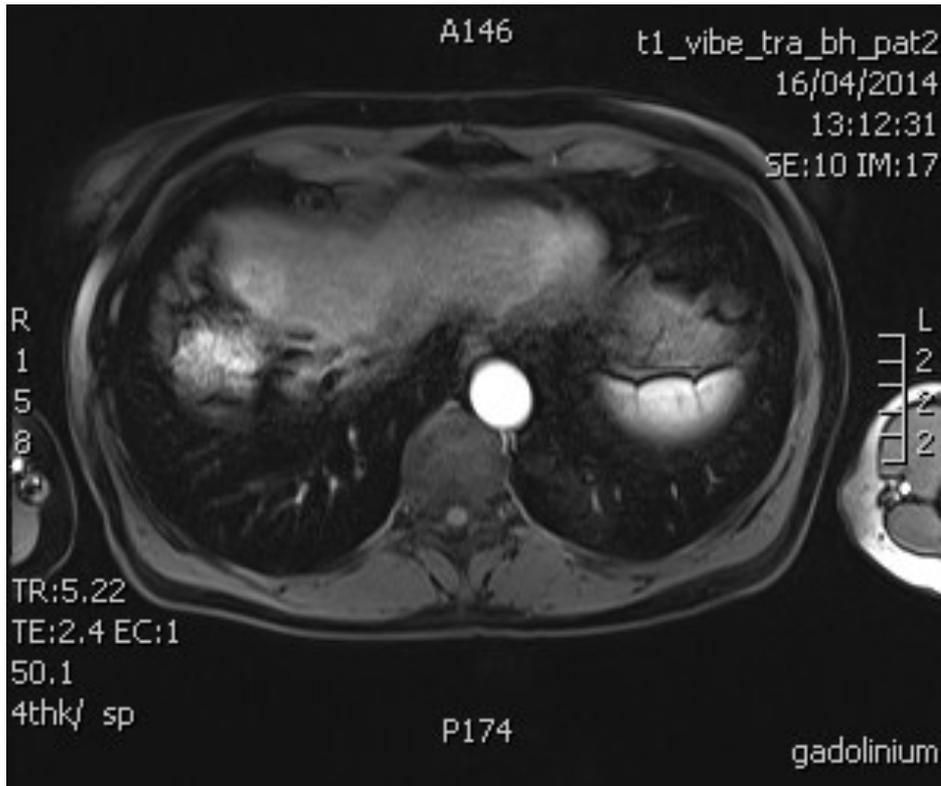


# Case 2: Woman 55 y-old

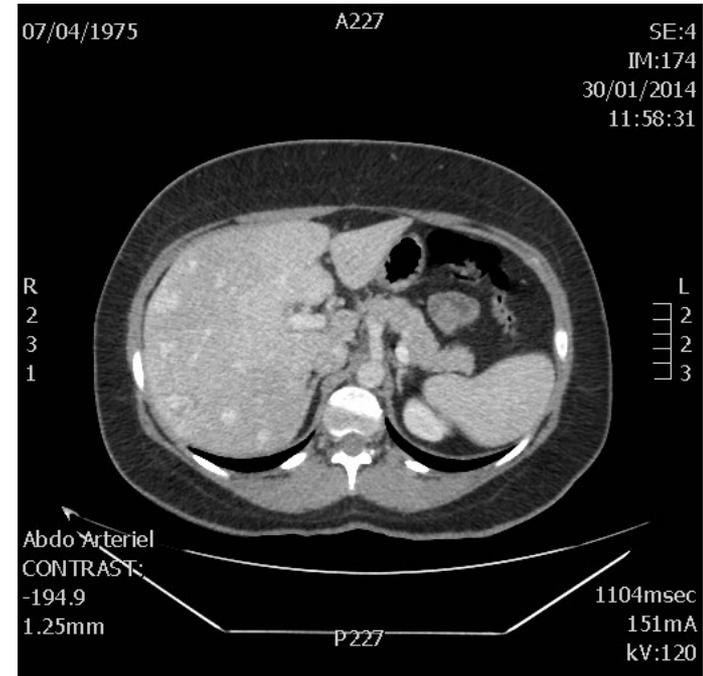
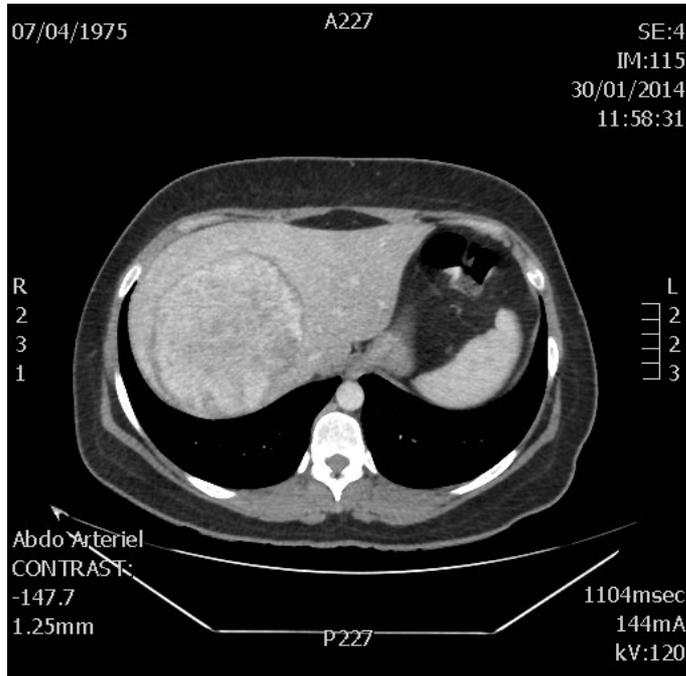








# Case 3: woman, 39-y old



- Multiple adenomas in the right liver
- Lap right hepatectomy
- Discharged at day 4

# Laparoscopy

- CO2 pneumoperitoneum
  - decreases splanchnic & hepatic blood flow
  - decreases bleeding during liver resection
- CO2 pneumoperitoneum
  - decreases cardiac output
- Hilar clamping?



# Hypothesis

- Pneumoperitoneum decreases the hepatic back-flow through the suprahepatic veins during PTC
- PTC during laparoscopy induces increased liver ischemia compared to open PTC

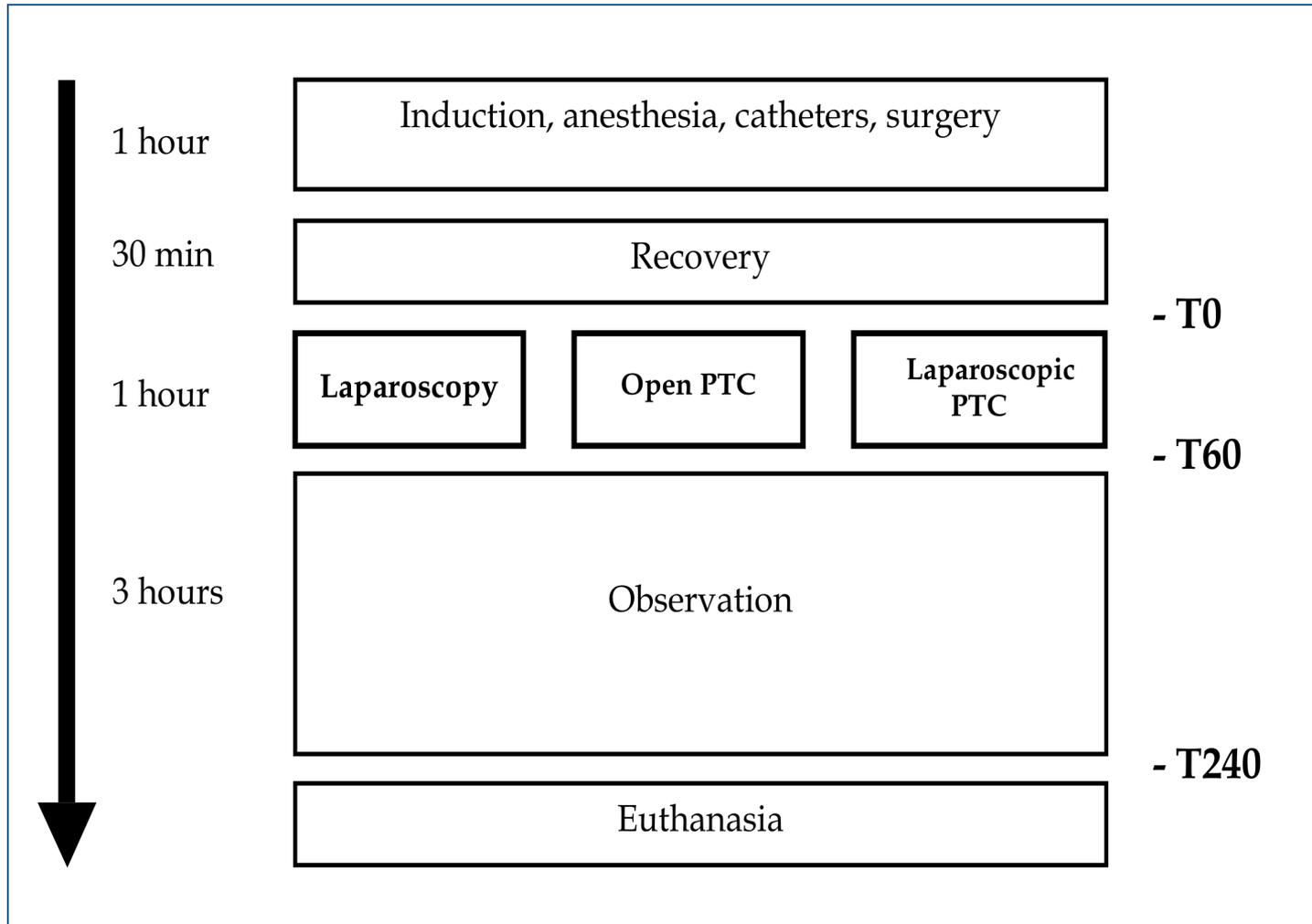
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## Consequences of Pneumoperitoneum on Liver Ischemia During Laparoscopic Portal Triad Clamping in a Swine Model

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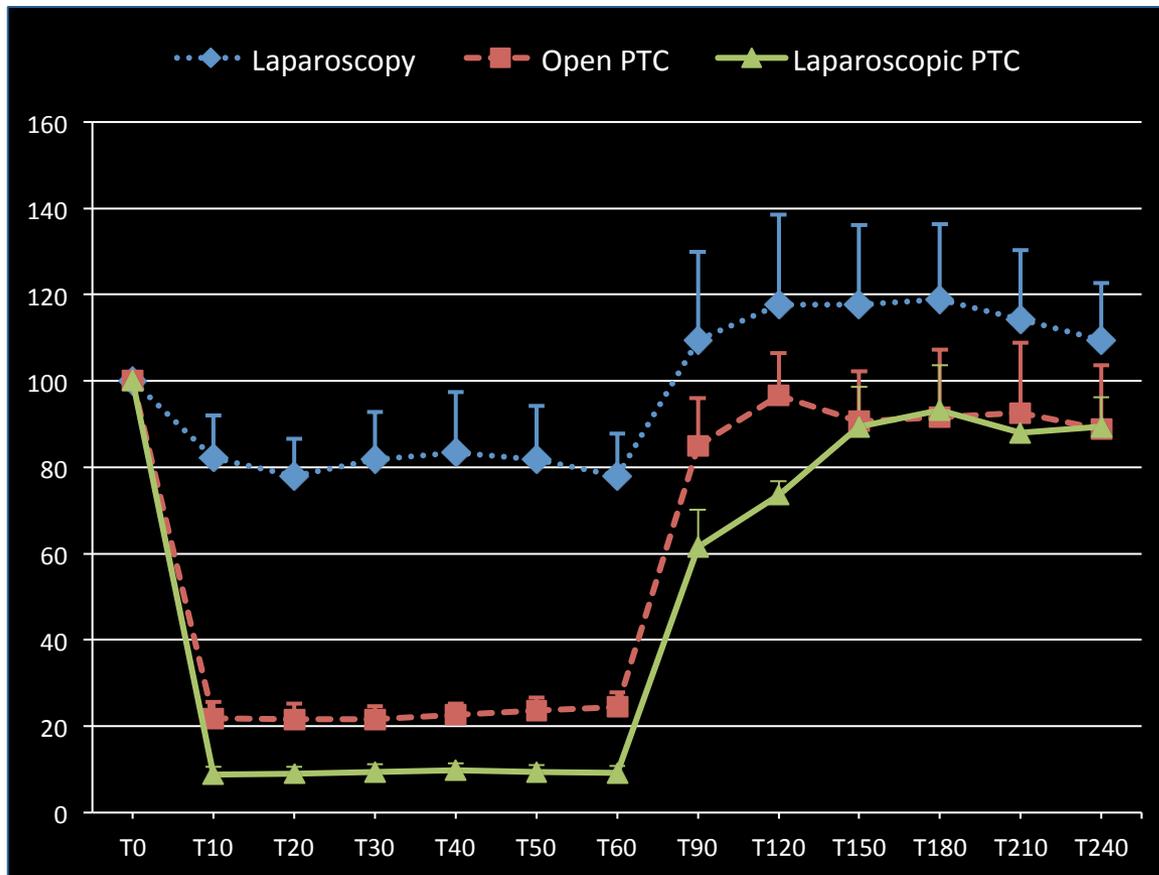
# Material & Methods



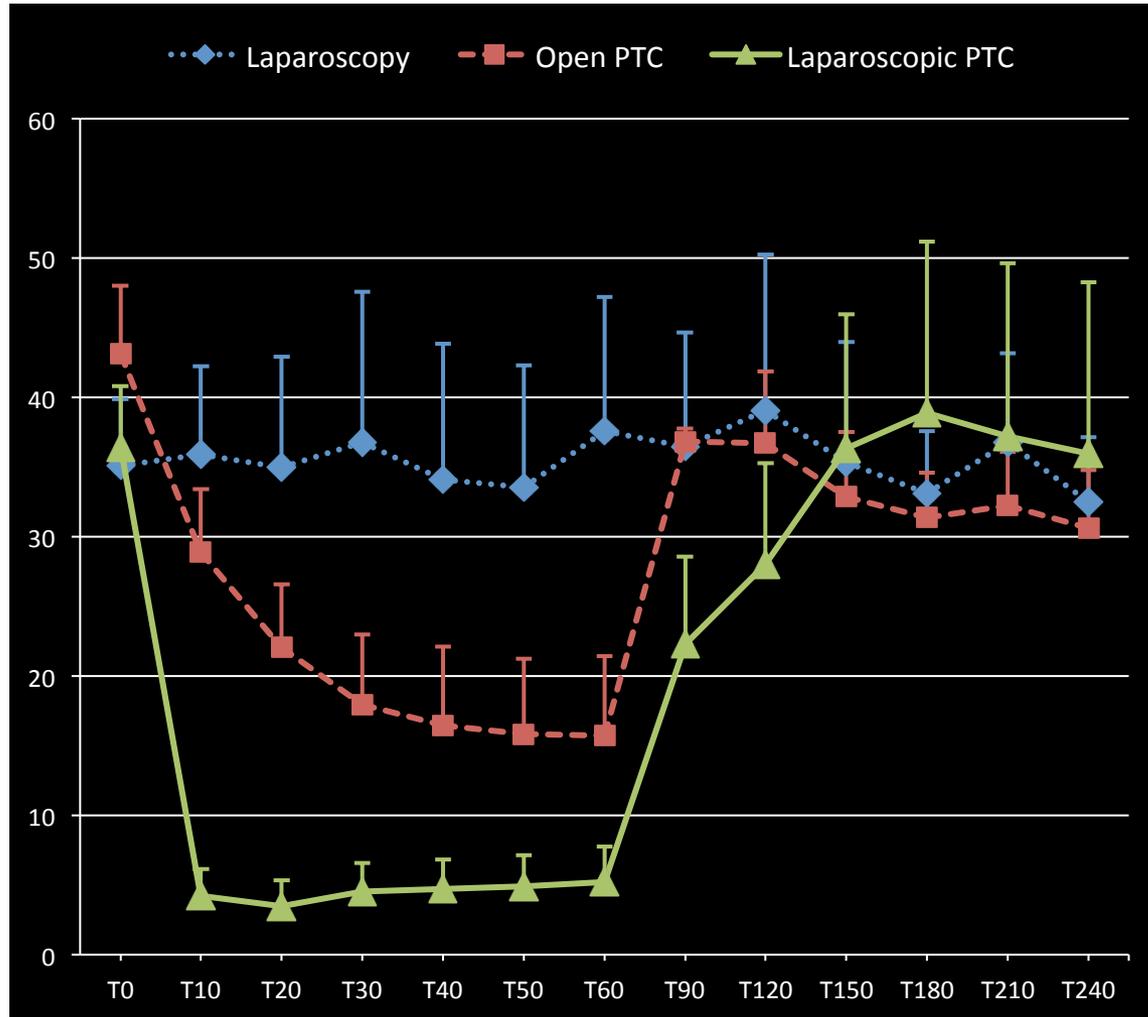
# Material & Methods

- Continuous hemodynamic monitoring
- Continuous hepatic microcirculatory flow measurement (laser doppler)
- Continuous hepatic tissue O<sub>2</sub> pressure (PtiO<sub>2</sub>) measurement (Clark electrode)
- Liver function (ASAT, INR, bilirubin)
- IL6, IL10, TNF $\alpha$
- Gluthation, Vit E, Vit C
- Histology

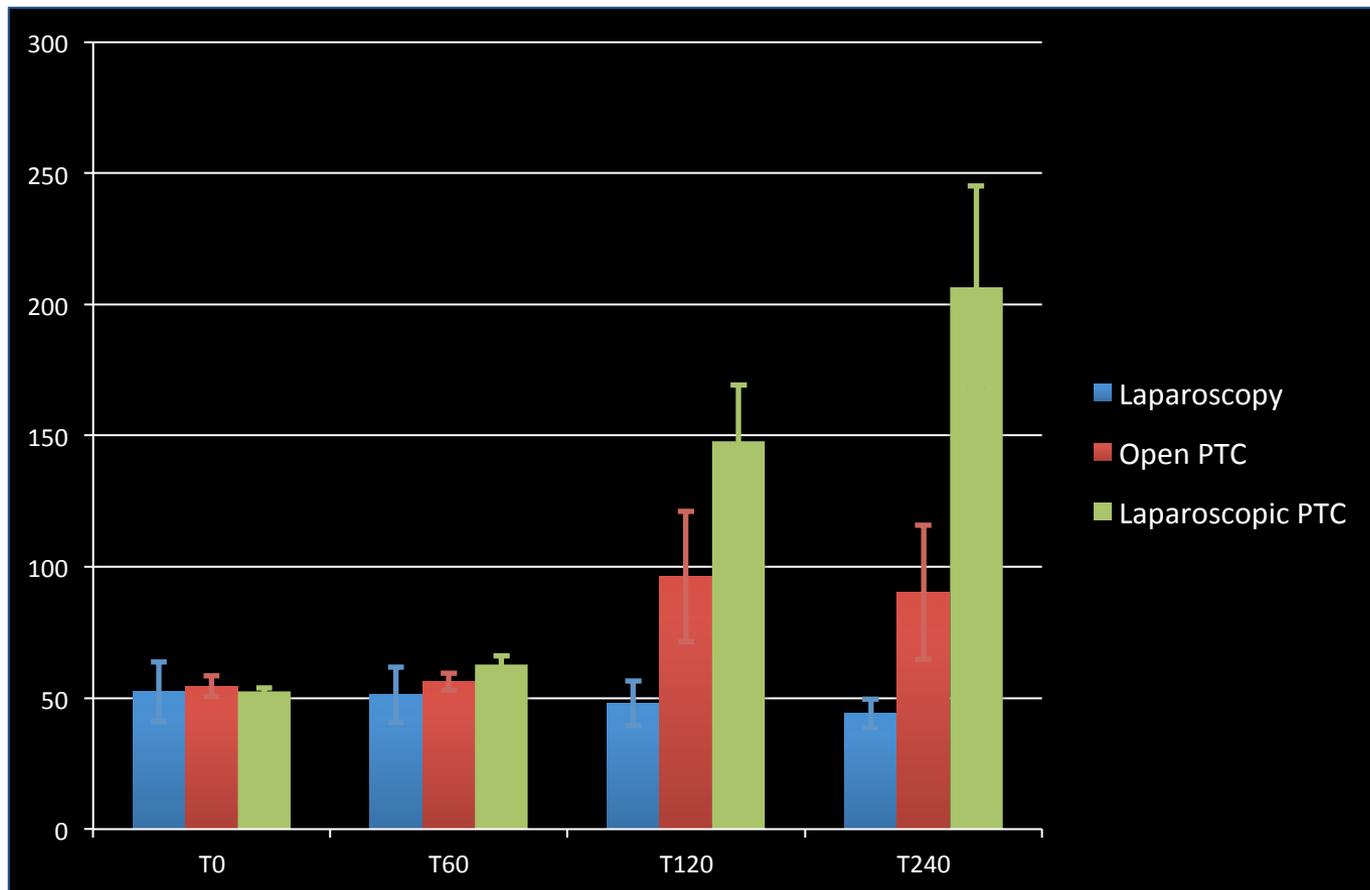
# Results: Microcirculation (%)



# Results: PtiO<sub>2</sub> (mmHg)



# Results: ASAT (IU/mL)



# Conclusions

- Laparoscopic hepatic resection is here to stay
- Clear potential advantages in expert hands with experience in liver surgery and in laparoscopy
- Team
- Randomized trials....