Laparoscopic hepatectomy
Preliminary experience of 100 patients in China Medical University Hospital

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Purpose:

We report our experience with laparoscopic liver resection in China Medical University Hospital.

Materials and methods:

Retrospectively analysis of prospective collective clinical data of One hundred patients, received one hundred fifteen laparoscopic liver resections from November, 2010 to March, 2013.

Result:

During this period 201 patients received traditional liver resection and 100 patients received laparoscopic liver resection. The indications for laparoscopic hepatic resection include HCC(n=44), Colorectal carcinoma liver metastasis (n=37), benign tumors (n=14), IHD stones (n=1), and other metastatic lesions (n=4). The mean tumor size was 2.5 cm (0.3 cm to 8.5 cm). The tumor location include all segments. Minimally invasive approach to liver resection include pure laparoscopic (n=92) and laparoscopic assisted open ‘‘hybrid’’ approach (n=8). Types of resections include Wedge resection/segmentectomy (n=67), Left lateral sectionectomy(n=27), Right hepatectomy(n=13), Left hepatectomy(n=3), Extended left hepatectomy(n=1), Central segmentectomy (n=1), Right posterior resection (n=1) and right anterior resection (n=2). The mean operation time was 284 minutes, mean blood loss was 376 ml, and nine patients need blood transfusion. Conversion to open surgery was required in 4 patients. Reasons for conversion were instrument failure in one patient and uncontrolled bleeding in three patients. The mean length of stay was 6 days (3-30 days). Six patient developed complications, including four bile leaks, one intraabdominal abscess and one wound dehiscence. One patient died of postoperative liver failure.

Conclusion

Compare to tradition liver resection, laparoscopic approach was feasible and safe for selected patient.