

Donor Left-Sided Hepatectomy by Use of the Real-Time Moving Windows Method With 8-Centimeter Transverse Skin Incision

Y. Sato*, K. Nakahara, M. Shimada, Y. Hara, D. Takayanagi, N. Sawada, S. Mukai, S. Shimada, N. Yamaguchi, E. Hidaka, Y. Takehara, F. Ishida, and S.E. Kudo

Digestive Disease Center, Showa University Yokohama Northern Hospital, Yokohama City, Kanagawa Prefecture, Japan

ABSTRACT

Background. In this study, we demonstrated our new device for open donor liver surgery with left-sided hepatectomy by use of the real-time moving windows (RTMW) method with 8-cm transverse skin incision for living donors from the viewpoints of cosmetic, economic, and safety procedures.

Methods. After the upper abdominal 8-cm transverse skin incision was made, the subcutaneous area was exfoliated and the reverse T-shaped-abdominal incision was made, as in open surgery. After that, the 2 Kent hooks for the upper region and the 2 surgical arms for the lower region were placed. The operative fields of hepatic vein, hepatic hilus, and common hepatic artery were explored, respectively, by use of the RTMW method with the use of the 4 surgical hooks. Hepatic parenchymal dissection was carried out with the use of CUSA and laparoscopic coagulating shears. Manipulations of 3 hepatic vessels and the hepatic duct were done by the usual procedure of open surgery.

Results. This operative procedure could be performed without laparoscopic techniques. The operative time was 7 hours, without blood transfusion. The operative course was uneventful, and the patient was discharged on postoperative day 11.

Conclusions. Our RTMW method for donor left-sided hepatectomy is considered to be a useful operative procedure from the viewpoints of donor safety, cosmetic advantage, and cost performance.

DONOR safety is the most serious matter in living donor liver transplantation, although a cosmetic advantage is also important for the living donor in laparoscopic surgery. We have already reported the left-sided hepatectomy by video-assisted living donor hemi-hepatectomy [1] or 9-cm skin incision by hand-assisted laparoscopic surgery (HALS) [2]. In this study, we demonstrated open donor liver surgery with the left-sided hepatectomy by use of the real-time moving windows (RTMW) method with 8-cm transverse skin incision for the living donor from the viewpoints of cosmetic, economic, and safety procedures.

METHODS

We performed the left hepatectomy and lymph node dissection for an 88-year-old woman with intrahepatic cholangiocellular carcinoma by assuming donor hepatectomy without laparoscopic instruments.

Operative Procedure

Figure 1 demonstrates the schema of the RTMW method.

After the upper abdominal 8-cm transverse skin incision was made, the subcutaneous area was exfoliated and the reverse T-shaped-abdominal incision was made, as in open surgery. After that, the 2 Kent hooks for the upper region and the 2 surgical arms for the lower region were placed (Figs 2 and 3). The operative fields of hepatic vein, hepatic hilus, and common hepatic artery were explored, respectively, by use of the RTMW method with the use of the 4 surgical hooks as in Fig 1. Hepatic parenchymal dissection was performed with the use of Cavitron ultrasonic surgical aspirator

*Address correspondence to Yoshinobu Sato, Digestive Disease Center, Showa University Yokohama Northern Hospital, 35-1 Chigasaki-Chuo, Tsuzuki-Ku, Yokohama City, Kanagawa Prefecture, Japan. E-mail: kanishok@med.showa-u.ac.jp

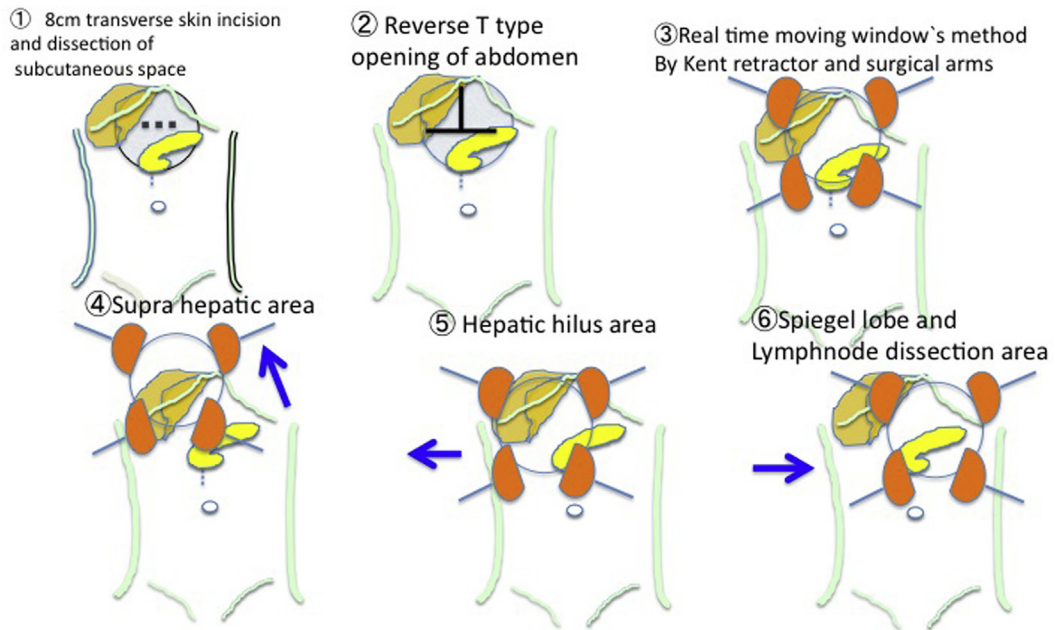


Fig 1. Schema of the RTMW method. This schema demonstrate the Donor left-sided hepatectomy by the 8cm transverse skin incision with RTMW method from ① to ⑥. ① Indicates the 8 cm transverse skin incision and dissection of subcutaneous space. ② Indicates the opening of subcutaneous abdomen by reverse T shape. ③ Indicates the positions of Kent retractor and Surgical arms for RTMW. ④⑤⑥ Indicate the demonstration of each area of supra hepatic, hepatic hilus, and Spiegel lobe by real time moving method.

(CUSA) and laparoscopic coagulating shears. Manipulations of 3 hepatic vessels and the hepatic duct were done by the usual procedure of open surgery.

blood transfusion. The operative course was uneventful, and the patient was discharged on postoperative day 11.

RESULTS

This operative procedure could be performed without laparoscopic techniques. The operative time was 7 hours, without

DISCUSSION

Living donor liver surgery is well established and is performed safely in the vast majority of cases [3,4]. However, a

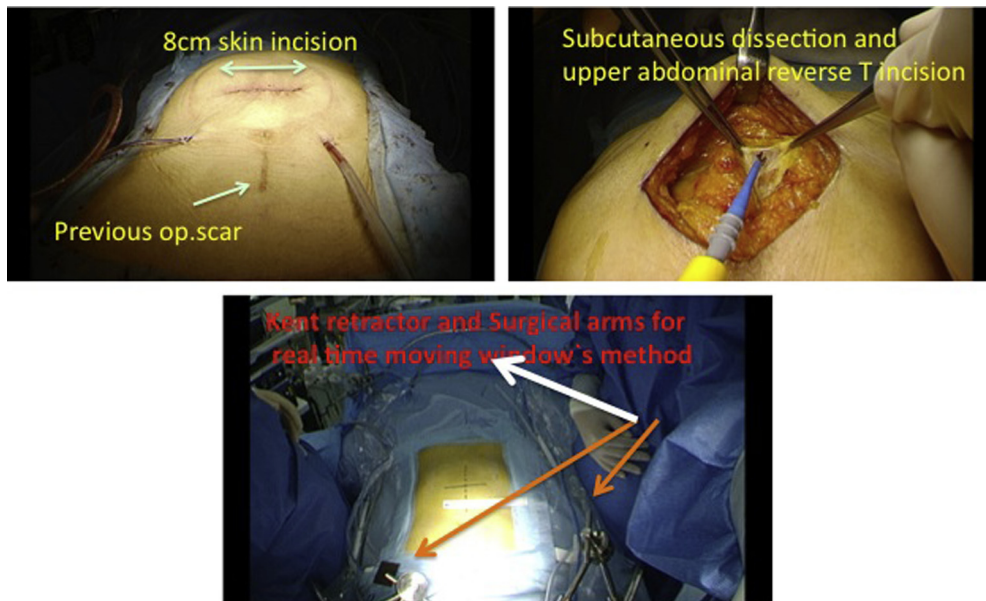


Fig 2. These three photographs show the each of ①②③ in Fig 1.

Download English Version:

<https://daneshyari.com/en/article/4255966>

Download Persian Version:

<https://daneshyari.com/article/4255966>

[Daneshyari.com](https://daneshyari.com)