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The use of a NHS-PEG coated, collagen-based sealant in a patient undergoing Associating Liver Partition and Portal vein Ligation for Staged hepatectomy (ALPPS)

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Highlights

- ALPPS is a two stage hepatectomy with rapid liver hypertrophy
- ALPPS had high morbidity and mortality rates compared to conventional procedures
- Interstage morbidity is especially predictive of mortality after ALPPS
- Topical hemostatic agents might reduce interstage morbidity

ABSTRACT

INTRODUCTION

ALPPS (Associating Liver Partition and Portal vein Ligation for Staged hepatectomy) is a new two-stage hepatectomy for patients in whom conventional treatment is not feasible due to insufficient future liver remnant (FLR). During stage one of ALPPS, accelerated growth of the FLR is induced by ligation of the portal vein and *in situ* split of the liver, which prevents interlobar collateral portal circulation and attributes to the accelerated hypertrophy response. This can present a risk for postoperative haemorrhage. Furthermore, adhesion of the adjacent resection surfaces might complicate the second stage of the procedure. Hemopatch® is a flexible, NHS-

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