

Video Abstract Presentation

AB007. Pure laparoscopic left hepatectomy using Arantius' ligament approach combined Glissonean pedicle approach (with video)

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Background: We describe a novel extra-Glissonean approach combined Arantius' ligament approach for totally laparoscopic left hepatectomy. The extra-Glissonean approach and Arantius' ligament approach have proven useful in open surgery for left hepatectomy. And these approaches could be even more useful in the laparoscopic context.

Methods: The study included 5 patients who underwent totally laparoscopic left hepatectomy between July 2016 and

September 2017. Arantius' ligament was then identified, encircled and divided. Retracting the caudal stump of the ligament revealed a space between the left Glissonean pedicle and the liver parenchyma. The left Glissonean pedicle was encircled extrahepatically with a cotton tape and transected with an endostapler. The parenchymal dissection then proceeded to the left hepatic vein, which was finally divided. The specimen was placed in a plastic endobag, and extracted through a suprapubic incision.

Results: No postoperative mortality was encountered and no Glissonean injuries, including bleeding or biliary leakage, occurred. The mean length of surgery was 290 ± 113 min, and the mean blood loss was 350 ± 187 mL. The mean duration of hospital stay was 11.7 ± 3.5 days. Pathology showed free surgical margins.

Conclusions: The Arantius' ligament approach combined Glissonean pedicle approach appears to be feasible and safe for successfully performing totally laparoscopic left hepatectomy.

Keywords: Hepatectomy; Arantius; Glissonean pedicle approach

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