



AB030. SOH22ABS176. Robotic right hepatectomy for management of central colorectal liver metastases

Lukas O'Brien, Niall McInerney, Jessie Elliott,
John Conneely, Carrie Thorpe, Fiona Lannon,
Gerry McEntee

Department of Hepatobiliary Surgery, Mater Misericordiae University
Hospital, Dublin, Ireland

Background: Oligometastatic colorectal cancer is increasingly treated with an aggressive multimodal approach, and recent data including the JCOG0603 trial highlight the central role of hepatectomy for colorectal liver metastases (CRLM). Minimally-invasive approaches to major hepatectomy have been recently described, with potential advantages in terms of postoperative pain and recovery of health-related quality of life.

Methods: We present the case of a 72-year-old female who presented with a surveillance-detected interval segment VIII liver metastasis 18 months following previous open right hemicolectomy for an adenocarcinoma of the ascending colon. The lesion measured 4.9 cm in maximum diameter and was centrally located, abutting the bifurcation of the right main portal vein.

Results: Robotic right hepatectomy was performed using da Vinci™ Surgical Robot (Intuitive Surgical, Inc., CA, USA). Intraoperative ultrasound (IOUS) was utilised to for lesion localisation and surgical margin assessment. A five-port approach was used, with initial Glissonean pedicle isolation and ligation with haemolocks. Central venous pressure was maintained at <6 mmHg during parenchymal transection, which was achieved using the Vessel Sealer Extend. A Veriset™ Hemostatic Patch (Medtronic, UK) utilised for additional haemostasis, and the specimen was extracted via a Pfannenstiel incision. The patient made an

uncomplicated postoperative recovery.

Conclusions: Robotic right hepatectomy is a safe and feasible alternative to laparoscopic and open surgery for management of CRLM. Increased dexterity and enhanced 3D vision with the da Vinci™ platform may be advantageous for Glissonean pedicle isolation and transection, while IOUS can be achieved using a standard assistance port.

Keywords: Robotic; minimally invasive surgery (MIS); hepatectomy; hepatobiliary; liver

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

doi: 10.21037/map-22-ab030

Cite this abstract as: O'Brien L, McInerney N, Elliott J, Conneely J, Thorpe C, Lannon F, McEntee G. AB030. SOH22ABS176. Robotic right hepatectomy for management of central colorectal liver metastases. *Mesentery Peritoneum* 2022;6:AB030.