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Laparoscopic Left Hepatectomy For Isolated Left Lobe Hepatic Metastasis In A Known Case Of Operated Low Anterior Resection For Carcinoma Of Rectum

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Background : Laparoscopic hepatectomy is considered to be one of the most complex laparoscopic procedures. Minimal access approach reduces surgical trauma associated with major hepatectomies and enhances recovery. We present here a case of left lobe liver recurrence in an operated low anterior resection for carcinoma of rectum.

Methods : Patient is positioned in lithotomy position with operating surgeon standing between the legs and assistant on his/her right side and camera man standing behind. 10mm port in umbilical region and 10mm/12mm 4cm on left of umbilical port. One 5mm port each in right lumbar region as left hand working port and in epigastrium and 4cm left of the 12mm port. Procedure begins by identifying the hepatic venous confluence and achieving inflow control. After clamping the inflow we routinely do ICG angiography to identify the demarcation line. This is followed by parenchymal transaction and left hepatic vein clipping. Middle hepatic vein was preserved in this patient.

Results : Duration of surgery 180 minutes. Blood loss was 150 ml. Post surgery course in ward was uneventful. Ryles and foleys were removed on POD1 and started clear liquids. Soft diet started on POD2 and drain removed by POD3. Patient discharged by POD4. Histopathology was suggestive of adenocarcinoma of rectal origin. Capsule intact with free margins.

Conclusions : Liver resection are associated with significant morbidity in terms of surgical stress and large incision placed during open surgeries. Laparoscopic approach significantly reduces the surgical stress and accelerated recovery.

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