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Implantation Techniques Using Left Lobe Grafts: "left At Right" Heterotopic Transplantation In Living Donor Liver Transplantation (Video Presentation)

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Background : Along with the improvement in surgical technique and perioperative patient care, liver transplantation has become a common and routine operation at numerous transplantation centers worldwide. However, the traditional orthotopic implantation of left liver grafts in the epigastric region is technically demanding and requires consideration of limited space, inferior vena cava compression, or vascular inflow and outflow kinking.

Methods : Occasionally, heterotopic placement of a left lateral liver graft in the right upper quadrant fossa was initially described by Dunn et al. Accordingly, the institute modified this thought and first reported a series of left liver LTs, wherein the grafts were rotated 180° and heterotopically implanted in the right subphrenic space, and termed the procedure as "left at right" liver transplantation. Herein we "left at right" liver transplantation that was feasible and non-inferior to traditional orthotopic implantation of the left liver graft in the epigastric space by cases with video presentation

Results : After recipient hepatectomy, all of hepatic vein stumps were sutured and Implantation started with partial clamping of the IVC without using a venovenous bypass. cutting an appropriate longitudinal slit that corresponds to the orifice of the graft's hepatic vein for "caudal shift", that slit of the hepatic vein or a new anterior cavotomy. In LAR-LT, the graft was placed in the right upper abdominal cavity, and the venous outflow of the liver graft was reconstructed in an end-to-side fashion between the donor's hepatic vein and the recipient's IVC. Reconstruction of the portal vein was performed in an end-to-end fashion between the graft's portal vein and the recipient's portal trunk. After anastomosis of hepatic artery under microscope and depending on the feasibility, microscopic vascular reconstruction of the duct-to-duct biliary reconstruction between the graft's hepatic duct and the recipient's common bile duct was performed without stent placement.

Conclusions : "left at right" heterotopic transplantation liver transplantation that was feasible and non-inferior to traditional orthotopic implantation of the left liver graft in the epigastric space.

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