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Pure Laparoscopic Donor Right Hepatectomy With The Type III Portal Vein Variation

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Background : Pure laparoscopic donor right hepatectomy is a complicated operation that requires high surgical technique. In particular, a higher surgical technique and sufficient experience are required when there is an anatomical variation of donors. We intend to prove the appropriateness of pure laparoscopic donor hepatectomy in donors with type III portal vein.

Methods : The donor was 42 years old woman. Her body mass index (BMI) was 20.5 kg/m², and her preoperative laboratory finding including liver function test were normal. The right hepatic artery and each portal vein were encircled by liver hilar dissection. After blocking the inflow to the right, the cutting line was demarcated on the liver surface. Pringle maneuver was performed during the hepatic parenchymal transection using laparoscopic Bull-dog. During the hepatic transection, the Cavitron Ultrasonic Surgical Aspirator(CUSA) was used. Small hepatic vein branches and small glissonean pedicles were sealed and divided with a THUNDERBEAT™ (Olympus). iDrive™ Ultra Powered Stapling device (Medtronic) was used for division of major glissonean pedicle and large hepatic veins. The specimen was placed in endo-bag and extracted through Pfannestiel incision.

Results : There was no specific event during operation and no complication after surgery. The operation time was 257 min, and the estimated blood loss was less than 150 ml. On postoperative day 3, computed tomographic scan showed no pathological findings. The patient was discharged on postoperative day 6 without complications.

Conclusions : Even donors with anatomical variations can safely perform surgery with pure laparoscopy if the surgeons have sufficient experience.

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