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Ventral Segment Saving Right Hepatectomy With Anterior Approach Using Liver Hanging Maneuver: An Useful Procedure.

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Background : Ventral segment saving right hepatectomy is proved to be an alternative choice for conditional right hepatectomy. Anterior approach with liver hanging technique is useful to prevent the dissemination of tumor cells to systemic circulation. Thus, we aim to combine these two useful techniques together.

Methods : From December 1, 2019 to December 30, 2022, 7 patients with HCC underwent ventral segment sparing right hepatectomy with anterior approach. Our indications were: (1) Difficult in right liver mobilization due to large tumor or pre-operation TACE and/ or (2) Tumor thrombosis in right hepatic vein. The procedures were performed by 3 liver surgeons.

Results : Among 7 patients, there were 2 cases with right hepatic vein tumor thrombosis, 3 cases underwent TACE pre-operation. The mean age was 64.3 ± 9.1 years. The mean tumor's diameter was 8.7 ± 2.4 cm. The mean operative time was 274.3 ± 39.9 minutes with a mean estimated blood loss of 494.3 ± 185.5 ml. Post-operative morbidity was reported in 2 cases (28.6%). There was no post operative death.

Conclusions : The anterior approach using liver hanging technique can be combine with ventral saving right hepatectomy as a treatment for large hepatic tumor or with right hepatic vein tumor thrombosis.

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