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Laparoscopic liver resections: An innovative approach to the liver in a single centre experience

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Laparoscopic liver resections (LLR) represent the new frontier of liver surgery. During the last decade indications for the laparoscopic approach to the liver have been widely extended, from peripheral benign lesions to malignant neoplasms, difficult localizations and major resections. Laparoscopic liver surgery was slower to develop than other fields of laparoscopic surgery because of a steep learning curve, and fear of uncontrolled bleeding or gas embolism. However, LLR is associated with significant advantages of laparoscopic procedures. The aim of this retrospective study is to evaluate the extent and safety of the learning curve for LLR. We retrospectively analysed 87 patients who underwent a LLR from July 2010 to November 2017 performed by a single senior surgeon. At the start of experience the indication was a single lesion, whereas in the last years an increasing number of patients were enrolled for laparoscopic intervention, according to the learning curve. Diseases included liver cancer, hepatic hemangioma, focal nodular hyperplasia, liver abscess, and metastatic liver cancer. The diagnosis was a malignant neoplasm for 53 patients (61%), a benign lesion for the remaining cases. In 45 patients a synchronous procedure was performed (four right colectomy, six left colectomy, eight rectal resection, two gastric resection, 21 cholecystectomy and four for other procedures). 35 patients were males and 42 were females,

with a mean age of 60 years (range 23-88). 81 patients (93%) had a good preoperative hepatic function, assessed with a Child-Pugh score. We performed 63 wedge resections (72%), two segmentectomies, four right lateral bisegmentectomies, 13 left lobectomies (15%), four left hepatectomies and one robotic right hepatectomy; the latter converted for intraoperative bleeding. Median operative time was 120 minutes (35-330). There were no intraoperative or postoperative deaths and 26% of morbidity (ascites in seven patients, fever in seven patients, pneumonia in four patients, one needed blood transfusion and three surgery-related complications occurred). Only one major complication (grade III of Clavien-Dindo classification) was observed, in a patient who received a synchronous proctectomy and needed reoperation for anastomotic dehiscence. The median time of discharge was five days (range 2-11). A negative histological margin (R0) was obtained in 88% of malignancy cases. In our experience laparoscopic surgery is a safe option for hepatic resection in benign such as malignant lesions, good patient selection and refined surgical technique are the keys to successful LLR, especially at the beginning of the learning curve as well as the experience of the surgeon in advanced laparoscopic procedures and hepatobiliary surgery.

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