

## Selective Glissonian pedicle control: a useful technique in laparoscopic liver resection

Rawisak Chanwat  
Thiravud Khuhaprema

Chairat Bunchaliew

Surgical Oncology Unit, National Cancer Institute, Bangkok, Thailand

**Background:** Laparoscopic liver resections are becoming a common procedure and bleeding remains the major concern during parenchymal transection. Pringle's maneuver can be performed but ischemic reperfusion injury can lead to postoperative morbidity. Selective hemihepatic inflow control can reduce the severity of visceral congestion and total liver ischemia.

**Objective:** The purpose of this report was to describe our experience with laparoscopic selective Glissonian pedicle control for minor hepatic resection.

**Methods:** Ten patients submitted to laparoscopic liver resection in our institute due to malignant lesion.

**Results:** The technique was successfully performed without complication. The tumor size was 4.3 cm (range, 2.5-8.0 cm). Mean operative time consumed to achieve complete control of right or left pedicle was 26.5 min (range, 18-46 min). Mean intraoperative blood loss was 150 ml (range, 50-300 ml) and no blood transfusion was needed. The postoperative course of the patients was uneventful and they were discharged an average of 4.3 days (range, 3-7 days) after the operation.

**Conclusion:** Safe laparoscopic liver surgery requires knowledge of the regular techniques of vascular occlusion for on-demand use when necessitated to reduce blood loss.