SHORT TERM OUTCOMES OF LAPAROSCOPIC LIVER RESECTION: A SINGLE CENTRE EXPERIENCE

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BACKGROUND

The application of minimally invasive techniques for the management of both primary and metastatic liver malignancies offers a significant benefit to patients, potentially allowing for quicker recovery and earlier initiation of adjuvant therapies.

This study analyzes the outcomes of laparoscopic liver resection in a cohort of patients predominantly diagnosed with colorectal liver metastases and hepatocellular carcinoma.

OBJECTIVES

To assess short term outcomes of laparoscopic liver resection for primary and metastatic liver tumors.

METHODS

A retrospective analysis of a prospectively maintained database for all laparoscopic liver resections performed over a defined period.

Data collected included patient demographics, operative details, postoperative complications and short term oncological outcomes.

INDICATION

Indication	*No*
Colorectal Liver Mets	16
HCC	12
Gallbladder Cancer	7
Intrahepatic Cholangiocarcinoma	3
Neuroendocrine Mets to Liver	2
GIST with Liver Mets	1
Seminoma with Hepatic Mets	1
Hepatic Adenoma	1

RESULTS

A total of 43 patients underwent laparoscopic liver resection; 4 (9.3%) were converted to open.

The most common indication for surgery was colorectal liver metastases (37%).

The majority of procedures were minor resections (84%); 16% were major resections.

The mean intraoperative blood loss was 240 ml.

The overall complication rate was 7.5%.

There were no cases of post-hepatectomy liver failure or postoperative mortality (30- and 90-day).

The R0 resection rate was 86%.

The mean length of hospital stay was 3.7 days.

DEMOGRAPHICS

Parameter	*Value*
Mean Age (years)	53.4
Age Range (years)	17–80
Male	22
Female	21
Minor Resection	36
Major Resection	7

POSTOPERATIVE OUTCOMES

Outcome	*Value*
Complication Rate	7.5%
Bile Leak	2.5%
Surgical Site Infection	2.5%
Readmission	2.5%
Post-hepatectomy Liver Failure	0%
Mortality	0%
Conversion to Open	9.3%
R0 resection rate	86%
Mean Blood Loss	240 ml
Mean hospital Stay	3.7 days

CONCLUSION

In this series, laparoscopic liver resection was performed with an acceptable conversion rate, modest blood loss, and a low rate of complications, with no liver failure or mortality.

The achieved R0 resection rate demonstrates the oncological efficacy of the approach.

These results support the safety and feasibility of laparoscopic liver resection for both primary and metastatic liver tumors.

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