BP EV 1

Combined Vascular Resection For Locally Advanced Perihilar Cholangiocarcinoma, Focusing On Portal Vein Resection

Tomoki EBATA

Surgical Oncology, Nagoya University Hospital, JAPAN

Lecture : Perihilar cholangiocarcinoma (PCC) often invades the portal system at initial presentation; major hepatectomy with portal vein (PV) resection is a key procedure to expand resectional approach for locally advanced PCC. This procedure has a high-risk feature with a reported mortality of approximately 10%, partly associated with postoperative surgical problems. The short-term safety has not been warranted despite standardized surgical approach. Between 2011 and 2020, 500 patients underwent resection for PCC with (n=486) or without (n=14) major hepatectomy. Among the former, 144 (30%) patients underwent PV resection. PV resection in left hepatectomy was the most common (n=51), followed by that in right hepatectomy (n=43) in our hospital. Surgically, segmental resection followed by end-to-end anastomosis is the primary technique. Vascular clamps should be placed laterally to adjust the portal axis after anastomosis. Intraluminal suture is used for the posterior side; then, over and over suture is used for the anterior side. Importantly, the anastomosis is carefully inspected to check tension, bentness, twist, dimple, or palpable thrombus. When doubt, turbulent flow may be observed by collar doppler US. I recommend re-anastomosis when these findings are faced. In this video lecture, typical techniques and tips in PV resection and reconstruction during right-sided hepatectomy will be shown with some countermeasures against PV-associated complications.