

# LAPAROSCOPIC ASSOCIATING LIVER PARTITION AND PORTAL VEIN LIGATION FOR STAGED HEPATECTOMY FOR PATIENTS WITH COLORECTAL LIVER METASTASES: EXPERIENCE OF A TERTIARY HOSPITAL IN SOUTH AFRICA

Imraan Ismail SARDIWALLA<sup>\*1</sup>, Neha KUMAR<sup>1</sup>, Christophe KALENGA<sup>1</sup>, Modise Zach KOTO<sup>1</sup>

<sup>1</sup>General Surgery, Sefako Makgatho Health Sciences University, SOUTH AFRICA

**Background :** ALPPS (Associating Liver Partition and Portal vein ligation for Staged hepatectomy) is becoming more established for the management of colorectal liver metastases where a future liver remnant is not deemed sufficient. Our institute has expanded into performing the challenging procedure laparoscopically.

**Methods :** A retrospective analysis of all consecutive patients undergoing ALPPS at a single referral center (Dr George Mukhari Academic hospital) for colorectal liver metastases with a small future liver remnant was performed using a prospective database from January 2020 till August 2021. Feasibility was assessed by analysis of conversions. The 90-day mortality and complications were analyzed using the Clavien-Dindo scoring system. Operative time, blood loss, volumetric growth and hospital stay were all studied.

**Results :** Laparoscopic ALPPS was performed in 3 patients. There was no mortality and no complication grade greater than IIIb was observed. One patient required a relook laparoscopy for sepsis at the site of the liver partition. Liver failure was not observed in any of the patients. The average hospital stay was 20 days.

**Conclusions :** Laparoscopic ALPPS is a feasible procedure in patients with colorectal liver metastases and a small future liver remnant. It is a complex procedure requiring significant resources and skill, but it is definitely feasible within the South African setting

Corresponding Author : Imraan Ismail SARDIWALLA (imraansardiwalla@gmail.com)