

**E04**

Safe And Feasible Method For Purely Laparoscopic Living Donor Right Hepatectomy; External Traction Of The Cystic Duct

Chang Ho SEO¹, **Ho Joong CHOI***¹, Sung Eun PARK¹, Tae Ho HONG¹, Young Kyoung YOU¹

¹Surgery, Seoul St. Mary's Hospital, The Catholic University Of Korea, Seoul, Korea, REPUBLIC OF KOREA

Background : Laparoscopic major hepatectomy is gradually increasing with two consensus meetings. However, purely laparoscopic donor right hepatectomy (PLDRH) is still being performed carefully, because donor safety and quality grafts must be obtained. The external traction of the cystic duct can be helpful for hilar dissection and duct division.

Methods : From March 2019 to December 2020, 40 patients underwent PLDRH. PLDRH was performed using flexible scope and 5 ports. The gallbladder was not divided from the liver bed for traction after only cutting the cystic duct and artery. After tying the cystic duct stump in a 'Round loop', external traction was performed to the left side of the epigastric area. From the seventh patient with PLDRH, cystic duct traction method was used.

Results : Using external traction of the cystic duct, the exposure of the right hepatic artery and the right portal vein was much easier. Because of the constant traction, it was more stable for hilar dissections, and the common bile duct was lifted to facilitate long dissections of the right hepatic artery. Also, when cutting the right hepatic duct, traction made it easier to divide.

Conclusions : PLDRH still remains a challenging procedure requiring important experiences in both laparoscopic liver surgery and open living donor right hepatectomy. External traction of the cystic duct may be helpful for PLDRH.

Corresponding Author : **Ho Joong CHOI** (hopej0126@gmail.com)