

**EP015****Initial experience of laparoscopic liver resection in a community hospital; a case-series**

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Introduction : Laparoscopic liver resection is quickly becoming the standard method to perform liver resection in recent decade. However, the role of laparoscopy remains a matter of development to be further assessed. In Hong Kong, laparoscopic major and anatomical hepatectomy has been performing in tertiary center with convincing outcome.

Aim of this study is to evaluate the feasibility and efficacy of laparoscopic major and anatomical hepatectomy to be established in a community hospital.

Methods : It is a retrospective analysis between Jan 2019 - Dec 2020, 20 patients underwent laparoscopic major or anatomical liver resection in Yan Chai Hospital for various indications. There are 13 cases of hepatocellular carcinoma, 6 cases of intrahepatic choledocholithiasis, 1 cases colorectal liver metastasis.

Among the 20 cases, hilar dissection was performed in 10 cases of hemihepatectomy; while direct vascular control was performed in segmental pedicle in another 10 cases of anatomical monosegmentectomy.

Results : There were no 30 days mortality reported in our series. 3 cases required open conversions for difficult haemostasis by laparoscopic method. The average blood loss is ____ml and ____ out of 20 requires blood transfusion. The operative time was ____hours ____mins. There are 2 cases of post-operative collection requiring IR-guided drainage. The average discharge time was 7 days. There was no major clinical difference observed whether hilar dissection was performed or not.

Conclusions : Laparoscopic anatomical hepatectomy is safe and feasible in both tertiary and community center. Laparoscopic anatomical hepatectomy should be considered as a standard approach whenever possible.

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