

**EP074****Major vessel bleeding control experience in Laparoscopic major hepatectomy**

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Introduction : Laparoscopic hepatectomy(LH) is worldwide spread, because LH needs small incision which cause less pain. But during laparoscopic hepatectomy, it is hard to control major bleeding. Patient could be in dangerous situation. So we will propose some tips to make control major bleeding during laparoscopic hepatectomy.

Methods : The first case had 2.5cm hepatocellular carcinoma in segment5/6. We planned to laparoscopic right hemihepatectomy. After surgery, he had no special event. And he had discharge, at pod 6.
The second case underwent low anterior resection due to rectosigmoid colon cancer 6years ago. he had 3cm metastatic colon cancer in liver. We planned to laparoscopic right hemihepatectomy. during surgery, uncontrolled massive bleeding happened, he arrested. So open conversion was done. And he had discharge, at pod 5.

Results : In the first case, there was bleeding during ligation of vessel by hemolock. We could't reconized bleeding focus. So more liver parenchymal dissection was done. We found that inferior vena cava (IVC) which is base of right hepatic vein (RHV) inferior wall was laceration. The operative used laparoscopic surgical stapler for division of Right hepatic vein and bleeding control.
In the second case, liver parenchyma was dissection fully and ready to division the RHV. Operator dissect posterior wall of RHV by golden finger and dissector. At this moment, IVC which is base of right hepatic vein was laceration . operator tried to control bleeding by suture IVC. But the patient arrested. Open conversion operator was done

Conclusions : We suggest laparoscopic surgical stapler rather than manual suture, during massive bleeding.

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