



## LV PP 4-6

### Laparoscopic right posterior sectionectomy (LRPS) in semi prone position: surgical aspects and results.

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**Introduction :** Laparoscopic hepatectomy has been accepted widely due to its advantages as a minimally invasive surgery, but laparoscopic right posterior sectionectomy (LRPS) has rarely been reported. Tumors located over the right posterior section are considered to be difficult for laparoscopic resection. The Glissonean approach is our technique of choice. The aim of this work is to present our experience in LRPS in semi prone position and to show surgical technical aspects.

**Methods :** For six years period we were performed 12 LRPS procedures. Patient's data were prospectively collected. Demographics data, tumor characteristics, operative data, and postoperative outcome were collected and analyzed. There were 8 patients with colorectal liver metastasis, 2 patients HCC, one melanoma metastasis and one breast cancer liver metastasis.

**Results :** During the period of 2014–2020, we performed 12 LRPS. There were 8 patients with colorectal liver metastasis, 2 HCC patients, one melanoma metastasis and one breast cancer liver metastasis. Median operative time was 200 minutes, and median blood loss was 300 ml.. Significant bleeding occurred in 1 cirrhotic liver patients. The median size of the tumor resected was 3.5 cm, and the median resection margin was 7 mm.. Nine patients show single tumor nodule, 2 patients had two metastases and 1 with 3 metastases. There was no postoperative mortality. Median hospital stay was 6 days.

**Conclusions :** LRPS is a technically demanding procedure. LRPS in semi prone position is feasible and safe. Semi prone position offers a maximum amount of working space. A proper inflow and outflow control is mandatory for proper anatomical resection. The Glissonean approach allows

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