

1998 Distinguished Academician Lecture: Hepatic Resection— A Western Perspective

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Abstract

During the past two decades, resection of the liver has progressed from a rarely to a commonly performed operation with a low morbidity and mortality. The description of the functional anatomy of the liver was instrumental in the change from non-anatomic to anatomic resections. Major hepatectomies dominated the early experience but segment orientated resections now play a more prominent role. Resections may be performed for a variety of malignant or benign lesions or as an emergency for trauma or other catastrophic event.

In the author's institution, 923 liver resections have been performed. The indications for the 825 elective resections were: metastases (46%), primary malignancy (30%) and non-malignant disease (24%). Two-thirds of the 98 emergency hepatectomies were for severe liver trauma. The 30-day mortality was 3.6% for the total series; 2.9% for elective resection, 1.6% for the non-jaundiced patients. In the last 300 elective resections, there has been one postoperative death and the median blood transfusion was zero.

The development of innovative graft reduction techniques has made a major contribution to liver transplantation. The lack of suitable whole liver grafts for paediatric recipients was addressed by volume of reduction of adult donor livers so that the left lateral segment could be implanted safely in an infant's abdomen. This technique was the forerunner of split-liver transplantation, auxiliary partial orthotopic transplantation and living-related liver transplantation.

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