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Glissonian approach for liver resection along with DeBakey forceps crushing technique for liver parenchymal transection: A review of 21 cases and ergonomic advantages

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Objective: Aim of the present study is to present our experience with the Glissonian approach with the efficacy of DeBakey forceps for liver parenchymal transection for its ergonomic advantages.

Methods: 21 out of 205 liver resections were performed using the Glissonian approach, between December 2009 to February 2017. Liver parenchymal transection was done by DeBakey forceps crushing technique, in all patients. We analyzed our data for perioperative outcomes and ergonomic features of DeBakey forceps.

Results: Indications of surgery, HCC with cirrhosis- 04, HCC with normal liver- 02, hemangioma liver – 05, hemangioendothelioma- 01, colorectal secondaries- 05, GIST secondaries- 02 and focal nodular hyperplasia – 02. Procedures are done, right hepatectomy- 10, lateral sectionectomy- 02, segmentectomies V-01, VI-02, VII- 02, combined V & VI- 02 and combined V, VI, VII – 02. None required Pringle's maneuver. The operative time, ICU stay and hospital stay were 180-320 mins., 12-18 hours and 4-11 days respectively. One cirrhosis liver patient needed a transfusion of PRBC & plasma. Postoperatively, ascites and the biliary leak occurred in 01 patient each, both treated conservatively. There was no mortality. The qualitative evaluation revealed that DeBakey forceps had ergonomic advantages over Kelly clamp.

Conclusions: Glissonian approach was effective in all patients with nil mortality and acceptable morbidity. It can be used as a single approach for various types of liver resections including segmental resections. DeBakey forceps crushing technique is safe and effective for liver parenchymal transection in both normal and cirrhotic liver. It has ergonomic advantages over Kelly clamp and is a better choice for a liver transection

Biography

Sundeep Jain's experience includes more than 250 pancreatic resections and more than 225 liver resections including laparoscopic resections and vascular resections and reconstructions of the hepatic artery and portal vein. He developed and published the unique DeBakey forceps crushing technique for liver parenchymal transection in HPB Surgery Journal in 2014. Later he performed and reported the world's first case of the proximal splenorenal shunt with a retro-aortic left renal vein in BMC Surgery Journal in 2017. In recognition of his work in medical education and research in the field of GI & HPB surgery, he was felicitated by the Rajasthan Medical Council, in 2017.

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