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Microscopic hepatico biliary anastomosis in staged adult living liver transplant is a safe and accessible choice

Statement of Problem: Staged liver transplant is a solving problem for cases of transplant associated with portal hypertension and massive bleeding from the raw surfaces due to previous liver resection and retransplant. Usually biliary reconstruction is postponed 24-48 hours till coagulopathy and circulatory stability improved. There is a known complication of biliary drainage including stricture and leak which is not only a serious morbidity but also associated with increased mortality.

Purpose: The purpose of the study is to focus on hepatico biliary anastomosis and biliary drainage as a choice in staged liver transplant, defined in the previous study. In our experience, we preferred to do enteric drainage and we find it accessible by microscopic surgery.

Methodology & Theoretical Orientation: Long term study of the whole cases of liver transplant in our center has been studied. Total number of 40 cases of staged adult living liver transplant has been grouped in to two groups. Group A of staged biliary duct to duct (12 cases) and group B enteric hepaticobiliary (28) anastomosis has been compared in our study.

Findings: Microscopic technique in staged split liver living adult transplant enteric biliary drainage is a choice practiced in our center with acceptable complication.

Conclusion & Significance: The operative plan for staged living liver transplant can include enteric drainage of biliary system. Era of microscopic surgery in hepatico biliary drainage can be applied in challenging cases of portal hypertension, high child's grade and intraoperative massive blood loss.

Recommendation & Treatment: Microscopic surgery is applied in vascular surgery and now it is also applied for biliary drainage procedure. Complicated cases of living split liver adult transplant biliary drainage by duct to duct anastomosis and classic Roux-en-Y hepatic jejunal anastomosis is carrying the same results.

Biography

Ali Ghannam has analyzed and studied surgical technique by microscope in liver transplant surgery. He did special comparison between microscopic duct to duct and enteric hepatico biliary anastomosis of the different cases of adult split liver transplant. He has experience as Hepatico Biliary Pancreatic Laparoscopic Surgeon from Al Bashir Hospital in Amman, Jordan. He joined Liver Transplant Center, Kaohsiung Chang Gung Memorial Hospital, Chang Gung University, Kaohsiung, Taiwan as a Researcher and Clinical Fellow in Liver Surgery and Liver Transplant for one year. He established and organized the data for future study in the Field of Microscopic Biliary Drainage Split Liver Transplant. This analysis made the surgical practice in split liver transplant updated and evidenced by clinical based medicine.

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