(Hemi / Partial) Hepatectomy

Procedure Information Sheet

Introduction

Liver is located in the right upper part of the abdominal cavity, beneath the diaphragm and above right kidney and stomach. The functions of liver include bile production, nutrient metabolism and storage, detoxication etc.

Indication

- Benign or malignant liver tumor
- Bile duct tumor
- Liver infection or abscess
- Intrahepatic stone disease
- Bile duct infection or stricture

The Operation / Procedure

The operation is performed under general anaesthesia. Usually, an incision of the abdominal wall is made on right upper part of abdomen. The diseased part of liver or infective lesions of bile duct will be resected. In cases requiring resection of bile duct, anastomosis of the hepatic duct to small bowel may be required. Gall bladder may be removed if necessary.

Before the Operation / Procedure

1. Patient is usually admitted one day before operation.
2. Doctor should have explained about nature of operation and possible risks and complete the consent form for the operation.
3. Patient may need physical check-up or examination such as blood tests, urine tests, electrocardiogram, or X-ray of chest etc.
4. Pre-operative anaesthetic assessment about the anaesthetic management, nature of anaesthetic and possible risks and complete the anaesthetic consent form.
5. May need bowel preparation such as rectal suppository or enema one day before operation.
6. May need hair clipping of the abdominal skin
7. May need skin preparation for bathing and cleaning the umbilicus to prevent wound infection.
8. Keep fast for 6 - 8 hours before operation.
9. Take off underwear, remove denture, contact lens and jewellery (including hair pins, necklace, ear rings and ring etc.) then change to operation gown and cap.
10. Empty bladder before transfer to Operation Theater.
11. May need pre-medications, prophylactic antibiotics and intravenous infusion.

After the Operation / Procedure

1. Usual management after operation
   - 1.1 May need transfer to intensive care unit or high dependency unit for closed observation after general anaesthesia, depending on patient's condition.
   - 1.2 May feel mild throat discomfort and sputum retention due to intubation. Please use your hand to protect the abdomen wound if you want to expel the sputum; may need chest physiotherapy and deep breathing and coughing exercise.
   - 1.3 May need to use "Patient Controlled Analgesic" therapy for pain relief in the early postoperative period. Intravenous and oral analgesics will be provided for pain relief.
   - 1.4 Patient will be kept fasting immediately after surgery and will be given intravenous fluid; nasogastric tube may be inserted to keep the stomach empty.
   - 1.5 After general anaesthesia, you may feel tired, nausea or vomiting; inform nurses if severe symptoms.
   - 1.6 A urinary catheter is inserted; the catheter will be removed after operation depending on your recovery rate.
2. Wound care
   - 2.1 Wound is covered by sterile dressing.
   - 2.2 Keep the wound dressing clean and dry, abdominal wound stitches or staples will be removed on day 7 to day 14 post-operatively.

Patient's Label
Patient Name: _____
Hospital No:_____
Episode No:_____

   - 2.3 There may be drains such as nasogastric tube, abdominal drain and urinary catheter, avoid excessive movement

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which may pull out or twist the catheters.

2.4 Drain and tube would usually be orderly removed on day 1 - 7 post-operatively, depending upon the progress of the disease recovery.

2.5 Please take the analgesic prescribed by doctor for relief of wound pain.

3. Diet

Patient will be kept fasting immediately after surgery. Oral intake can be gradually resumed (fluid, congee or soft diet) when bowel function returns. You may try frequent small meals to alleviate some common symptoms such as poor appetite, bloating, indigestion and other gastrointestinal symptoms.

4. Activity

4.1 In first 24 - 48 hours after operation, you can have some minor activities, use your hand to protect the wound when get up in bed. Move your legs even in bed to reduce risk of deep vein thrombosis.

4.2 Early mobilization is encouraged. You should increase daily activity gradually after the operation according to doctor's instruction and resume normal activities as tolerated.

4.3 You should avoid lifting heavy objects and don't take more than two shopping bags for 4 - 6 weeks.

4.4 Restrict to touch too high or too low drawer and avoid bending or extending the body excessively.

4.5 May need 1 - 2 months for full recovery.

5. Follow up

Please follow-up according to surgeon's suggestion.

Risk and Complication

1. Complications of general anaesthesia: (may induce permanent injury or be fatal but rare)

1.1 Cardiovascular complications: myocardial infarction, myocardial ischemia, stroke, deep venous thrombosis, pulmonary embolism.

1.2 Respiratory complications: pulmonary atelectasis, pneumonia, asthmatic attack, chronic obstructive airway disease attack.

1.3 Renal failure

1.4 Allergic reaction and anaphylactic shock.

** For any enquiry of the possible complications of anaesthetic, please contact your anaesthetist.**

2. Procedure related Complications:

2.1 Liver failure

2.2 Bile duct injury or bile leakage

2.3 Bleeding

2.4 Intra-abdominal collections, wound infection or septicemia.

2.5 Ascites

It is impossible to mention all the possible complications that may happen after the operation. The above are the most important complications which may occur. Before operation, patient must acknowledge and accept the fact that no matter how ideal the situation and how smooth the operation may be, these complications may occur. Blood transfusion may be needed for bleeding. You may require another operation to deal with the complications such as organ injury, bleeding, bile leakage or intraabdominal collection after operation. This is a major operation with a chance of mortality around 1 - 5 %, depending on extent of hepatectomy and patient's medical condition.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Curley, S. A., Glazer, E. S. Ashley, S. W. & Chen, W. (2019) Hepatic Resection Techniques. UpToDate Retrieved on 12/5/2023 from www.uptodate.com/contents/hepatic-resection-technique

Patient's Signature:_____ Date:_____

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