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Perspective

Optimal Post-Operative Risk Stratification Model Undergoing in Liver Resection Patients

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ABOUT THE STUDY

The best options for curing liver cancer are surgical resection (surgical removal of the tumor) or liver transplantation. Small liver cancers can also be cured with other types of treatment, such as ablation or radiation. Liver resection or hepatectomy is a surgical procedure in which part of the liver is removed. Up to two-thirds of the liver can be removed, as long as the rest of the liver is healthy. A smaller section may be removed if there is liver disease. The liver can grow back. If the remaining liver is healthy, it will return to its original size. Most liver resections are performed to treat both benign and malignant liver tumors. Benign neoplasms include hepatocellular adenoma, hepatic hemangioma, and focal nodular hyperplasia. The most common malignant neoplasm (cancer) of the liver is metastasis. Those arising from colorectal cancer are the most common and most amenable to surgical resection. The most common primary malignancy of the liver is hepatocellular carcinoma. Hepatectomy may also be the procedure of choice for treating intrahepatic gallstones or parasitic liver cysts. Liver surgery is safe when performed by experienced surgeons with appropriate technical and institutional support. As with most major surgical procedures, there is a strong bias toward optimal outcomes by high-volume surgeons at selected centers. A liver transplant requires a donor liver which is very similar to every individual. Unfortunately, patient may have to wait a long time for the liver to become available, during which the tumor may grow. Waiting for a liver transplant can be stressful. In the meantime, the doctor may consider other treatments such as ablation or chemoembolization.

Liver resection is an extensive and difficult operation that should only be performed by a qualified and experienced surgeon. Liver cancer patients usually have liver problems other than cancer, so surgeons must not only try to remove all cancer but also leave enough liver for it to function. A lot of blood flows through the liver, and bleeding after surgery is a big problem. In addition, the liver normally makes substances that help blood clot. Injury to the liver (both before and during surgery) can cause bleeding problems, infection, complications from anesthesia, and lung infection. Liver resection is considered a technically difficult operation.

One reason is that the liver contains many blood vessels and can bleed profusely. Liver surgeons must therefore be trained in special techniques so as not to damage blood vessels or treat bleeding. Small resections (less than half the liver) are less risky and can be done with minimally invasive surgical techniques such as laparoscopy and robotic surgery. It becomes more dangerous and difficult when larger resections (more than half of the liver) are required. Due to the complexity of the surgery, we usually prefer to have the liver removed by an experienced specialist. Most surgeries last for two to four hours, but some can take even longer. Liver resection requires general anesthesia. The operation lasts 2 to 5 hours. After surgery, the patient will be hospitalized for 5 to 14 days and need to rest at home for 4-8 weeks.

Partial hepatectomy is an operation in which part of the liver is removed. Only people with good liver function, who are healthy enough for surgery, and who have one non-vascularized tumor can have this surgery. Abdominal pain may occur after liver resection. This usually lasts about 1-2 weeks. They may also feel nausea, diarrhea, constipation, gas, headaches, slight fever, and feel sick with a tired stomach.

Imaging tests, such as CT with angiography or MRI, are done to see if cancer can be completely removed. However, during surgery, it may be found that the cancer is too large or has spread too far to be removed, so the planned surgery cannot be performed.

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