

Procedure Information Sheet – Hepatectomy (Open / Laparoscopic)

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	

1. Introduction

- 1.1. Liver is located in the right upper part of the abdominal cavity, beneath the diaphragm and right of the kidney, above the stomach.
- 1.2. Hepatectomy is an operation to remove a portion of the liver. It may be carried out after severe injury or to remove a tumor localized in the liver or area related to the biliary tree.
- 1.3. Hepatectomy can be done via open or laparoscopic approach. The doctor will discuss with the patient for the best option.
- 1.4. It is indicated for:
 - 1.4.1. Malignant or benign tumor of the liver
 - 1.4.2. Bile duct tumor, infections or inflammations
 - 1.4.3. A choice to treat intrahepatic stones or parasitic cysts of liver

2. Procedural Preparation

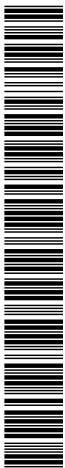
- 2.1. You will usually be admitted one day before operation.
- 2.2. Necessary clinical examinations and investigations may be carried out, such as blood tests, urine tests, electrocardiogram, or chest X-ray etc.
- 2.3. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
- 2.4. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.
- 2.5. Bowel preparation such as rectal suppository or enema may be required one day before surgery.
- 2.6. Skin preparation such as clipping of the abdominal hair, shower and hair washing with extra attention to the umbilicus will help to prevent post-operative wound infection.
- 2.7. No food or drink is allowed 6 to 8 hours before the operation.
- 2.8. Compression stockings will be worn to prevent post-operative deep vein thrombosis.

3. Procedure

- 3.1. This operation is performed under General Anesthesia.
- 3.2. For open approach, incision is made in the right upper abdomen.
- 3.3. For laparoscopic approach, 3 or 4 small incisions (less than an inch each) are made below the rib cage to create operating ports. The cavity is then inflated with carbon dioxide gas.
- 3.4. The affected part of the liver will then be removed.
- 3.5. A tube may be left in-situ for couple of days to drain out fluid from the abdominal cavity if any. Abdominal wound will be closed in layers.
- 3.6. This is a complex surgery. Close observation will be carried out by specially trained nurses, under the direction of the anesthetist after the operation.

4. Recovery Phase

- 4.1. Mild throat discomfort or pain and increased mucus secretion might be experienced after tracheal intubation. Deep breathing and coughing exercises is encouraged.
- 4.2. Place hands over the abdominal wound when coughing or bringing up sputum.
- 4.3. Tiredness, nausea and vomiting may be experienced after general anesthesia. Inform the nursing team know if symptoms persisted or become severe.
- 4.4. Post-operative pain can be managed by Patient Control Analgesia (PCA) pump which is an electronically controlled infusion pump that delivers a prescribed amount of intravenous analgesic when the button is pressed. Inform nurses for alternative pain control if pain persisted.
- 4.5. Diet is restricted during the immediate post-operative period. It is gradually resumed from fluid, soft to normal diet when bowel function resilience and instructed by your doctor.



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- 4.6. The abdominal wound dressing will be kept intact after operation. Tubal drain(s) from abdominal cavity may be removed when the fluid drainage diminished.
- 4.7. Avoid pulling the drain when mobilize, tight garment and pressure on wound/dressing.
- 4.8. Stitches or staples will be removed around 7 to 10 days.
- 4.9. Light activities can be resumed within 24 to 48 hours after the operation, use your hands to provide extra support over your abdomen when getting in and out of bed.
- 4.10. Early ambulation is encouraged. Activities should be increased gradually upon tolerance and condition.

5. Possible Risks and Complications

- 5.1. Complications for general major operation include Myocardial Infarction, Myocardial Ischemia, Stroke, Deep Venous Thrombosis, and Pulmonary Embolism.
- 5.2. Possible procedure related complications include Bleeding, Liver Failure, Injury to Hepatic Duct and Biliary Fistula, Abdominal Sepsis, Wound Infection, and Septicemia.
- 5.3. Before operation, patient must acknowledge and accept the fact that these complications may occur. A subsequent operation may be required to deal with the complications such as organ injury, bleeding or leakage after operation. This is a major operation with a high chance of mortality around 1-5 %.

6. Discharge Education

- 6.1. Seek medical attention if severe pain, tenderness, purulent discharge, abdominal pain, severe vomiting, fever (body temperature above 37.8°C, rigor or jaundice occurs).
- 6.2. Consume small frequent meals for patient with lack of appetite or indigestion.
- 6.3. You may take analgesics as prescribed by your doctor if necessary.
- 6.4. Avoid heavy lifting and strenuous activities for the first 4 to 6 weeks.
- 6.5. Avoid excessive extends or bends of body.
- 6.6. It may take up to 3 to 6 months for full recovery and depends on individual condition.
- 6.7. Follow up appointment should be attended as arranged.

7. Remark

- 7.1. The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

8. Reference

- 8.1. Fact Sheet: Hepatectomy. Department of surgery, New Territories West Cluster, Hospital Authority.
- 8.2. Operation Information Pamphlet: Hepatectomy. Department of Surgery, United Christian Hospital, Hospital Authority.
- 8.3. National Health Service (NHS), Newcastle upon Tyne Hospitals. Liver Resection.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

