

## E08

### Laparoscopic left hemihepatectomy using the extrahepatic glissonean approach: Technical tips for entering gaps

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**Background :** There are two methods for selective inflow control from the liver hilum: individual hilar dissection and the Glissonean pedicle approach. The Glissonean pedicle approach has been increasingly used in laparoscopic anatomical liver resection. Recently, the extrahepatic Glissonean approach has been standardized due to the anatomical concept of Laennec's capsule. This article describes the technical details of entering gaps between the Laennec's capsule and Glissonean pedicle in laparoscopic left hemihepatectomy using the extrahepatic Glissonean approach.

**Methods :** The key procedures of the laparoscopic left hemihepatectomy using the extrahepatic Glissonean approach included the following: (1) Dissection of left side of the hilar plate, (2) Dissection of ventral side of caudal end of the Arantius ligament, (3) Dissection and transection of left Glissonean pedicle.

**Results :** Between September 2020 and July 2022, seven patients underwent laparoscopic left hepatectomy using the extrahepatic Glissonean approach. The median operation time was 250 min (range: 190–290 min), and the median estimated blood loss was 100 mL (range: 50–150 mL). All the patients had negative resection margins. No postoperative complications or perioperative deaths occurred.

**Conclusions :** Our standardized technique is to create gap between the Laennec's capsule and Glissonean pedicle through appropriate traction and countertraction at the anatomical landmarks. Our procedure helps the surgeons to reproduce the extrahepatic Glissonean approach without parenchymal transection.

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