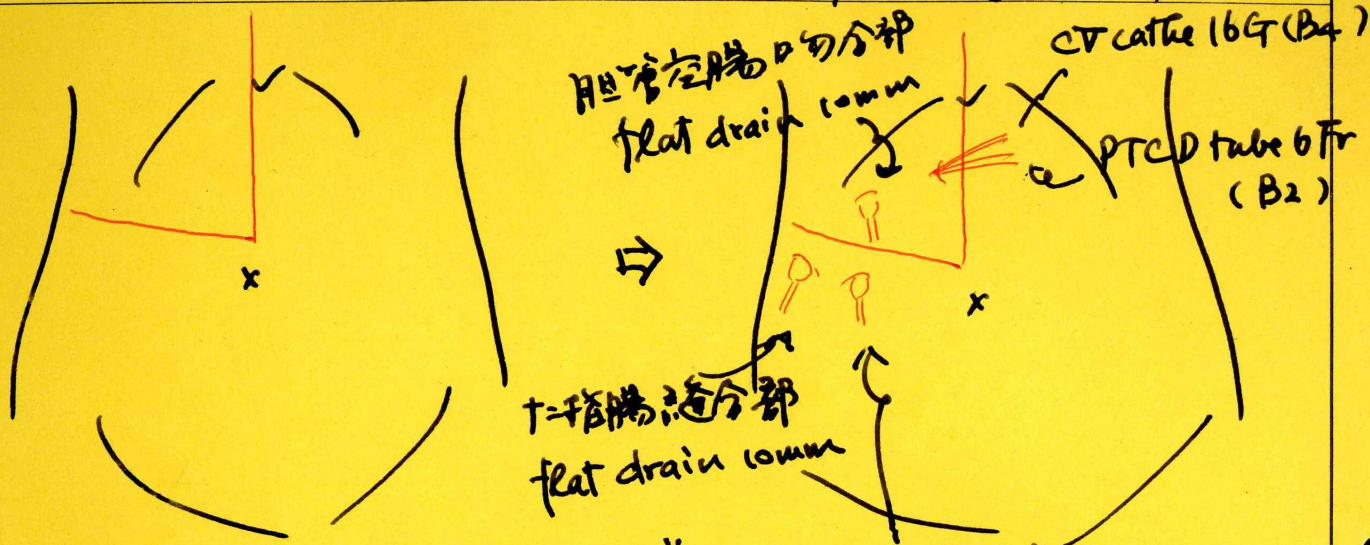


手術所見

記載医

江崎

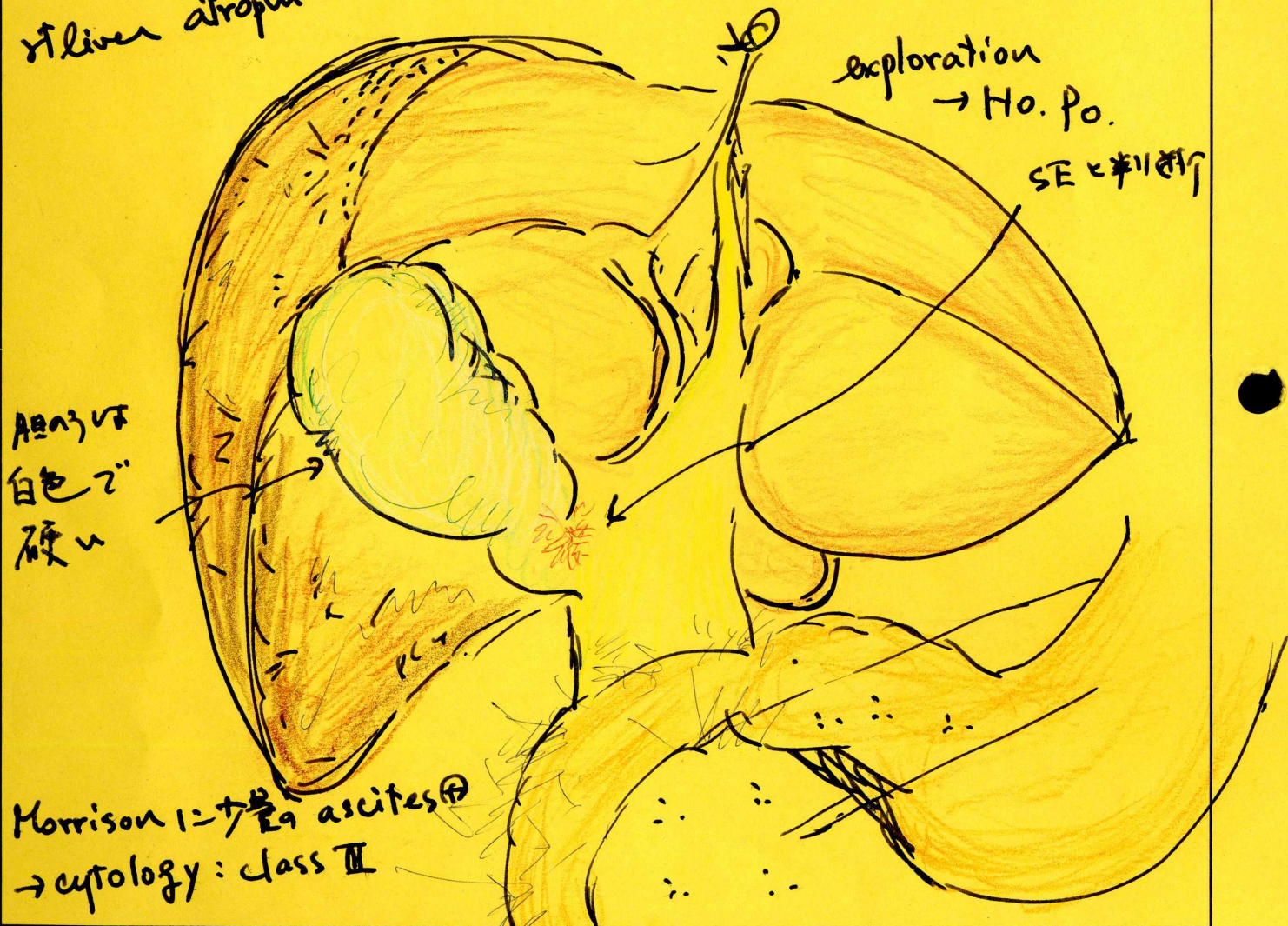
力



逆L字切開 (肝向: 右側切開)

at subphrenic space
flat drain 10mm

at liver atrophic



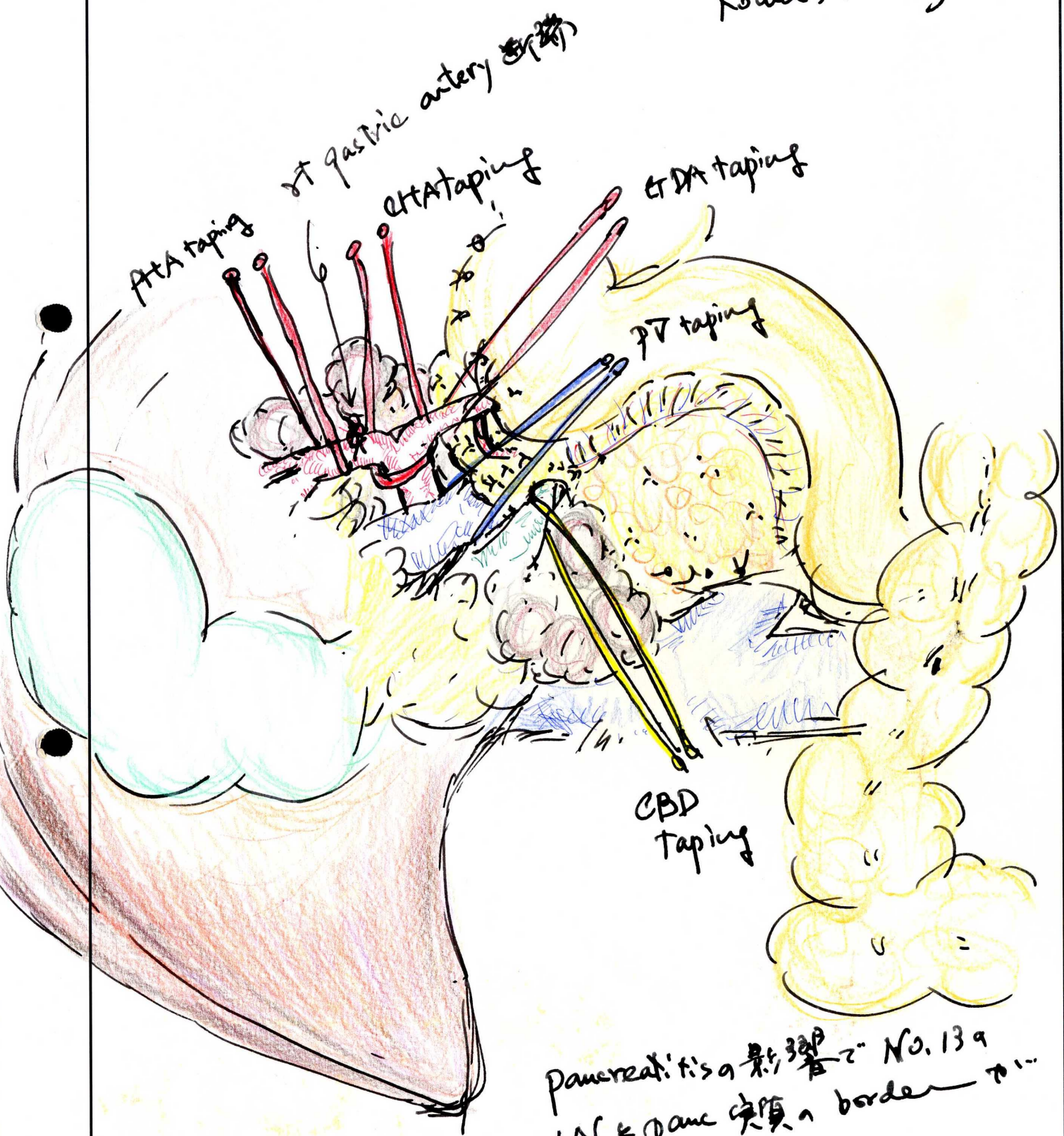
胆管が硬く
白色で

Morrisson に少量 ascites @
-> cytology: class II

Pancreatitis の 84.3% で
Panc head 周囲 edematous

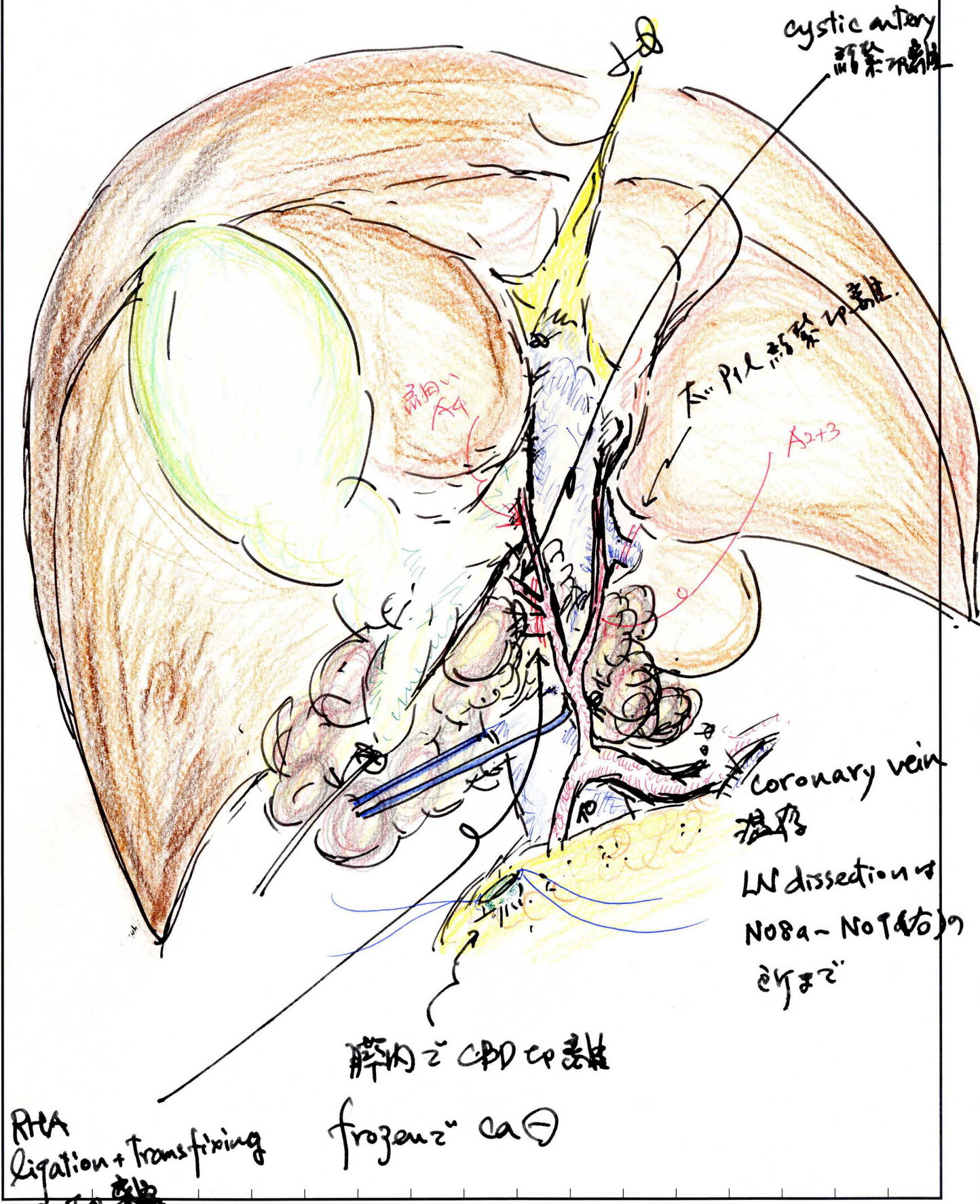
retropancreatic LN dissection

IVC 前面に expose する
Kocher's mobilization



pancreatitisの影響 No. 13a
LN と pancreas の border 不明

Skeletonization of the hepatoduodenal ligament



cystic artery
胆嚢動脈

十二指腸動脈
Duodenal artery

A2+3

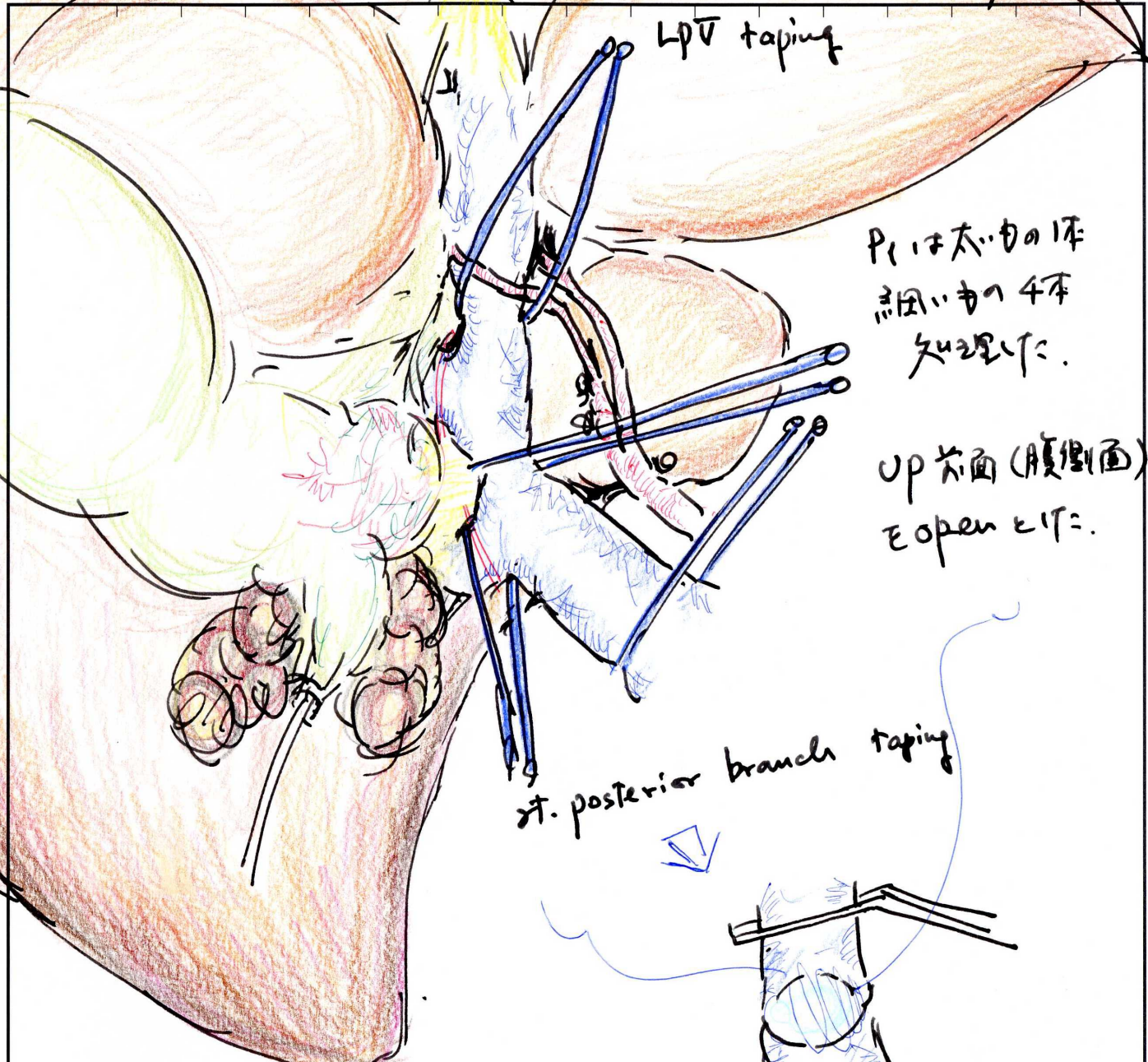
Coronary vein
冠静脈

LN dissection
No8a - No9(右)の
リンパ

肝動脈の CBD の露出

frozen ca

RHA
ligation + transfixing
胆嚢動脈



LPTV taping

P1は太い方の1本
細い方の4本
処理した。

UP 前面 (腹側面)
E open した。

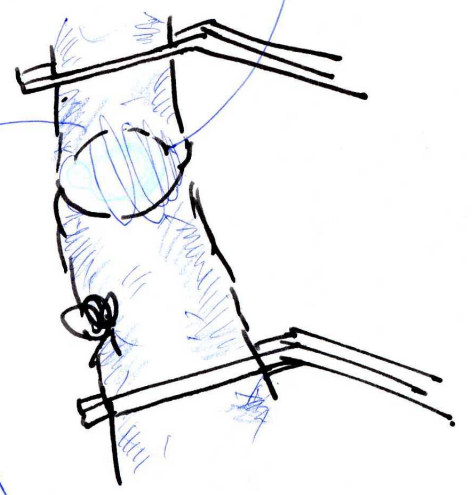
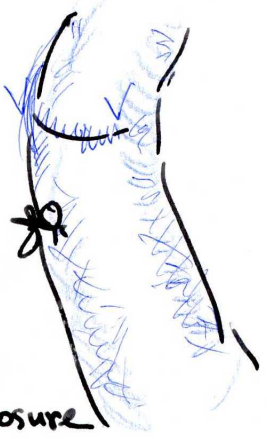
st. posterior branch taping

RPT posterior branch is ligation +
transfixing is 2 points

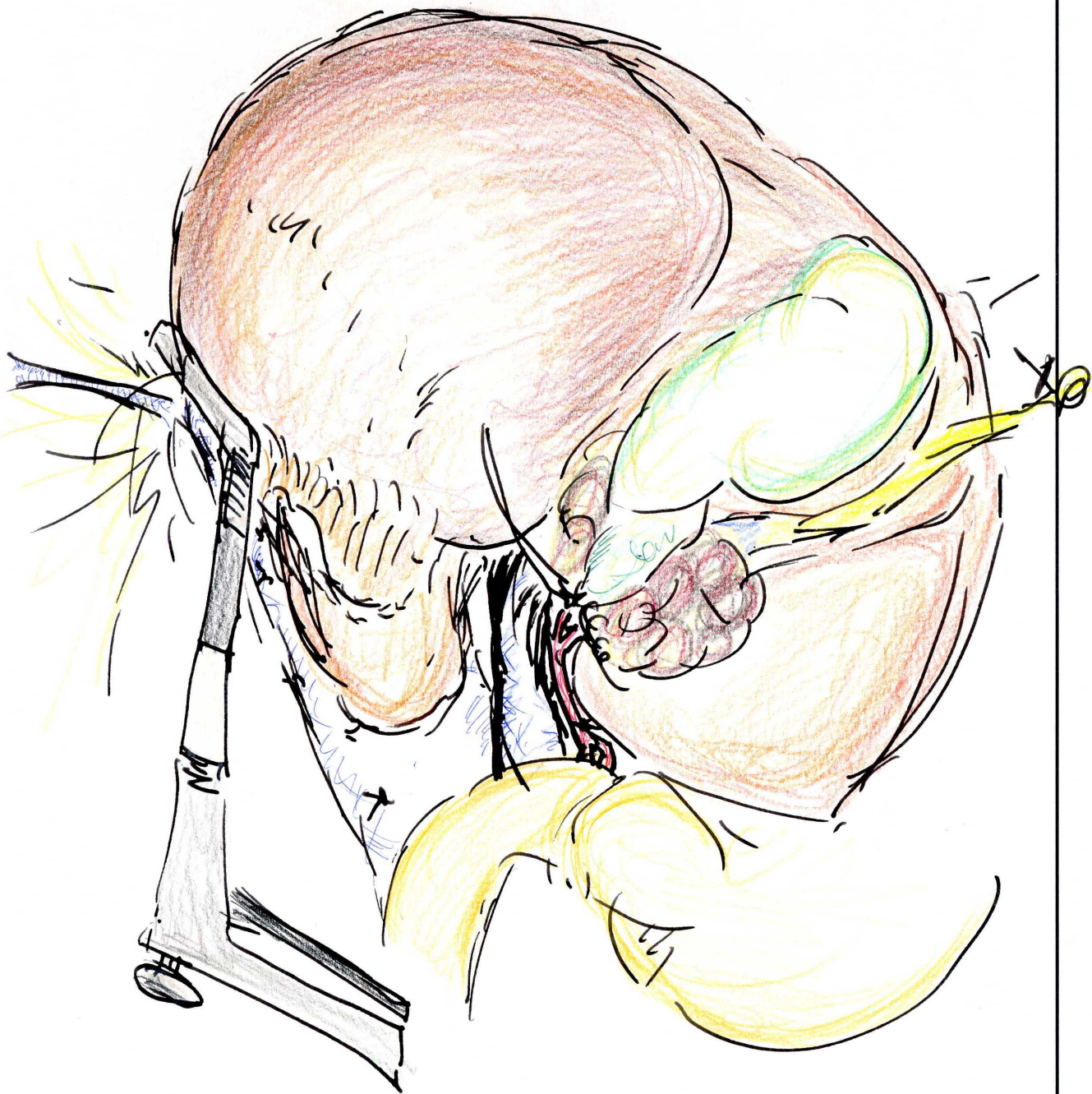


LPT. PVE clamp
is RPT anterior
branch E point
6-0 prolene 2"

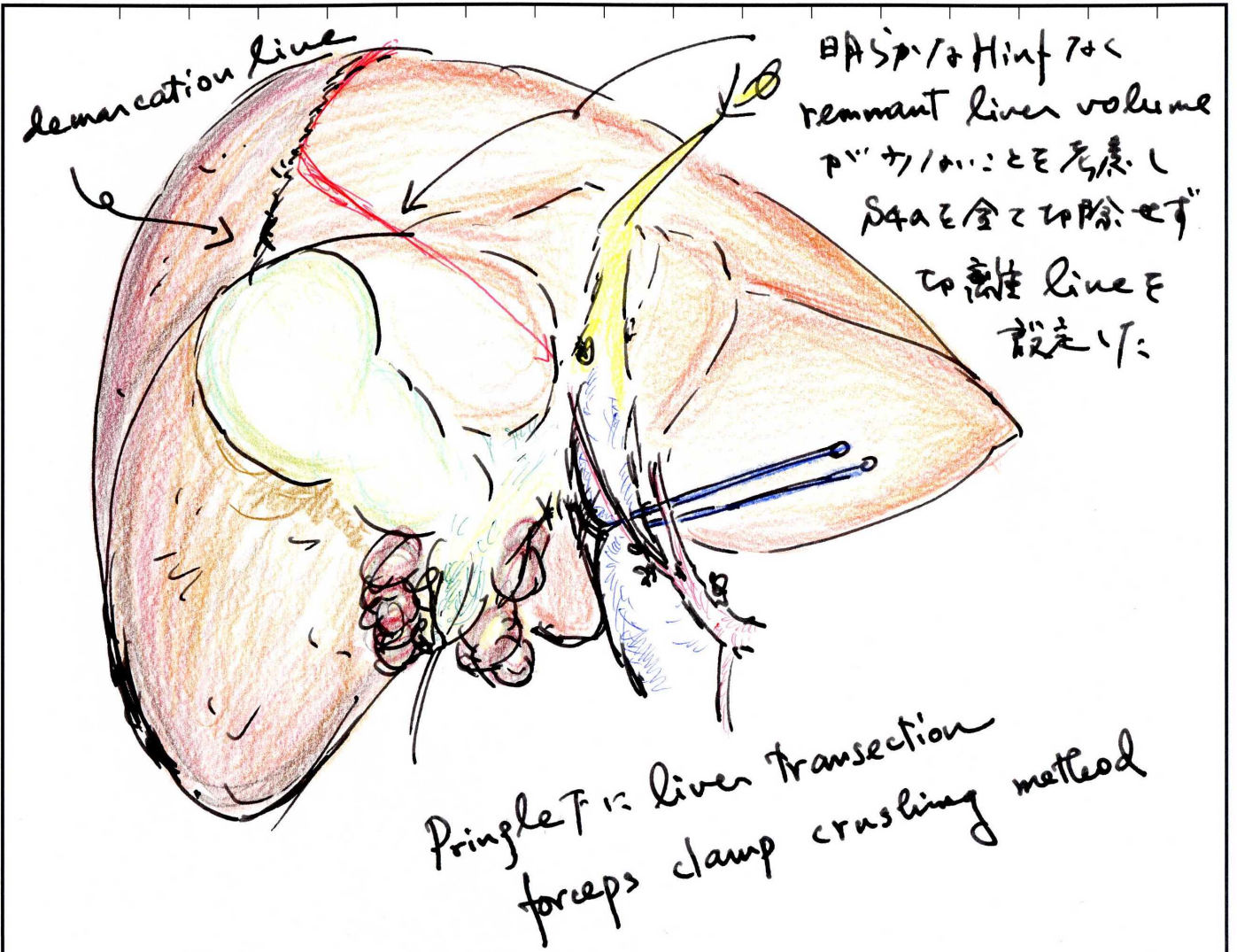
transverse suture closure



complete mobilization of the right liver and caudate lobe
RHT division using a stapler

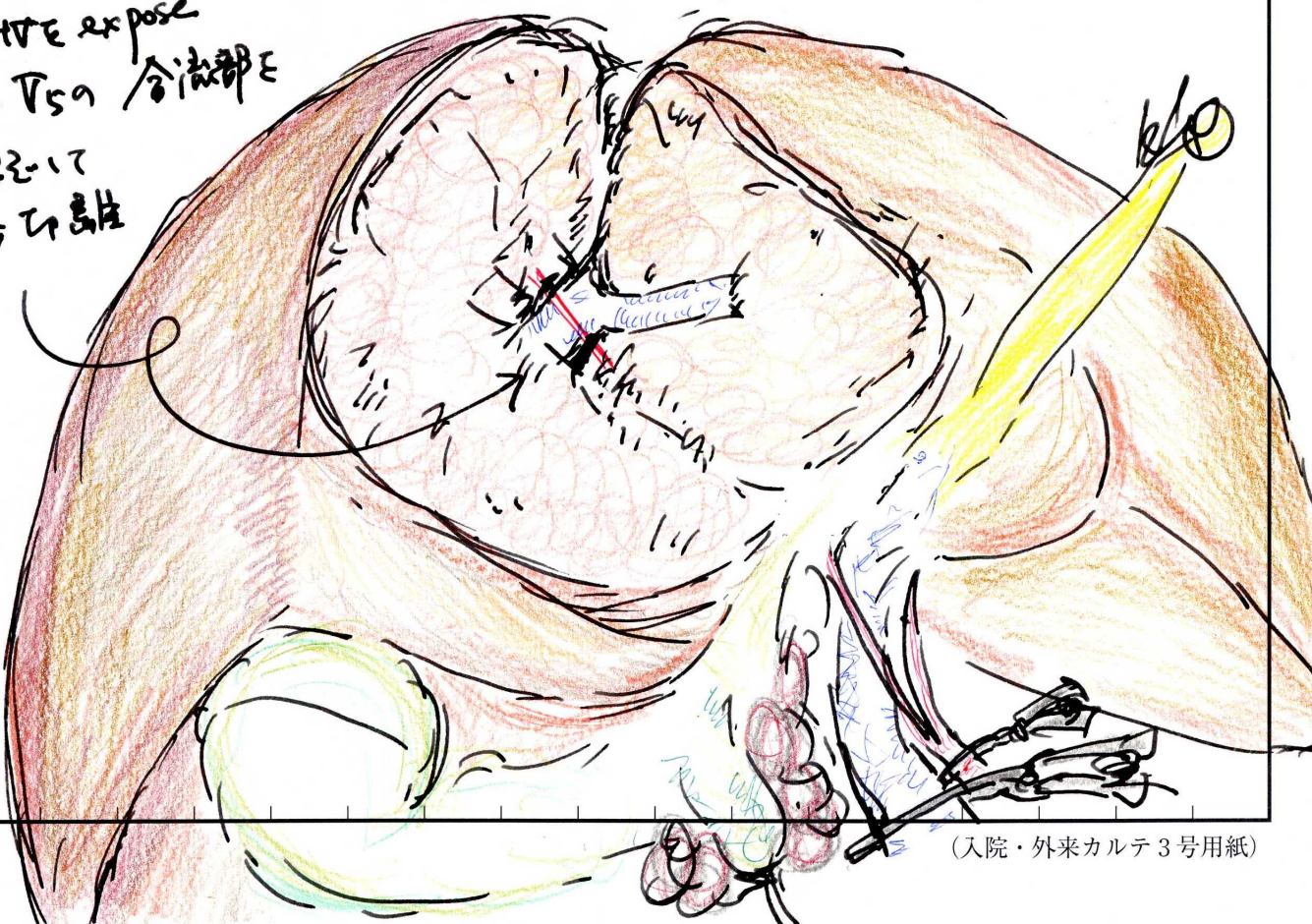


Endo GIA での RHT の切断
caudate vein vs IVC: vascular clamp での (side clamp)
4-0 prolene 2" suture closure

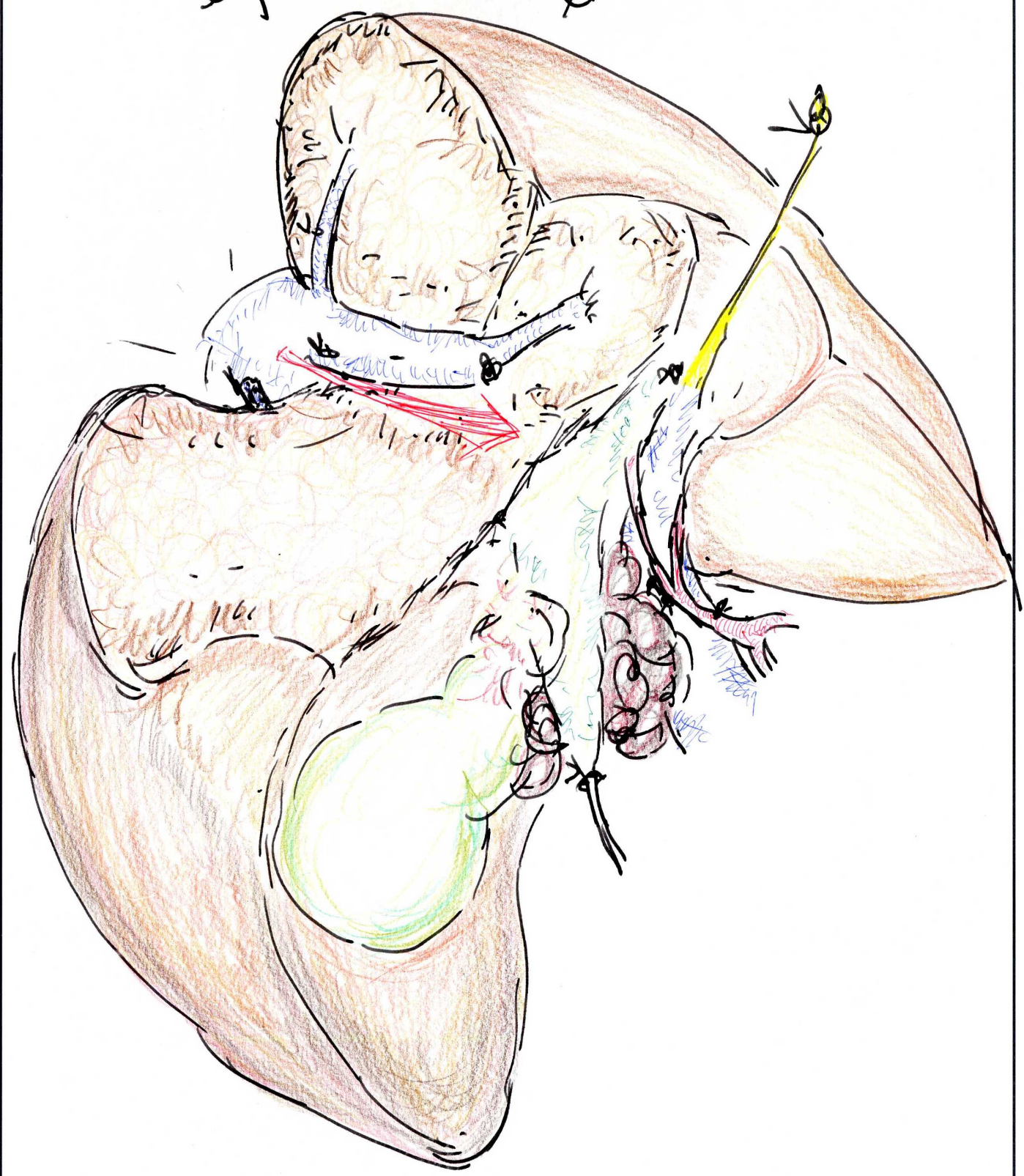


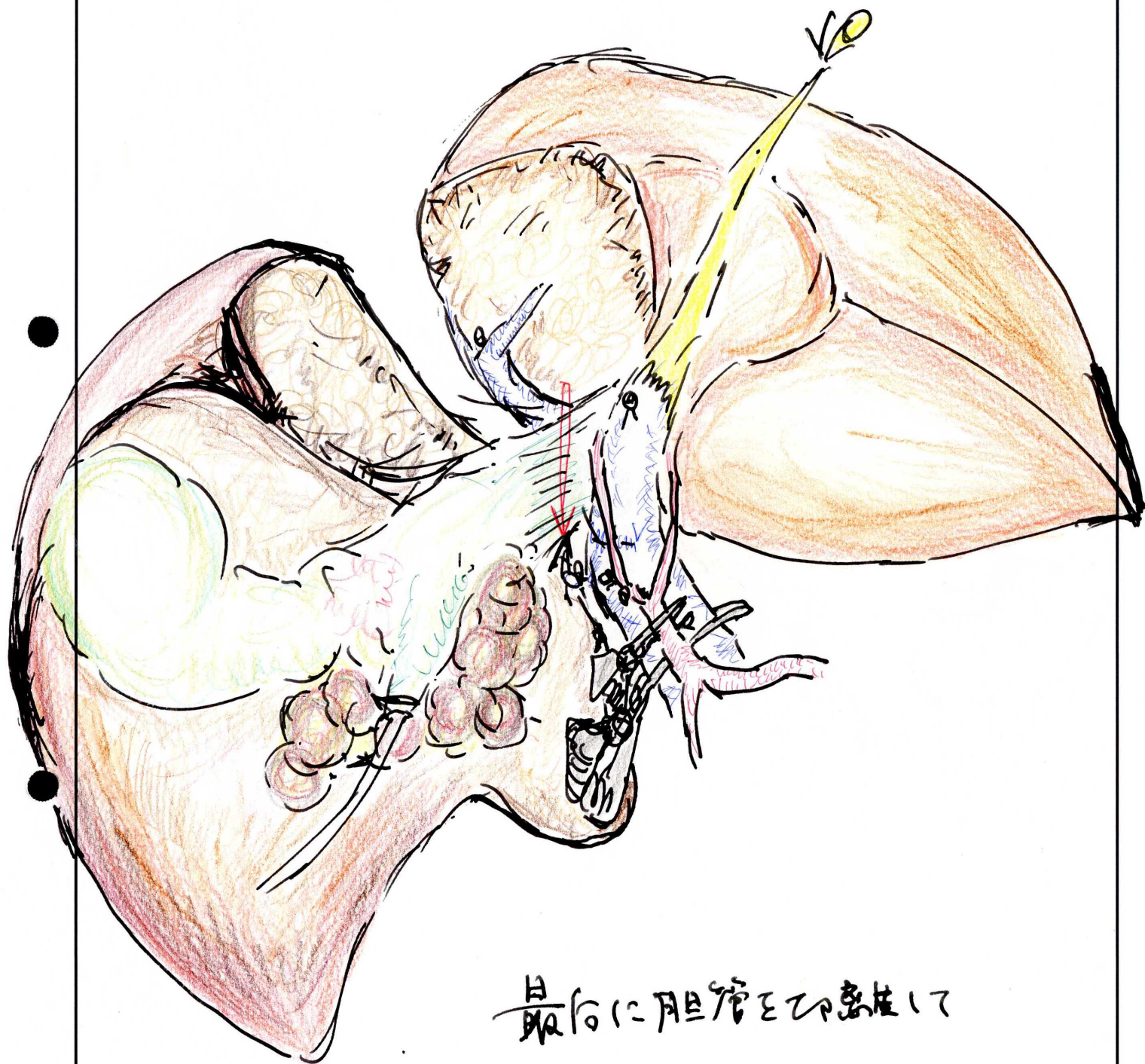
肝臓のHinf 70%
 remnant liver volume
 70%の肝臓を除去し
 肝臓を全て切除せず
 肝臓 line E
 設定して

MHVE expose
 T4 T5の合流部E
 確認して
 T5の肝臓



MHT9 28 1944 E
expose 1/2 1/2
candidate lobe
E to 1/2 1/2 3/1 1/2
liver transection

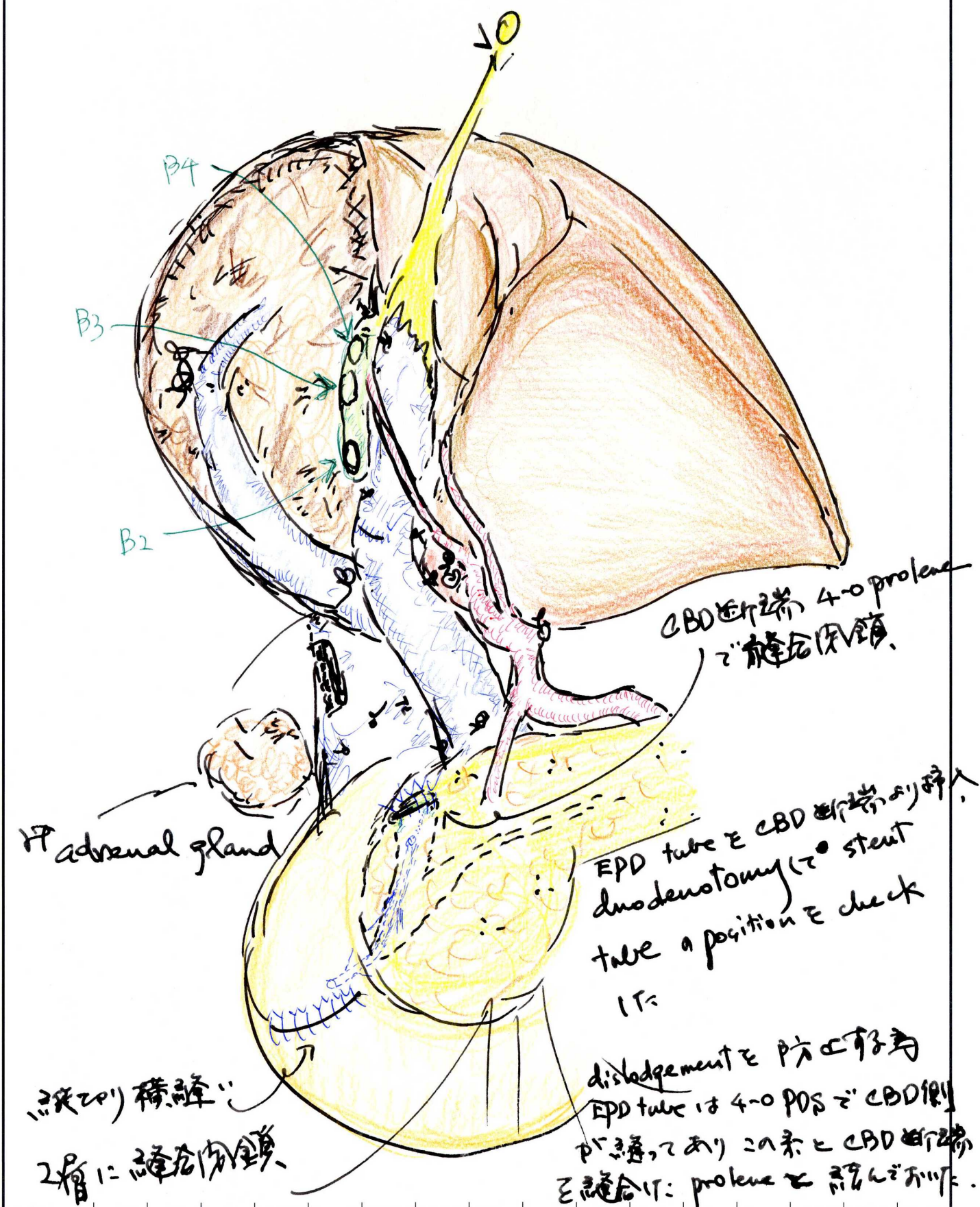




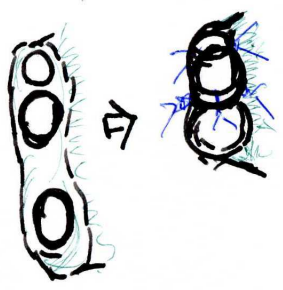
最後に胆管を切断して
切除終了

frozen ~ hm ⊖

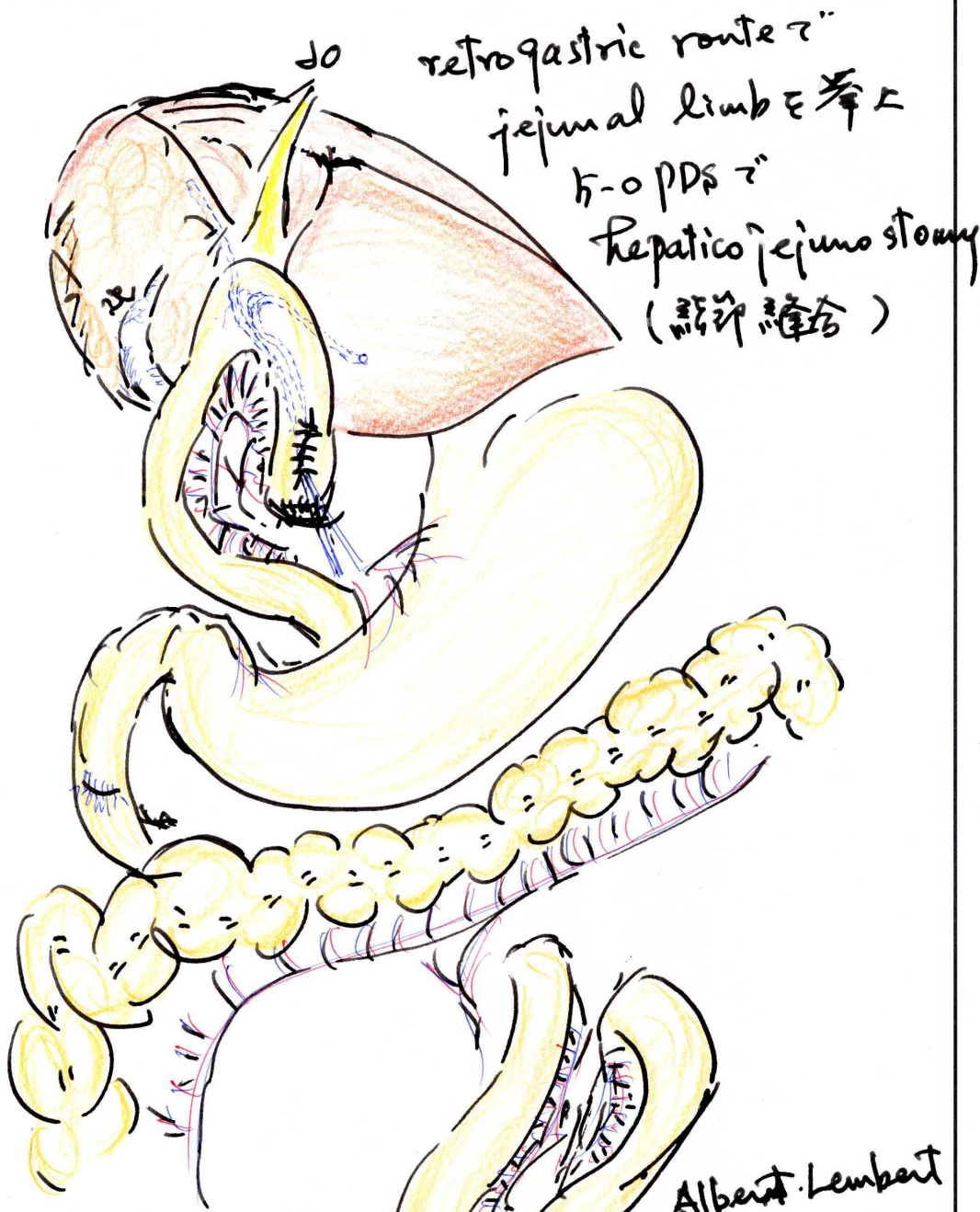
胆管結紮術図



B4
B3
B2



5-0 PDS 2" Hepaticoplasty (B2に吻合して1/2:P" 17cm可能にあり)



lavage
hemostasis 確認
mesenterium 吻合固定
drain 2 管置、1 吻合
ope 終了

Albert-Lembert
吻合

Yoshiaki
Sato