



The 2007 Macau International Forum on Hepato-Biliary Pancreatic Surgery

April 13(Fri.) ~ 16(Mon.), 2007, Macau SAR, China
[http:// www.macao-surgery.org/2007MHBPF/index.htm](http://www.macao-surgery.org/2007MHBPF/index.htm)

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3. The abstract will be printed as submitted and will NOT be edited by the Secretariat. Please submit a clearly printed abstract, typed in **10 points, single spaced** and if possible, using **Times New Roman** font.
4. The abstract title, author name(s) and affiliation(s) must fit inside the lines of the rectangle on the form.
5. Abstract title must be typed in **BOLD CAPITAL LETTERS**. Do not underline any words in the title.
6. **AUTHORS' NAMES** should be typed in **CAPITAL LETTERS**. Each author should be listed by affiliation where the scientific work was undertaken, city and country, following the last author's name. The name of the presenting author should be underlined.
7. Abstract should be no more than **250 words**.
8. Common abbreviations may be used without definition. For less common abbreviations, spell them out the first time they are used and follow them with their abbreviations in parentheses.
9. Abstract should be precise and as concise as possible. The content of the abstract should start without an indent and should include:
 - A sentence starting the aim of the study
 - A brief statement of the methods used
 - A Summary of the results
 - A Statement of conclusions
 - Tables and figures may be included
(Aim, Methods, Results, and Conclusions should be clearly presented.)
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Sample Abstract

LAPAROSCOPIC LIVER RESECTION IN A SINGLE INSTITUTION

YOO-SEOK YOON, HO-SEONG HAN, JIN-YOUNG JANG, SUN-WHE KIM, YONG-HYUN PARK

Department of Surgery, Seoul National University College of Medicine, Seoul, Korea

Aim: The aim of this study is to assess the feasibility and clinical outcomes of laparoscopic liver resection by reviewing our experiences of laparoscopic liver resection performed in a single institution.

Methods: We retrospectively analyzed the clinical outcomes of 49 patients who had undergone laparoscopic liver resection for various liver diseases between May 2003 and February 2006.

Results: The patients were composed of 31 men and 18 women, with a mean age of 55.7 years. Indications for laparoscopic liver resection included 30 cases of tumor (21 hepatocellular carcinoma, 2 metastasis from colon cancer, 7 benign tumor) and 19 cases of IHD stones. Operative procedures were 17 cases of tumorectomy, 18 cases of left lateral sectionectomy, 10 cases of left hepatectomy, 4 cases of right posterior sectionectomy, and 1 case of right hepatectomy. Mean operation time was 316.7 minutes. Intraoperative transfusion was needed in 17 patients (34.7%) with a mean amount of 1.5 units. There was one postoperative mortality (2.0%) due to biliary sepsis after left lateral sectionectomy for IHD stone. Postoperative complications developed in 8 cases (16.3%) (2 intraabdominal abscess, 1 hematoma, 1 bile leakage, 1 ascites, 1 gastric variceal bleeding, 1 ulcer bleeding), all of which were improved by conservative management. Mean postoperative hospital stay was 11.0 days.

Conclusion: Our experiences show that laparoscopic liver resection is a feasible operation and is comparable to those of open method. However, prospective comparative study with long term follow-up is needed to confirm the equivalence.