

de Madrid

Asignatura: Trasplante Hepático

"¿Qué debe saber un hepatólogo de la técnica quirúrgica?

Modalidades alternativas de donación"

Javier Nuño

Hospital Universitario Ramón y Cajal, Madrid

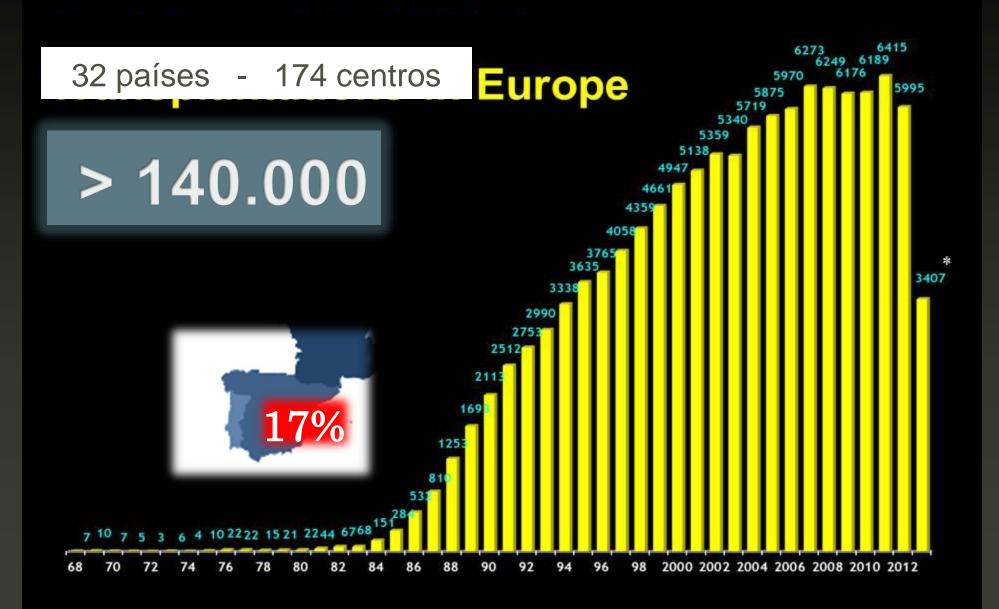




Trasplante Hepático en Europa



12/2013



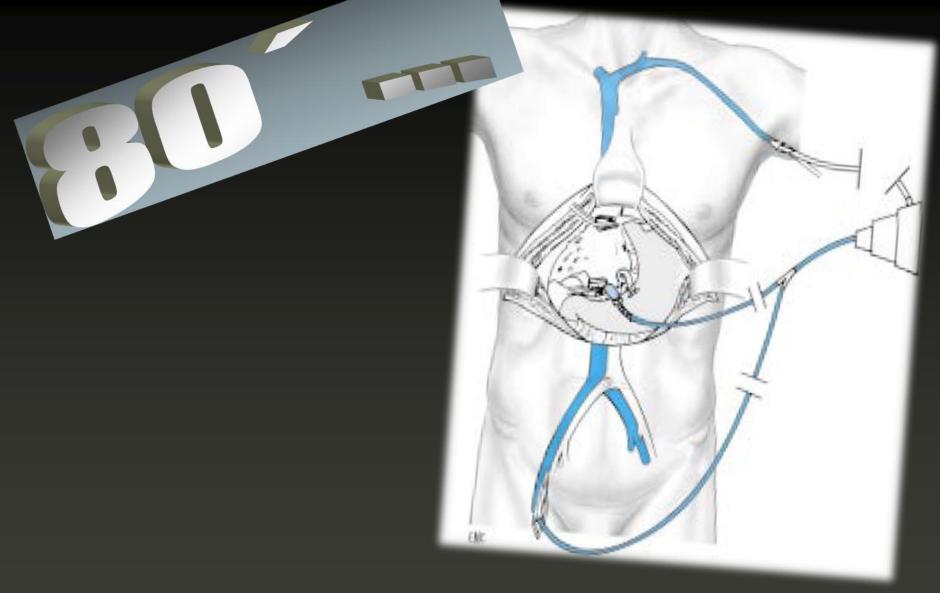
Clinical Transplantation

Review Article

The evolution of surgical techniques in clinical liver transplantation. A review

Polak WG, Peeters PMJG, Slooff MJH. The evolution of surgical techniques in clinical liver transplantation. A review. Clin Transplant 2009: 23: 546–564. © 2009 John Wiley & Sons A/S.

Wojciech G. Polak, Paul M.J.G. Peeters and Maarten J.H. Slooff



Bypass veno-venoso



Orthotopic Liver Transplantation Without Venovenous Bypass Using the Conventional and Piggyback Techniques

P.S. Vieira de Melo, L.E.C. Miranda, L.L. Batista, O.C.L.F. Neto, A.G. Amorim, B.D. Sabat, H.L.L. Cândido, L.C.L. Adeodato, R.S. Lemos, G.L. Carvalho, and C.M. Lacerda

Langenbeck's Arch Surg (2000) 385:350-356 DOI 10.1007/s004230000149

ORIGINAL

U.J. Hesse

F. Berrevoet

R. Troisi

P. Pattyn

E. Mortier

J. Decruyenaere

B. de Hemptinne

Hepato-ver

two were eventually fatal. Conclusion: Preservation of the recipient's vena cava and LLC can reduce, but not avoid, the requirement for venovenous bypass. In orthotopic liver transplantation, postoperative hemorliver transi rhage, as measured by surgical reviof the recip sions and requirement for blood and veno-v products, is significantly reduced with LLC with and without bypass.

Clinical Transplantation

Insertion and management of percutaneous veno-venous bypass cannula for liver transplantation: a reference for transplant anesthesiologists

Sakai T, Gligor S, Diulus J, McAffee R, Marsh JW, Planinsic RM. Insertion and management of percutaneous veno-venous bypass cannula for liver transplantation: a reference for transplant anesthesiologists. Clin Transplant 2010: 24: 585–591. © 2009 John Wiley & Sons A/S.

Tetsuro Sakai^a, Silviu Gligor^{b*}, John Diulus^c, Richard McAffee^d, J. Wallis Marshe and Raymond M. Planinsic^f

Veno-venous bypass versus none for liver transplantation (Review)

Gurusamy KS, Koti R, Pamecha V, Davidson BR

The Cochrane Library 2011, Issue 3

AUTHORS' CONCLUSIONS

Implications for practice

There is no evidence to support or refute the routine use of venovenous bypass in liver transplantation.

There is no evidence to prefer any particular technique of venovenous bypass in liver transplantation. However, the open technique appears to increase the operating time without evidence of benefit over percutaneous approach.

Transplant International

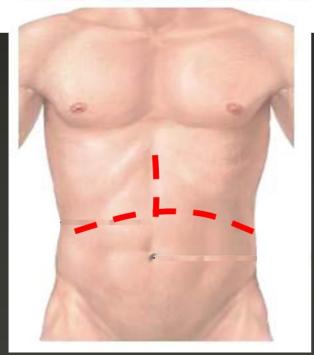
LETTER TO THE EDITOR

Reducing the incidence of incisional hernia after liver transplantation

doi:10.1111/j.1432-2277.2009.00992.x

Gastaca M, Valdivieso A, Ruiz P, de Urbina J

Transpl Int 2010: 23(5):559-60





evolution of surgical techniques in cal liver transplantation. A review



HPB 2011, 13, 692-698

ORIGINAL ARTICLE

Survey of adult liver transplantation techniques (SALT): an international study of current practices in deceased donor liver transplantation

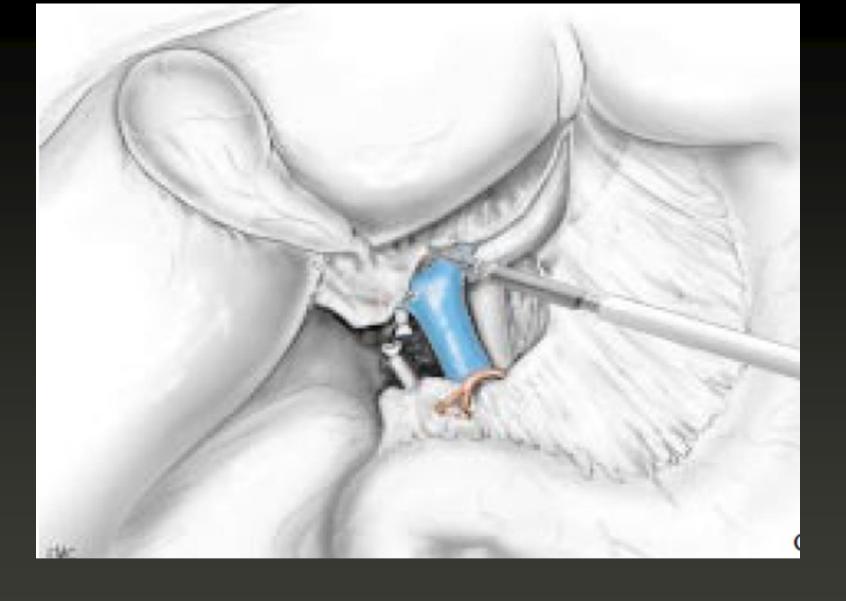
Michael D. Kluger^{1,2}, Riccardo Memeo², Alexis Laurent², Claude Tayar² & Daniel Cherqui^{1,2}

¹Section of Hepatobiliary Surgery and Liver Transplantation, New York Presbyterian Hospital – Weill-Cornell Medical Center, New York, NY, USA, and ²Department of Digestive and Hepatobiliary Surgery and Liver Transplantation, Hôpital Henri Mondor, Créteil, France

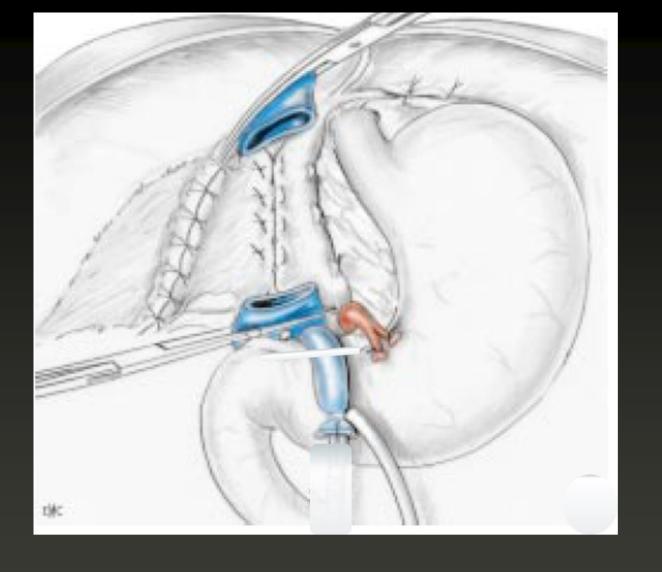
Técnica Quirúrgica

- .- Laparotomía subcostal bilateral
- 2.- Disección del hilio hepático y de la triada portal
- 3.- Disección de la vena cava infrahepática
- 4.- Disección de la vena cava suprahepática
- 5.- Hepatectomía con / sin preservación de V. Cava
- 6.-Anastomosis vasculares
- -Anastomosis biliar

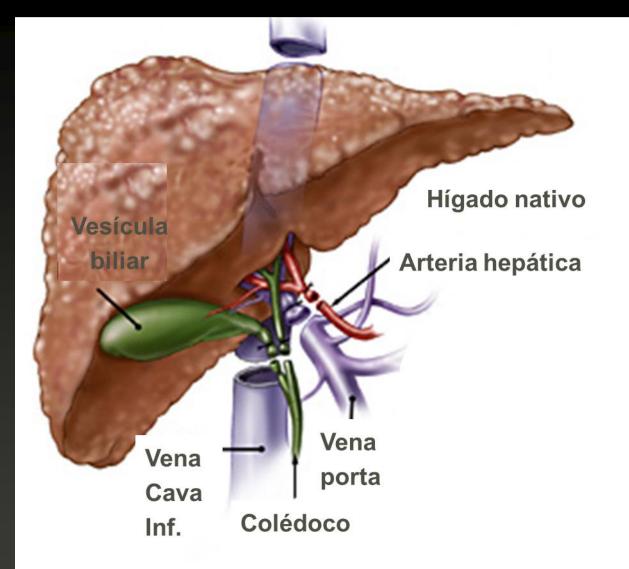




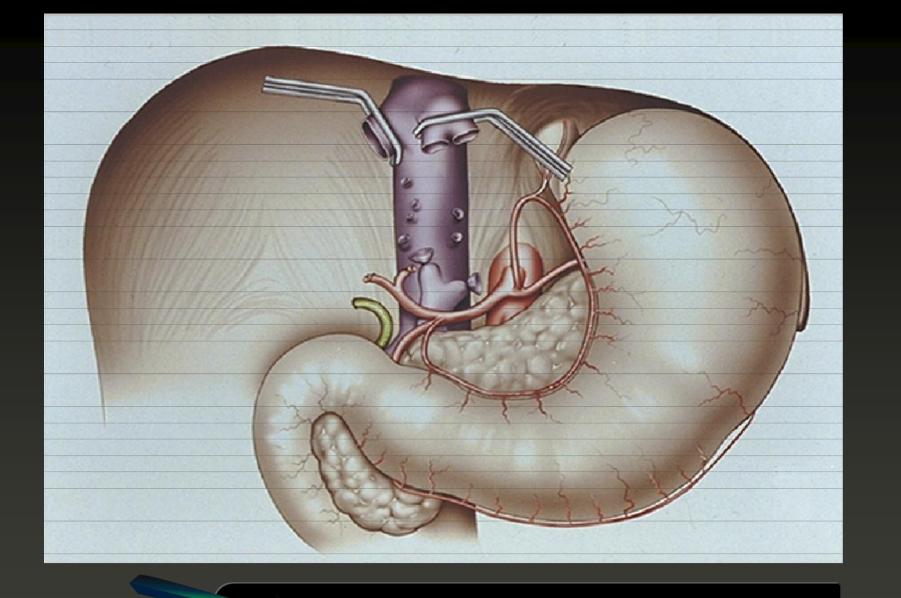
Disección hiliar



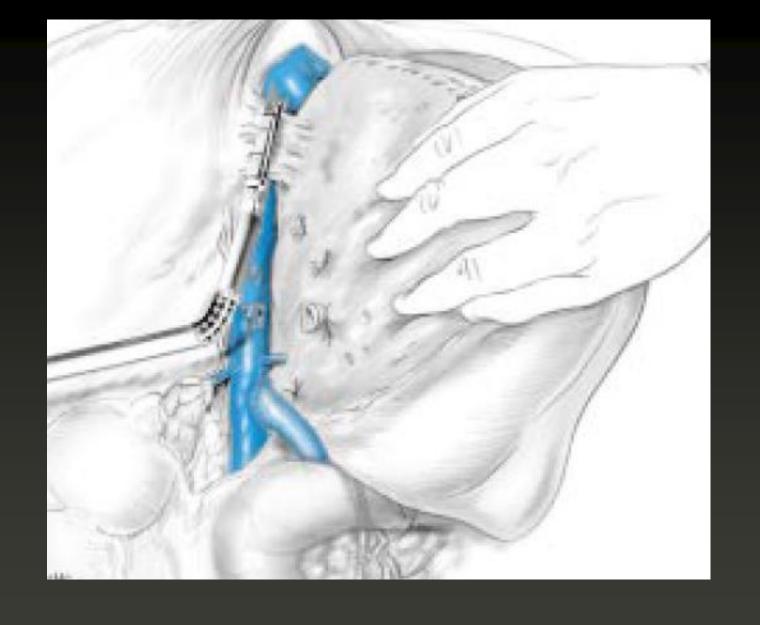
Técnica clásica



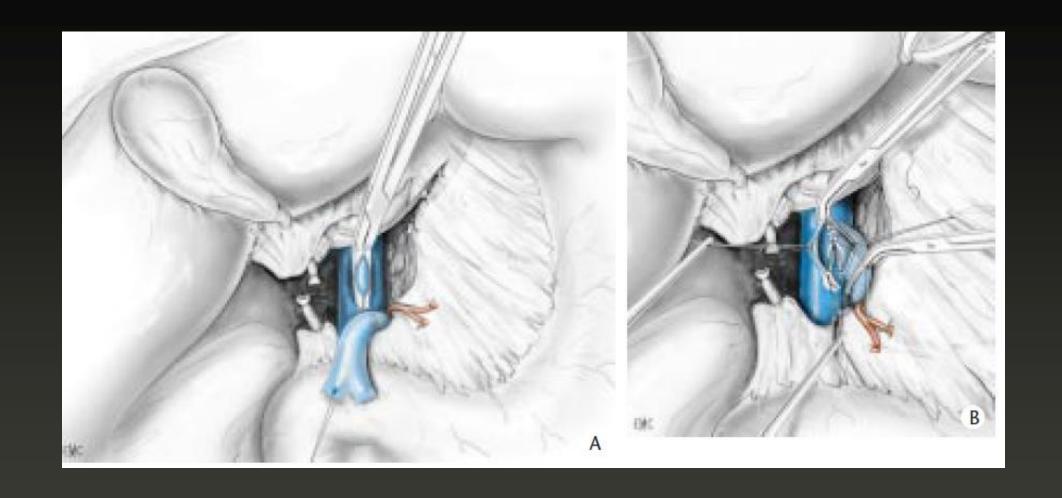
Técnica clásica



Piggyback



Preservación de v. cava



Anastomosis porto-cava

Liver Transplantation with Preservation of the Inferior Vena Cava: Lessons Learned through **2,000 Cases**

David M Levi, MD. FACO NT.

LIVER TRANSPLANTATION 15:466-474, 2009

ORIGINAL ARTICLE

A Single-Center Experience of 500 Liver Transplants Using the Modified Piggyback Technique by Belghiti

Arianeb Mehrabi, Zhoobin A. Mood, Hamidreza Fonouni, Arash Kashfi, Norbert Hillebrand, Department of General, Visceral, and Transplantation Surgery, University of Heidelberg, Sascha A. Müller, Jens Encke, Markus W. Büchler, and Jan Schmidt

Germany



Transplant International ISSN 0934-0874

ORIGINALARTICLE

Temporary intraoperative porto-caval shunt: useless or beneficial in piggy back liver transplantation?

Sebastian Pratschke, ¹ Georgios Meimarakis, ¹ Christiana I. Barrella Reinhart Zachoval ³ Maril

LIVER TRANSPLANTATION 14:1414-1419, 2008

REVIEW

Temporary Portocaval Shunt in Orthotopic Liver Transplantation: Need for a Standardized Approach?

Diego Davila, Adam Bartlett, and Nigel Heaton

King's College London School of Medicine at Denmark Hill, Institute of Liver Studies, King's College Hospital, Denmark Hill, Camberwell, London, United Kingdom

[Intervention Review]

Techniques of flushing and reperfusion for liver transplantation

Kurinchi Selvan Gurusamy¹, Prashant Naik², Mahmoud Abu-Amara³, Barry Fuller³, Brian R Davidson¹

¹Department of Surgery, Royal Free Campus, UCL Medical School, London, UK. ²HPB & Liver Transplant Surgery, 8 South, Royal Free Hospital, London, UK. ³University Department of Surgery, Royal Free Hospital and University College School of Medicine, London, UK

Contact address: Kurinchi Selvan Gurusamy, Department of Surgery, Royal Free Campus, UCL Medical School, Royal Free Hospital, Pond Street, London, NW3 2QG, UK. kurinchi2k@hotmail.com.

Editorial group: Cochrane Hepato-Biliary Group.

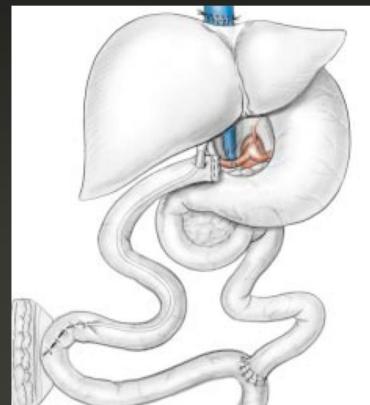
Publication status and date: New, published in Issue 3, 2012.

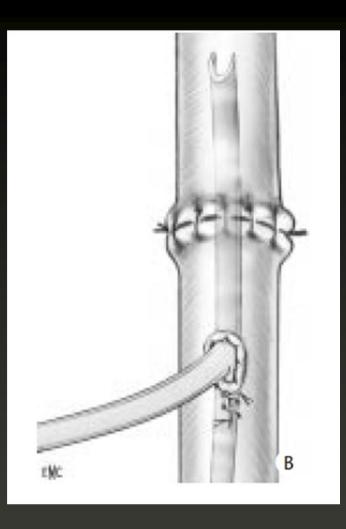
Review content assessed as up-to-date: 3 December 2011.

Citation: Gurusamy KS, Naik P, Abu-Amara M, Fuller B, Davidson BR. Techniques of flushing and reperfusion for liver transplantation. Cochrane Database of Systematic Reviews 2012, Issue 3. Art. No.: CD007512. DOI: 10.1002/14651858.CD007512.pub2.

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Clinical Transplantation

T-tube or no T-tube for bile duct anastomosis in orthotopic liver

T-tube or no T-tube for bile duct anastomosis in orthotopic liver

T-tube or no T-tube for bile duct anastomosis in orthotopic liver

Ajith K. Sankarankutty, Enio D. Mente, Nathalia M. Cardoso O.

T-tube

T-tube or no T-tube for bile duct anastomosis in orthotopic liver

RANDOMIZED CONTROLLED TRIAL

T-tube or No T-tube in Cadaveric Orthotopic Liver Transplantation: The Eternal Dilemma

Results of a Prospective and Randomized Clinical Trial

Rafael López-Andújar, MD, PhD,* Eva Montalvá Orón, MD, PhD,* Andrés Frangi Carregnato, MD,* Fabio Vergara Suárez, MD,* Angel Moya Herraiz, MD, PhD,* Fernando San Juan Rodríguez, MD,* Juan José Vila Carbó, MD, PhD,* Eugenia Pareja Ibars, MD, PhD,* Javier Escrig Sos, MD, PhD,† Angel Rubín Suárez, MD,‡ Martín Prieto Castillo, MD, PhD,‡ José Mir Pallardó, MD, PhD,* and Manuel De Juan Burgueño, MD, PhD*

Ann Surg 2013;258: 21-29)

ADVANCES IN SURGICAL TECHNIQUE

Technique and Results of Biliary Reconstruction Using Side-to-Side Choledochocholedochostomy in 300 Orthotopic Liver Transplants

Peter Neuhaus, M.D., Ph.D., Gerhard Blumhardt, M.D., Wolf O. Bechstein, M.D., Rudolf Steffen, M.D., Klaus-Peter Platz, M.D., and Heinrich Kecture Vol. 219 • No. 4

From the Department of Surgery, Free University of Berlin, Un Berlin, Germany

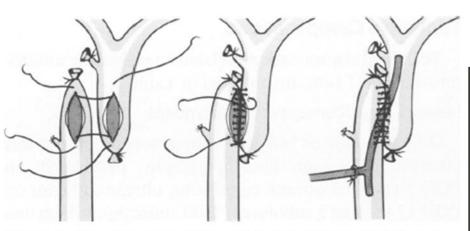


Figure 1. Operative steps of the side-to-side choledochocholedochostomy.

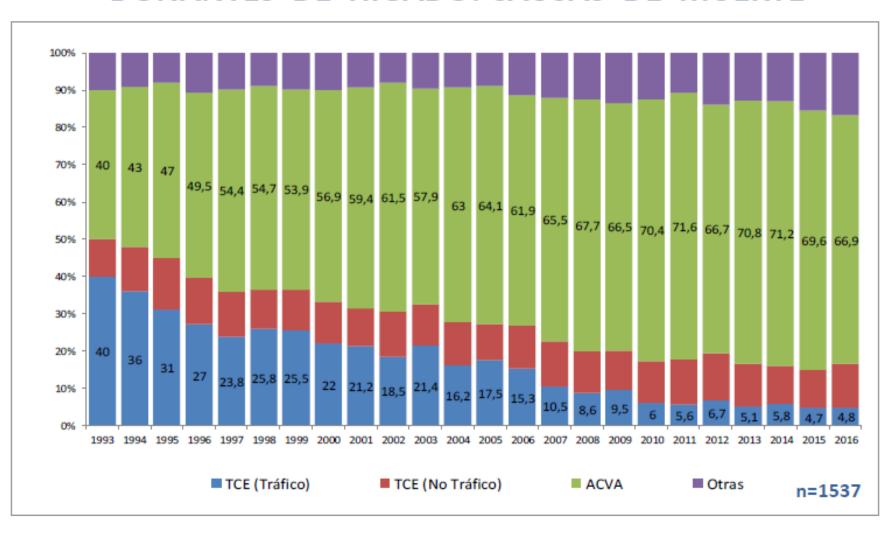
Biliary Reconstruction Using a Side-to-Side Choledochochostomy With or Without T-Tube in

Sascha Weiss, MD, Sven-Ch Schmidt, MD, Frank Ulrich, MD, Andreas Pascher, MD, PhD, Martin Stockmann, MD, PhD, Gero Puhl, MD, PhD, and Peter Neuhaus, MD, PhD



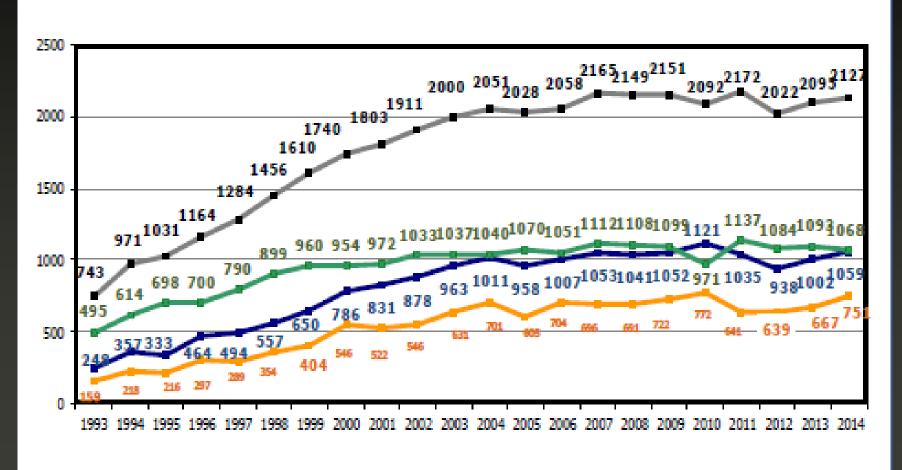


DONANTES DE HÍGADO: CAUSAS DE MUERTE



EVOLUCIÓN LISTA DE ESPERA GLOBAL TRASPLANTE HEPÁTICO





TRASPLANTE

INDI CACIONES

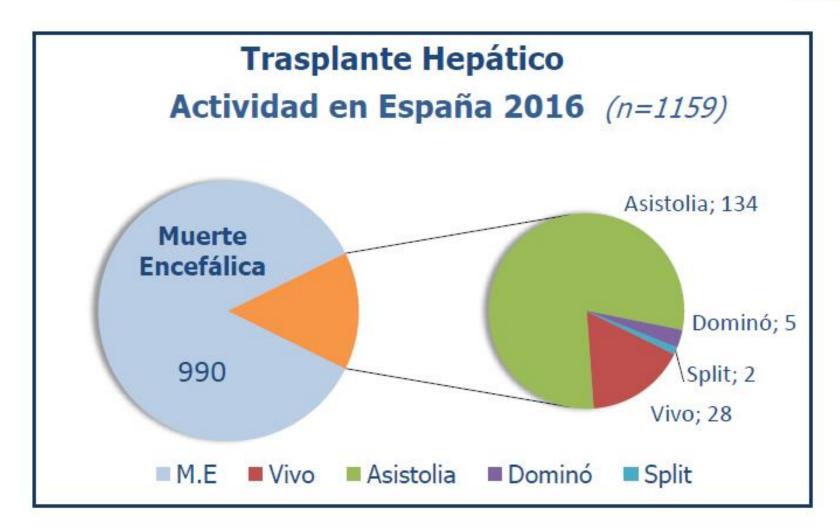
DIFERENCIA LE-TX

FINAL LE

replanteamientos



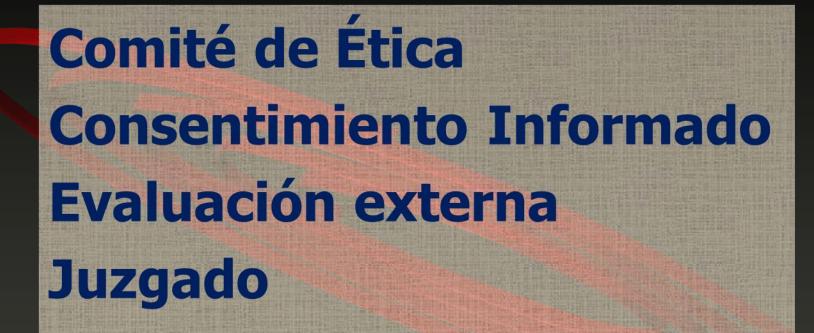














TRASPLANTE DE DONAN

Morbilidad en el donante: 5% (Clavien grado III)

Hospitales Universitarios La Paz & Ramon y

Supervivencia del enfermo

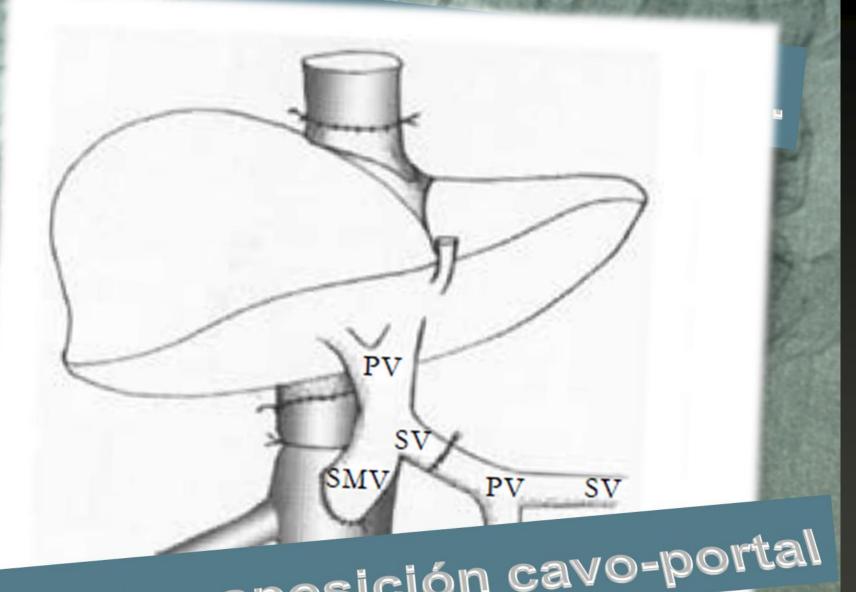


Supervivencia del injerto



181 TH

meses



Hemitransposición cavo-portal

Anastomosis reno-portal



Arterialización portal



Portal Vein Arterialization in Liver Transplantation: An Option to

Restore Arterial Flow: A Case Report G. Housari, J. Nuño, P. Calero, A. López-Buenadicha, R. Peromingo, J. Díe-Trill, and P. López-Hervás



Arterialización



Auxiliary partial orthotopic liver transplantation (APOLT) for fulminant hepatic failure: first successful case report

G. Gubernatis, R. Pichlmayr, J. Kemnitz

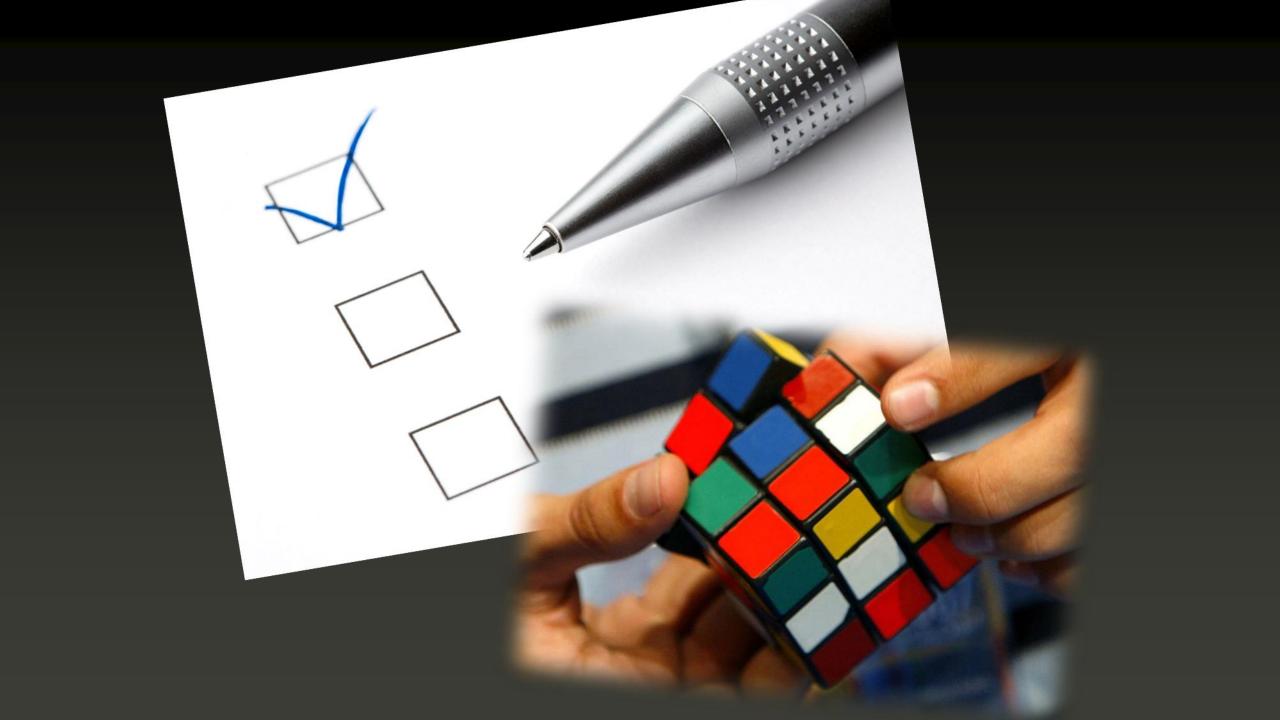


Auxiliary Heterotopic Liver Transplantation With Portal Vein Arterialization for Fulminant Hepatic Failure

Carlos Margarit,* Itxarone Bilbao,* Ramón Charco,* José Luis Lázaro,* Ernest Hidalgo,* Elena Allende,[†] and Enrique Murio*

Liver Transplante





		GRUPO EDAD RECEPTOR TOTAL 10.59 a ≥60 a 16552				
TIPO DE INJERTO			16-39 a	40-55	≥60 a 4221 (96.3%)	16552 (95.3%) 107
TIPO DE 1	0-2 a	410 (75.1%)	2034 (98.2%) 1	(98.3%) 30 (0.3%)	76 (1.7%)	(0.6%) 195
Cadáver	(42.570)	-	10	44 (0.4%)	(0.9%) 42	(1.1%) 257 (1.5%)
Dominó	70 (12.8%)	31 (5.7%) 18	(0.5%)	81 (0.8%)	(1%)	254 (1.5%)
Split	103 (18.9%)	(3.3%)	(0.6%)	11 (0.1%)	4381	17365 (100%)
Vivo	141 (25.8%)	(15.9%)	20.	9821	(100%)	(100/4)
Reducido TOTAL	546 (100%	(100%	(100%	0)		
1017.5						

Recipient Splenic Artery Utilization for Arterial Re-Anastomosis in Living Donor Liver Transplantation: Single-Center Experience

Turgut Piskin¹, Tolga Demirbas², Levent Yalcin³, Onur Yaprak², Murat Dayangac², Necdet Guler², Fusun Bulutcu⁴. Yildiray Yuzer² and Vamor Teles²

LIVER TRANSPLANTATION 19:667-668, 2013

LETTER TO THE EDITORS

Liver Transplantation and Splenic Artery Steal



Portal Vein Arterialization for Liver Transplantation With Extensive Portomesenteric Vein Thrombosis: A Case Report

S. Nivatvongs, B. Sirijindakul, and B. Nontasoot

Transplantation Proceedings, 43, 755-757 (2011)



Portal Vein Arterialization in Liver Transplantation: An Option to G. Housari, J. Nuño, P. Calero, A. López-Buenadicha, R. Peromingo, J. Díe-Trill, and P. López-Hervás

Restore Arterial Flow: A Case Report





de Madrid

