

Procedure Information Sheet - Hepatectomy

Introduction

The operation of removing liver. Partial hepatectomy is the removal of one or more lobes of the liver; it may be carried out after severe injury or to remove a tumour localized in one part of the liver.

Indications

1. Malignant or benign neoplasms of liver.
2. A choice to treat intrahepatic stones or parasitic cysts of liver.

Procedure

1. Under general anaesthesia.
2. Incision upper abdomen.
3. Excise the tumor, infected area, hepatic duct of liver.
4. Drain is inserted for drawing off fluid from the abdomen if necessary.
5. Abdominal wound closed.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. No food or drink is allowed 6 to 8 hours before operation.

Possible risks and complications

1. Bleeding.
2. Liver failure.
3. Injury hepatic duct and biliary fistula.
4. Pulmonary embolism.
5. Abdominal sepsis, Wound infection, Septicemia.
6. Mortality rate varies (0-10%).

Post-operative information

A. Hospital care

1. Intensive nursing care and observation after the operation.
2. May feel mild throat discomfort or pain because of intubation.
3. May experience tired, nausea and vomiting after general anaesthesia, inform nurses if severe symptoms occur.

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4. Pain relief is usually well managed with pain control medication if you feel painful with your wound.

➤ **Wound care**

1. Keep dressing intact after operation. One or two tubal drains within abdominal cavity may be placed for draining of fluid.
2. Avoid pulling the drain when moving your body.
3. The tubal drain may be removed depends on the content of fluid drained.
4. Off stitches will be taken off around 7-10 days.
5. Avoid tight garment and pressure on wound/dressing.

➤ **Diet**

1. Diet is restricted in the immediate post-operative period. It is gradually resumed (fluid, soft and normal diet) when bowel function resilience and instructed by your doctor.

➤ **Activities**

1. Only resume light activities within 24-48 hours after the operation, use your hand protect your wound when you get out of bed.
2. Early ambulation can recover faster. Activities should be increased gradually and depends on your tolerance and condition.

B. Home care after discharge

1. Contact your doctor if severe pain, tenderness, purulent discharge, abdominal pain, severe vomiting, fever (body temperature above 38°C or 100°F), rigor or jaundice occurs.
2. Diet: consume less in each meal if you are loss of appetite or digestive discomfort.
3. Medication: you may take analgesics as prescribed by your doctor if necessary.
4. Avoid lifting heavy object for the first 4-6 weeks.
5. Avoid reaching too high level or low level of object that preventing body from excessive extends or bends.



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6. Fully recovery may be needed 3-6 months and depends on individual condition.
7. Follow up as instructed by your doctor.

Remark

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.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: _____

Pt No.: _____

Case No.: _____

Sex/Age: _____

Unit Bed No: _____

Case Reg Date & Time: _____

Attn Dr: _____

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____