

LIVER RESECTION

This pamphlet contains information about your operation.

Please remember this booklet is not a substitute for asking questions of your specialist. You are always welcome to ask questions and we would encourage you to do so.

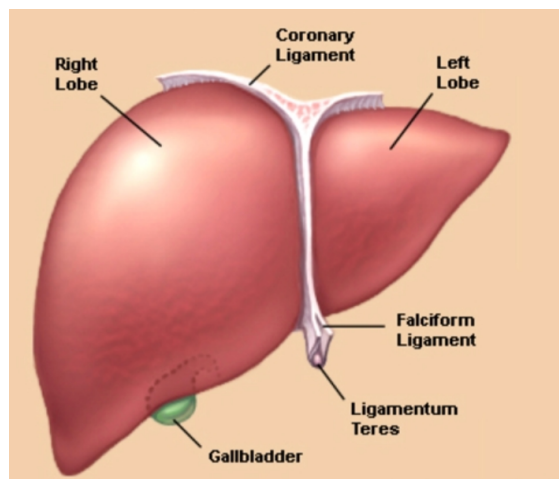
Introduction

Your specialist has recommended that you have an operation called a liver resection. The reason for this operation is likely to be because your specialist believes there is a lesion (either benign or malignant) that can be removed from part of your liver.

We know that removing the liver lesion through an operation is the only way in which it can be cured. Treatment with chemotherapy is not an alternative that offers cure but may be helpful in slowing it down if the lesion is a malignant lesion.

The liver

Your liver is a large organ found on the right side of your body under the rib cage. It has many vital functions, but you can live with only a part of your liver working. A few weeks after the operation, the part of your liver that was removed will grow back. Although its shape will be different, you will not notice any difference.



The part of the liver that gets removed will depend on where the lesion is.

Potential complications

A liver resection is a major operation. This operation carries a risk of complications. The potential complications and the percentage of patients who are affected are listed below:

- Chest infection – about 10%
- Wound infection – about 5%
- Bleeding and return to theatre for an operation – about 1%
- Bile leak from cut surface of liver – about 10%
- Liver failure (remaining liver cannot cope) – about 1%

Some people experience jaundice (yellowing of skin and whites of eyes) as a result of the liver working harder and having to cope after some of it has been removed.

Liver resections can be carried out by laparoscopic (keyhole) surgery or open surgery. This depends on the location of the lesion and the complexity of the operation.

Laparoscopic liver resection allows removal of part of the liver using small incisions to insert a camera and instruments. The resected liver will usually be removed via an incision in the lower abdomen, which causes less pain than open surgery. Your surgeon will advise you if keyhole surgery is possible for your condition.

After open liver resection, you may experience some numbness around the scar. People who have experienced this numbness do not usually report that it makes any difference to their lives.

Unfortunately, a small proportion (about 2%) of patients will die as a result of the operation.

These are very general percentages and can change depending on the reason for your liver resection.

What anaesthetic will you have?

Our usual anaesthetic technique for pancreatic surgery is a combination of general and intrathecal anaesthesia. You are put completely to sleep, and a tube is put into your windpipe, so it is not uncommon to get a sore throat after the operation.

You are likely to have several tubes attached to you after your surgery. These will include a narrow tube, called a catheter, for giving pain medication infusions into your wound (local anaesthetic infusion). These tubes will stay in place for 3-5 days. They are very fine, so you will be able to lie on your back and sit and walk comfortably.

After the operation, we will give you a PCA (patient-controlled analgesia) button to control the amount of painkiller that you get through the cannula. The pump is designed to prevent an overdose, so for a few minutes after you have pressed the button it will not deliver another dose.

You will have a chance to meet the anaesthetist on the day of the operation to ask them any questions you might have. Usually your anaesthetist will be in touch with you a few days before the operation to discuss about your medical history.

You may need to be monitored in the Intensive Care Unit (ICU) after surgery.

Before you come into hospital

You will be contacted by the hospital prior to the admission. You will also be contacted by the anaesthetist of your operation. This is mainly to assess if you are fit enough for surgery. There will be tests requested which may include ECG (trace of the heart), blood tests and scans.

You will also be given instructions about when to stop eating, what extra high-calorie drinks to have and when and what to do on the day of admission to hospital.

Day before your operation

You will usually be admitted to hospital on the day of the operation. You can eat normal food until 6 hours before your operation. You can consume clear fluids up to 2 hours before. This excludes anything where you cannot read a newspaper

print through the bottle with the liquid inside. After this time, you will be asked to stop eating and drinking.

Stay in hospital

After your operation, you will be transferred to the ICU (Intensive Care Unit). You will have several drips and tubes. They are all temporary and will be removed over the next few days. This will include a catheter into your bladder to allow you to pass urine and usually a drain or two into your abdomen.

Pain medication will be given through a pump which is attached to a drip in your arm that you will need to press. This is called patient controlled analgesia or PCA. You will also likely have a pump that continuously infuse local anaesthetics into your wound continuously for 2-3 days (especially if the operation was done with an open approach). These pumps usually get removed a few days after the operation. You will also be given tablets for pain and sickness when you are able to drink.

As you recover from the operation, you will initially be put on a fluid diet which will be upgraded to more solid food. You will also be encouraged to sit out of bed and as you get stronger, will be encouraged to walk. Complications after surgery are all reduced as a result of increasing activity levels and resulting in a shorter hospital stay.

Going home

You will be seen by your surgeon on a daily basis and you will be allowed to go home if:

- You feel confident about managing at home
- You are eating and drinking as well as carrying out normal activities like getting dressed
- You do not have a temperature or signs of a wound/chest infection
- You are walking round the ward fairly comfortably
- You are passing urine without difficulty

Most patients go home within 5-7 days after this operation. Going home can be very emotional. You may be looking forward to it and dreading it in equal measure. These feelings are normal. You will be instructed when to have the dressings removed. If your mobility is limited, you might be referred to a rehabilitation centre to help you transition home.

It can take up to 3 months before you regain full fitness after a major liver resection. You are likely to feel more tired than before the operation and have less energy. You may also feel frustrated that you are not able to carry out the activities you could previously. To help with your recovery, it is important to listen to your body. Planning a rest period during the day is helpful.

Although rest is important, mobilising is also a vital aspect of the recovery process. Gentle exercise, once your wound is healed, will help you to regain some of your previous level of independence and help avoid complications associated with surgery such as deep vein thrombosis (DVT).

Initially, you should avoid strenuous tasks such as lifting, stretching or pulling but these activities can be reintroduced and increased over the coming weeks.

Being ready to drive will vary from person to person. Before you do drive, you must be able to perform an emergency stop without hesitating. We would suggest that you practice somewhere quiet. Some of the painkiller medications may make you feel drowsy and if they do, we would recommend you do not drive until you no longer need to take them. It is

always a good idea to check with your insurance company before you return to driving as they may have their own restrictions.

Coming back to clinic

You will be given an appointment to come back to see your surgeon when you leave the ward. If you have not received an appointment within a week of going home, please ring us on 9466 8718.

When you come to clinic you will have an opportunity to ask questions, so it may be a good idea to write these down beforehand. The results of any histology will be discussed with you. Histology is when the tissue removed during the operation is looked at under the microscope.

Report to your surgeon

Let your surgeon know at once if you have any of the following signs or symptoms:

- fever greater than 38°C or chills
- redness, swelling, increasing pain or bleeding, or discharge from the incisions
- cough, shortness of breath, chest pain, severe nausea or vomiting
- pain or swelling in your feet, calves or legs
- yellow skin or eyes, or dark urine
- inability to eat or drink
- persistent weakness or dizziness
- any other pains or concerns.

Costs of treatment

Here at Melbourne North Specialist Centre, our surgeons do not charge a gap fee for your procedures performed in a private hospital. If you want to have your procedure done at a public hospital, our surgeons can advise you on the appropriate action. We can also provide you with an estimate of costs if you do not hold a private insurance but would like your procedure done in a private hospital. As the actual procedure may differ from the proposed procedure, the final account may vary from the estimate.