Chirurgia (Bucur). 2021;116(4):424-430
http://dx.doi.org/10.21614/chirurgia.116.4.424

A Single Center Experience in Liver Resection and Ablative Techniques: An Analysis of Six Years

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Abstract

Introduction: We present our 6-year experience with liver surgery and ablative techniques.

Method: An observational retrospective analysis from a prospectively maintained database was performed in our department. All the patients with liver resection, liver resection combined with intraoperative ablative techniques and percutaneous ablative techniques were included from January 1st 2014 to December 31st 2020.

Results: There were 249 patients analyzed: 273 patients with liver resection, 12 patients with liver resection combined with intraoperative MWA, 9 patients with open surgery MWA, 12 patients with percutaneous MWA, 1 patient with TACE and MWA, 1 patient with TACE and PEI, 10 patients with TACE, and 2 patients with PEI.

Conclusion: Liver disease should be managed in specialized centers which can offer a wide range of therapeutic options. With the improvement of the surgical technique and perioperative care, including optimized postoperative complication management, and carried out by well-trained surgeons, liver surgery can be performed with low mortality and acceptable morbidity.

Kew words: liver surgery, microwave ablation, TACE