



Liver Resection
Patient Information Booklet

Delivering the **best** in care

This booklet contains information about your operation. Please remember this booklet is not a substitute for asking questions of your doctor and specialist healthcare team. 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 cancer that can be removed from part of your liver.

We know that removing the cancer through an operation is the only way in which this cancer can be cured. Treatment with chemotherapy is not an alternative that offers a cure but may be helpful in slowing down and sometimes shrinking your cancer.

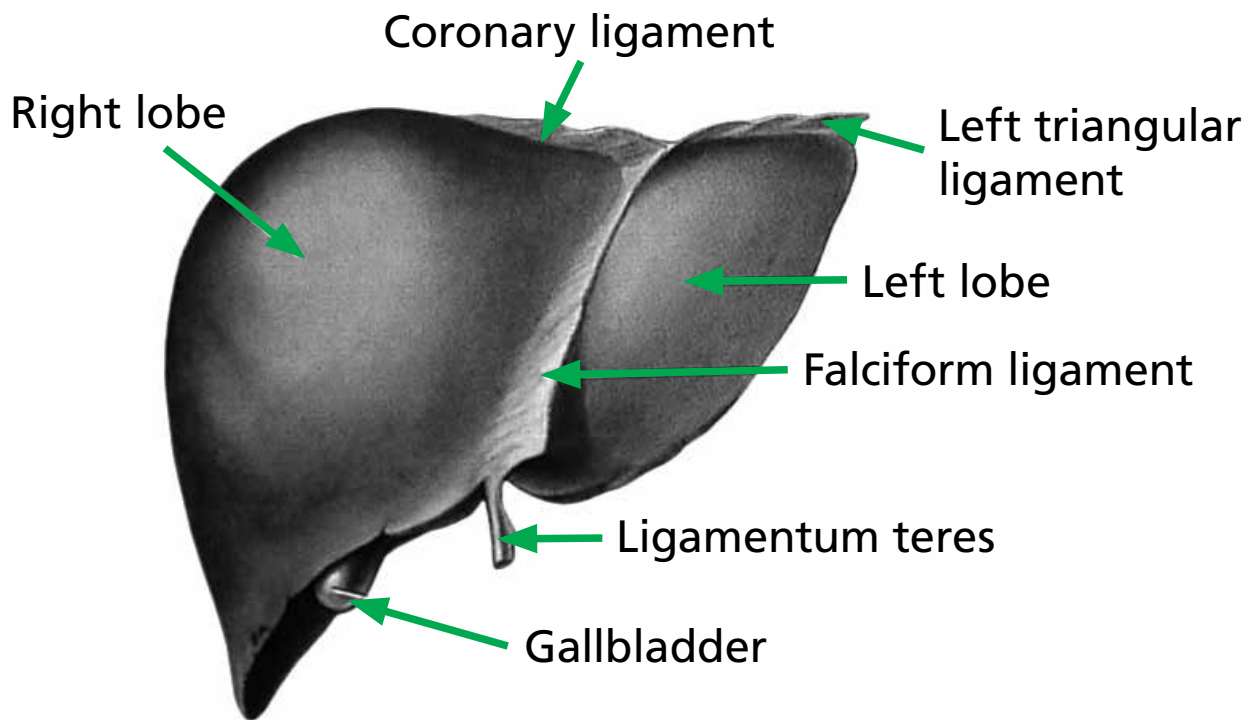
Information about your cancer will be given to you in a separate booklet. The purpose of this booklet is to give you information about what to expect when you have a liver resection.

The liver

Your liver is a large organ found on the right-hand side of your body, under your ribcage.

It has many vital functions, but you can live with only a part of your liver working. A few weeks after your operation, the part of your liver that was removed will grow back. Although the shape of your liver will be different, you will not notice any difference.

The liver has a right and left side, also known as lobes.



The part of your liver that gets removed or resected will depend on where the cancer is in your liver. For example, if your cancer is on the right side of the liver then you will have a right-sided liver resection. This is also known as a **right hemi-hepatectomy**.

A cancer on the left side would require a left-sided liver resection or **left hemi-hepatectomy**.

Your specialist believes that your cancer can be removed by resecting part of your liver. This decision is reached by looking at you and your scans and by consulting the radiologist (X-ray doctor) and other members of the team looking after you.

Unfortunately sometimes during an operation it becomes clear to the surgeon that there is more cancer present than first thought. In these circumstances resection of the liver does not take place. We know from our own experience and evidence from other specialist centres that putting you through this big operation will have no benefit for you. You will return from the operation theatre and be nursed on the ward. Your recovery from this operation may be quicker than if you had undergone a resection. After we have seen you in clinic, you will be referred to an oncologist (cancer doctor) to

discuss other treatment such as chemotherapy.

This may be different in patients with cholangiocarcinoma (bile duct cancer) who may undergo a bypass procedure. More information is given about this in the cholangiocarcinoma booklet.

You can expect to stay in hospital 7-10 days after a liver resection, although everyone is different.

Before the operation

You will be seen in the prescreening clinic prior to your operation date. This is because we need time to ensure that we have all the information we need to make your operation as safe as possible. You will need to have a chest X-ray and a tracing of your heart (ECG). You will also need a blood test.

You will then be asked to come into hospital on the day of your operation.

Your surgeon will discuss your operation with you again and you will be asked to sign a copy of the consent form (this may have been done already in clinic).

Your anaesthetist will also see you before your operation. The anaesthetist is the senior doctor who is responsible for you whilst you are asleep during your operation.

Please use this time with your specialists to ask any questions you may have about your operation or anaesthetic.

Please remember that if there is a liver transplant on the day of your planned operation then your surgery will be delayed. A delay may also occur if no critical care bed is available. We are very grateful for your understanding and patience.

Potential complications

A liver resection is a major operation and is only performed in a very specialist centre like the Liver Unit. Even in specialist centres such as ours, this operation has potential complications. The potential complications and the percentage of patients who are affected are listed below:

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

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

Jaundice in these circumstances is usually temporary, and goes when some new liver grows back.

The shape of the cut used for this operation is horizontal, following the natural shape and curve below your rib cage.

Because nerve endings are cut during the operation, this may leave you with some numbness around the scar site. People who have experienced this numbness do not usually report that it makes a difference to their lives.

Unfortunately there are a small percentage (about 3%) of patients who will die as a result of their operation.

These are very general percentages, and can change depending on the reason for your liver resection. More specific percentages will be found in the information booklet related to your cancer.

After the operation

After you return from theatre you will be nursed in Critical Care for 1 or 2 nights depending on how stable you are.

Although everyone is different, most people are awake but drowsy on the evening of their operation.

After your operation you will be given some extra oxygen to breathe for a few days. This is given to you via an oxygen mask. Several lines or drips are put in place whilst you are asleep. The main line is the drip into the large vein in your neck. This line is removed about 4-5 days after your operation.

You may also have a nasogastric tube put into place whilst you are asleep. A nasogastric tube goes down your nose and into your stomach. Its purpose is to help control any feelings of sickness you may have.

A urinary catheter is also put in place whilst you are asleep this will drain your urine whilst you are not able to get up and about easily. It is removed about 4-5 days after your operation.

A surgical drain is left in place in your abdomen after your operation. This is removed when the surgeon believes you are ready for it to come out; usually after 3-4 days.

Although we cannot guarantee you will be pain free. We are confident we will be able to help control any pain you may have.

Painkillers are usually given via an epidural line in your back. An epidural ensures a constant amount of painkillers where you need them.

If this is not successful for you then there are other ways through which we can deliver your painkillers.

Getting up and about

There are potential complications from laying in bed for too long. Therefore, on the first day after your operation, we will help you to get out of bed and to sit in a chair for a short time.

Your nurse and physiotherapist will help you practice deep breathing and coughing; this is important to prevent a chest infection.

After 1-2 days you will be moved onto the main ward. As your lines are removed and you start to eat and drink, you will start to feel better. You will be close to going home.