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## Bloodless liver resection for hepatocellular carcinoma (HCC) in cirrhotic patients using Habib sealer needle: An Egyptian single center experience study

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**Introduction:** The most common primary liver tumor is hepatocellular carcinoma. Hepatic resection remains the best treatment for liver tumors. In the absence of diffuse bilobar disease, vascular invasion or extrahepatic metastases, surgical management is indicated. Bleeding remains a significant factor affecting prognosis. The concept of introducing new bloodless techniques to facilitate surgical resection of liver tumors has stimulated hepatobiliary surgeons. This new procedure employs the heat produced by an RF needle electrode to coagulate the liver tissue before cutting it, thus permitting liver resection with reduced blood loss.

**Material & Methods:** Ninety six liver cirrhosis patients with hepatocellular carcinoma (HCC) were included in this study. All patients were submitted to confirm the diagnosis of HCC and evaluate the patients' liver conditions (Child-Pugh classification). Outcome measures were operative time, intra-operative blood loss, complications, hospital stay and recurrence of HCC.

**Results:** In this study a total of 96 cases were presented- 60 men and 36 women, whose mean age was 57.5. 92 (95.8 %) patients were Child-Pugh class A and 4 (4.2 %) were early class B, before treatment. Mean MELD (Model for End-Stage Liver Disease) score was 5. Mean platelets number was 154,250. Mean INR level was 1.18 (ranges from 1 to 1.4). Most of the patients 85 (88.5%) in this series had a solitary tumor, 10 patients (10.4%) had tow lesions excised and one patient had three lesions excised. The mean operative time was 113.4 minutes. The mean operative blood loss was 300 CC (range from 50 to 1200 cc) and the mean blood loss during parenchymal transection was 150 cc. The mean amount of blood transfusion 0.31 blood units (ranged from 0 to 2). The mean hemoglobin concentrations before and after the operation were 13.1, and 12.23 mg/dl respectively. The mean hospital stay time was 4 days.

**Conclusions:** This technique reduces the anesthetic time, operative time, and amount of blood loss. These are significant improvements for both the patient and the surgeon. Liver resection becomes a less risky surgical procedure; it eliminates the need for intensive care unit facilities; and less postoperative mortality and morbidity is encountered because of the smaller surgical insult to the patient.

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