Clinical Pathway for a Hepatic Resection

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Abstract : Purpose : This study investigated the characteristics and the postoperative clinical course of patients who underwent a hepatic resection. The purpose of this study is to establish a suitable clinical pathway for a hepatic resection. Patients : A total of 18 patients with hepatic disease underwent a hepatic resection with neither reconstruction of the hepatic duct nor the resection of another organ between November 2007 and May 2009. Results : The mean age of the patients was 67.1 years old, including 7 elderly patients, ≧75 years old. Eight patients had hepato-cellular carcinoma, 6 patients had a metastatic tumor and 4 patients had cholangio-cellular carcinoma. Fourteen patients had hepatic damage A. While 4 patients had hepatic damage B. All patients were determined to Child-Pugh classification A. Eleven patients were American Society of Anesthesia (ASA) classification 1, 6 patients ASA2 and 1 patient ASA3. Eight patients had concomitance disease. Three patients underwent a hepatectomy, 5 patients a segmentectomy and 10 patients a partial resection. Two patients had post-operative complications and both patients had delirium. Eleven patients (61.1%) could take water at postoperative day (POD) 1 and 14 patients (77.8%) could take a meal in POD3. In twelve patients (66.7%), the intra-abdominal drainage tube could be removed on POD7. The mean hospital stay length after surgery was 13.5 days and 12 patients (66.7%) could leave on POD14. Conclusion : The postoperative course was stable with a hepatic resection without reconstruction of the hepatic duct or a resection of another organ. The clinical pathway for a hepatic resection was : POD1 ; intake of water, POD2 ; restart normal consumption of meals, POD7 ; removing the intra-abdominal tube, POD14 ; hospital discharge.

Key words : Hepatic resection, Clinical pathway, Complication, Postoperative management