FOCUSED HPB MIS WORKSHOP

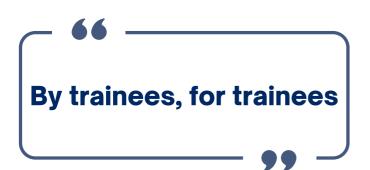
LAPAROSCOPIC LIVER RESECTION

& DISTAL PANCREATECTOMY



By: Dayang Azzyati Awang Dahlan

Over the last 2 decades, minimally invasive liver and pancreas surgery has been gaining momentum with the introduction contemporary of laparoscopic techniques and advanced instruments. Despite its adoption worldwide, progress in Malaysia has hampered shortage been by of expertise, lack of structured training and limited surgical resources nationwide. Regardless, interest in learning laparoscopic techniques remains high among the local HPB trainees.







program was The event thoughtfully accommodate drafted for to one demonstration surgery by the facilitator followed by hands-on surgery by the participants under the supervision of the facilitator. We were fortunate to be able to engage the distinguished Dr Rawisak Chanwat from National Cancer Institute, Bangkok, Thailand and Dr Febra Siam from Timberland Medical Center, Kuching, Sarawak as our esteemed facilitators for the workshop.



Rising to the challenge, HPB Surgery Unit, Sarawak General Hospital has organized its minimally inaugural invasive surgery workshop focusing on laparoscopic liver resection and laparoscopic distal pancreatectomy on the 21st 22nd December 2023. The 2-day event was supported by various industry sponsors and was held at Sarawak General Hospital Davcare Centre (DCC) with live telecast from OT5, Level 3 to Seminar Room 2, Level 4. Twocommunication wav was conveniently available throughout the event, making it feasible to exchange questions and answers between the operating team and the spectating crowd in the seminar room.

> **1ST DAY** Laparoscopic Liver Resection



We started the 1st day early with the opening speech by our head of unit, Mr Nik Azim Nik Abdullah. Among his messages were his heartfelt wish that Ministry of Health Malaysia will soon be able to liver establish minimally invasive and on par pancreas surgery with our counterpart in Thailand and Philippines. He also conveyed our gratitude to Dr Rawisak for his willingness to be our mentor. This was followed by a concise introductory lecture by Dr Rawisak titled "Operative Steps, Tips & Tricks In Laparoscopic Liver Resection".



We commenced the first surgery after reviewing the and imaging. Dr clinical history Rawisak deftlv demonstrated step by step the techniques in performing a laparoscopic left lateral sectionectomy for a segment 2/3 liver tumour. This was followed by a laparoscopic right hemihepatectomy for a large right lobe tumour but unfortunately the case was abandoned after discovering intraoperatively that there was involvement of the outflow. Nevertheless, the participants were able to glean many tips and tricks in performing the many steps of laparoscopic liver resection.



Living up to the Land of the Hornbills well-known warmth hospitality, we concluded the day with a faculty dinner at a nearby local restaurant notable for its popular traditional Sarawak fare.



2ND DAY Laparoscopic Distal Pancreatectomy

The focus of the second day was laparoscopic distal pancreatectomy. Mr Febra with his extensive experience in performing laparoscopic distal pancreatectomy was comfortable in his role as supervisor/assistant as the participants performed surgeries. Steps both and techniques were explained in details and then meticulously executed by the participants under the watchful eye of Mr Febra. Both surgeries were successfully performed laparoscopically without conversion.





Case selection remains a hurdle for a successful hands-on laparoscopic surgery workshop. However, the risk of conversion to open surgery is inevitably present during any minimally invasive surgery and should not be perceived as a failure. With the success of this focused hands-on workshop, the organizing committee has gained more confidence and valuable experience in the possible execution of future event. Hopefully, in 2024 we will be able to organize once again a much bigger and better hands-on laparoscopic surgery workshop.

The risk of conversion to open surgery is inevitably present during any minimally invasive surgery and should not be perceived as a failure.