

106 年外科聯合學術演講會 台灣消化系外科醫學會 議程簡表

106 年 3 月 19 日(星期日)

地點：國防醫學院

日期	講堂	3F 30 教室	1F 1 教室
3/19 (W 日)	08:00 09:00 (60 分鐘)	(11)肝臟口頭報告 座長：陳堯俐－彰基 座長：楊宏仁－中國	(18)膽道口頭報告 (英文演說) 座長：蘇正熙－振興 座長：王森稔－高醫
	09:00 10:00 (60 分鐘)	(12)外賓特別演講 Prof. Kyung-Suk Suh (韓國) 座長：陳國錚－亞東 座長：吳誠中－中榮	(19)肝臟、腹腔鏡口頭報告 座長：王植熙－高長 座長：夏振源－北榮
	10:00 10:20	Coffee Break	
	10:20 11:00 (40 分鐘)	(13)台灣消化系外科醫學會 第 15 屆第 2 次會員代表大會	(20)膽道口頭報告 座長：張宏基－彰基 座長：葉俊男－林口長庚
	11:00 12:00 (60 分鐘)	貴賓演講 Keynote Speech (致德堂) 健保署_李伯璋署長	
	12:00 13:00	Lunch Seminar	
	13:00 14:00 (60 分鐘)	(14)專題演講 【癌症老年病人術前、術中及術後之照護】 Speaker:周文其 P 鄒美勇 P 洪芳明 P 座長：柯成國－阮綜合 座長：吳志雄－恩主公	(21)胰臟口頭報告 座長：李金德－高醫 座長：沈延盛－成大
	14:00 15:00 (60 分鐘)	(15)胃腸口頭報告 (英文演說) 座長：羅世薰－陽明 座長：賴逸儒－臺大	(22)肝臟口頭報告 座長：洪朝明－義大 座長：何明志－臺大
	15:00 15:20	Coffee Break	
	15:20 16:20 (60 分鐘)	(16)胃腸口頭報告 座長：詹德全－三總 座長：陳以書－高榮	(23)膽道口頭報告 座長：詹益銀－林口長庚 座長：郭功楷－高大附醫
16:20 17:00 (40 分鐘)	(17)General 口頭報告 座長：張子明－童綜合 座長：溫義輝－奇 美	(24)胰臟口頭報告 座長：黃燦龍－林口長庚 座長：楊卿堯－臺大醫院	

Kyung-Suk Suh

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Prof. Kyung-Suk Suh is Professor of Department of Surgery, Seoul National University College of Medicine and Chief of Seoul National University Hospital Transplant Center and the division of HBP Surgery in Seoul, South Korea.

Prof. Suh graduated from Seoul National University College of Medicine with his medical degree in 1984 and completed his internship and residency in Department of Surgery at Seoul National University Hospital, receiving his diploma in General Surgery in 1989.

Since 1993, Prof. Suh held a number of professional positions at the Seoul National University Hospital in Seoul, including instructor, assistant Prof., associate Prof., Prof., chairman of Department of Surgery Seoul national university College of Medicine and Chief of Seoul National University Hospital Transplant Center.

Since 2011, Prof. Suh have been taking a number of roles, including Director of the International affairs in Korean Society of Organ Transplantation (2011-), , Chairman in Korean Association of HBP Surgery(2015-), President of the International Living Donor Liver Transplantation Study Group(2015-) and Chairman of Korean Surgical society(2016-).

Prof. Suh's major fields of interest are Liver Transplantation, Oncological Surgery for Hepato-biliary Carcinoma.

The Recent Advances in Living Donor Liver Transplantation

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Many technical advances in living donor liver transplantation (LDLT) have been made since the first successful case in a pediatric patient using the left lateral section of the liver. Since then, this technique has been expanded to adult patients and various types of donor hepatectomies have developed to meet the metabolic demands of the recipient. At least eight types of donor hepatectomies have been reported. Recently we added two novel types of hepatectomies; left trisectionectomy and right anterior sectionectomy. Reconstructing the outflow is a crucial part in determining the success of LDLT. When we do donor right hepatectomy, if we do not include middle hepatic vein in the right graft (MHV), the right anterior section will be congested after the reperfusion of the liver. Therefore, as for the right liver graft, the graft including middle hepatic vein may be a best design for outflow drainage but most centers are disinclined to use this graft because of donor safety. To solve the right anterior congestion, reconstruction of MHV is needed in most cases. The cryopreserved vessels were first used for this purpose and recently, artificial vascular PTFE graft has been used safely in my center. Living donor hepatectomy is now well established surgical procedure. However, a large abdominal incision is still required especially for a right liver graft. The prospect of this large incisional scar may make some live donors and even surgeon reluctant to undergo the procedure due to concerns about self-image; this may be especially true for young women. We started to performe minimal incisional donor right hepatectomy assisted by laparoscopy or using hand assisted device first. But now, pure donor laparoscopic technique is used. Many obstacles in LDLT such as portal vein thrombosis, porto-systemic shunting, left sided gallbladder, portal vein abnormalities in donor, small for size graft have been overcome by innovative surgical technique and intervention.

References

1. Nam-Joon Yi, Kyung-Suk Suh, Hae Won Lee, Eung-Ho Cho, Woo Young Shin, Jai Young Cho, Kuhn Uk Lee; An Artificial Vascular Graft Is a Useful Interpositional Material for Drainage of the Right Anterior Section in Living Donor Liver Transplantation. *Liver Transplantation*. 13:1159-1167, 2007
2. Kyung-Suk Suh, Nam-Joon Yi, Taehoon Kim, Joohyun Kim, Woo Young Shin, Hae Won Lee, Ho-Seong Han, Kuhn Uk Lee; Laparoscopy-Assisted Donor Right Hepatectomy Using a Hand Port System Preserving the Middle Hepatic Vein Branches. *World J Surg*. 33:526-533, 2009
3. Suh KS et al: Liver Transpl. 2016 Jun 27. doi: 10.1002/lt.24504. [Epub ahead of print]
Pure 3D Laparoscopic Extended Right Hepatectomy in a Living Donor.