pathology was consistent with intraductal tubulopapillary neoplasm with low and high grade dysplasia. Resection margins were negative.

**Conclusion:** This video demonstrates the use of the ultrasonic surgical aspirator and stapler to resect a large segment III/Vb lesion. Using this combined technique, the mass was successfully removed.

P 16.

**LAPAROSCOPIC RESECTION OF A SEGMENT VIII COLORECTAL LIVER METASTASIS USING AN ULTRASONIC SURGICAL ASPIRATOR**


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**Background:** With the developments in surgical technique and instruments, increasingly more challenging liver tumors can be approached laparoscopically. This video demonstrates the use of an ultrasonic surgical aspirator to resect a segment VIII lesion.

**Methods:** Patient was placed supine and four laparoscopic trocars were inserted into the right upper quadrant. Following diagnostic laparoscopy and ultrasound, liver resection was performed using the ultrasonic surgical aspirator.

**Results:** Patient was a 45-year-old male with a history of pT2N0/18M0 rectal cancer treated with neoadjuvant chemotherapy, low anterior resection with diverting loop ileostomy, and ileostomy closure. On follow-up he was discovered to have a solitary 1.5 × 1.4 cm liver metastasis in segment VIII. Laparoscopic wedge resection of the tumor was successfully performed using the ultrasonic surgical aspirator without any intraoperative complications. The patient was discharged uneventfully on postoperative day #2. Final pathology showed colorectal liver metastasis with negative surgical margins.

**Conclusion:** This video demonstrates the use of the ultrasonic surgical aspirator in laparoscopic resection of a segment VIII tumor. Despite the challenging location of the tumor, this device helped us resect it efficiently.

P 17.

**RIGHT POSTERIOR SECTIONECTOMY WITH GLISSONIAN APPROACH: ADVANTAGES OF HAND-ASSISTED LAPAROSCOPIC TECHNIQUE**

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**Background:** The aim of this video is to present a hand-assisted technique and point to some advantages over the totally laparoscopic approach for right posterior sectionectomy of the liver.

**Methods:** Patient with B virus hepatitis, in the late post-operative of laparoscopic right total nephrectomy (3 years ago) for clear cell renal carcinoma. Follow-up with magnetic resonance imaging disclosed 3 liver tumors in the right posterior sector. Diagnostic hypotheses were hepatocellular carcinoma or renal tumor metachronous metastases. Patient was referred for surgery. The proposed surgery was laparoscopic right posterior sectionectomy. There was concern related to adhesions related to previous surgery (right nephrectomy), therefore we opted for a hand-assisted approach.

**Results:** The operative time was 180 min. Estimated blood loss was 50 ml. Recovery was uneventful and the patient was discharged on fourth PO. Final pathology showed hepatocellular carcinoma with free surgical margins. Hand-assisted advantages over totally laparoscopic technique were: tactile feedback, facilitation of liver mobilization, ability to manually compress the liver, standard ultrasound probe introduction, avoidance of a separate extraction site incision.

**Conclusion:** The hand-assisted laparoscopic technique is a good option to totally laparoscopic approach for right posterior sectionectomy of the liver, and may reveal some advantages.