East meets west

Pioneers in Laparoscopic HBP Surgery

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First Laparoscopic HBP Surgery

Cholecystectomy
Eric Mühe

1985/Sep/12  First Performed laparoscopic cholecystectomy

Under pneumoperitonium

Using Galloscope  (Direct vision)

1986/Apr  Presentation at Congress of the German Surgical Society

Langenbecks Archiv für Chirurgie 1986;369:804
Philippe Mouret

1987/Mar Performed LC
Following gynecologic laparoscopy
Using video-laparoscope

No published scientific report available.
However, introduced as the first surgeon who performed LC in English journal.

The European Experience with Laparoscopic Cholecystectomy

Alfred Cuschieri, MD, ChM, FRCS, Dundee, Scotland. Francois Dubois, MD, Paris, France. Jean Mouiel, MD, FACS, Nice, France. Phillipe Mouret, MD, Lyon, France. Hans Becker, MD, Gerhardt Buess, MD, Tübingen, Germany. Michael Trede, MD, Mannheim, Germany. Hans Troidl, MD, Köln-Merheim, Germany


The advent of laparoscopic cholecystectomy has been a significant milestone not only in the treatment of gallstone disease, but in the evolution of surgical treatment toward the minimal-access approach, the aim of which is intended to minimize the trauma of access without compromising the exposure of the surgical field. Laparoscopic cholecystectomy originated in Europe, with the first successful case being performed by Phillipe Mouret in 1987 (personal communication). Although well established in several centers [7–5], there are different practices and techniques used, and to date it has not been
**Francois Dubois (France)**

- 1988/Apr: Performed LC as the third surgeon.
- 1989/May: First reported LC in ‘La Presse Medicale’ in French.  
  
  *La Presse Medicale 1989;18:980-982*

**Jacques Perissat (France)**

- 1988/Oct: Performed LC
- 1989/Apr: Presented his video at the SAGES
- 1989/Dec: Reported in ‘Endoscopy’ (First report in English)

  *Endoscopy 1989;21:373-374*

- LC spread to Europe, North America and over the world.

**Tatsuo Yamakawa (Japan)**

  
  *Rinsho Geka 1990;45(10):1255-1259*

**G Navarra (Italy)**

  
  *Br J Surg 1997;84:695*

**Go Wakabayashi (Japan)**

- 2000/Mar/13: Robotic cholecystectomy (First robotic surgery in Asia).  
  
  *J Hepatobiliary Pancreat Sci 2011;18(4):481-487*
Among their findings, the panel concluded that (1) most patients who experience symptoms of gallstones should be treated; (2) in comparison with open cholecystectomy, laparoscopic cholecystectomy provides a safe and effective treatment for most patients with symptomatic gallstones and has become the treatment of choice for many patients; (3) patients who are not good candidates for laparoscopic cholecystectomy include those with generalized peritonitis, septic shock from cholangitis, severe acute pancreatitis, end-stage cirrhosis, and gallbladder cancer; (4) laparoscopic cholecystectomy decreases pain and disability without increasing mortality and morbidity and can be performed at an equal or lower cost than open cholecystectomy; and (5) every effort should be made to ensure that surgeons performing laparoscopic cholecystectomy are properly trained and credentialed.
AN ANALYSIS OF THE PROBLEM OF BILIARY INJURY DURING LAPAROSCOPIC CHOLECYSTECTOMY

Steven M. Strasberg, M.D., F.R.C.S. (G), F.A.C.S., Martin Hertl, M.D., and Nathaniel J. Soper, M.D., F.A.C.S.

Fig. 7. Critical view. Calot's triangle is dissected free of all tissue except for the cystic duct and artery and the base of the liver bed is exposed. When this view is achieved, the two structures entering the gallbladder can only be the cystic duct and artery.

Expansion of laparoscopy beyond LC
Choledochal cyst
First report of laparoscopic cystectomy and biliary reconstruction for a pediatric case of choledochal cyst
Masao Tanaka

1996/Jul  First report of laparoscopic cystectomy and biliary reconstruction for an adult case of choledochal cyst (in Japanese)

Rinsho Geka 1996;51(7):813-818
Laparoscopy in Complicated HBP
Hepatectomy
First report of laparoscopic liver resection during gynecologic operation. (partial resection)

Prior to the report of Gagner

LAPAROSCOPIC PARTIAL HEPATECTOMY FOR LIVER TUMOR

M. Gagner, M.D., FRCS; M. Rheault, M.D., FRCS, FACS;
J. Dubuc, M.D., FRCS. Department of Surgery and Gynecology, Hôtel-Dieu de Montréal, University of Montreal.
Tohru Nagashima

1994/Jun

Shujutsu 1994; 48(6): 895-900
Hironori Kaneko

1995/Mar

First report of laparoscopic anatomical liver resection in Japanese.
(in English, 1996/Sep)

Laparoscopic partial heptectomy and left lateral segmentectomy: Technique and results of a clinical series

Hironori Kaneko, MD, Sumito Takagi, MD, and Tadashi Shiba, MD, Tokyo, Japan

Prior to the report of Azagra

Shujutsu 1995;49(3):345-354
Surgery 1996;120(3):468-475
Laparoscopic surgery section

Current position of advanced laparoscopic surgery of the liver

C. G. S. Huscher,* M. M. Lirici,‡ S. Chiòdini,* and A. Recher*

*Department of General Surgery, Ospedale Vallecannica, Edmé, Italy and ‡4th Department of Surgery, University La Sapienza, Rome, Italy

<table>
<thead>
<tr>
<th>Patient</th>
<th>Procedure</th>
<th>Portal triad occlusion</th>
<th>Type</th>
<th>Occlusion time (min)</th>
<th>Operative time (min)</th>
<th>Blood loss (ml)</th>
<th>Normal liver function (day)</th>
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<td>Segmentectomy VI</td>
<td>No</td>
<td>Pringle</td>
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<td>60</td>
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<td>100</td>
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<td>2</td>
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<td>165</td>
<td>300</td>
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<td>Segmentectomy V, gastric banding</td>
<td>No</td>
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<td>35</td>
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<td>200</td>
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<td>35</td>
<td>155</td>
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<tr>
<td>11</td>
<td>Mesectomy</td>
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<td></td>
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<td>1000</td>
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<td>40</td>
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<td>1000</td>
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<td>20</td>
<td>Extended right hepatectomy</td>
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<td>Pringle</td>
<td></td>
<td>40</td>
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</table>

2002/Feb  First report of laparoscopic donor hepatectomy. (left lateral sectionectomy)
2006/May  First report of laparoscopic donor right hepatectomy.

Prior to the report of Koffron

Laparoscopic-Assisted Right Lobe Donor Hepatectomy

A.J. Koffron*, R. Kung*, T. Baker*, J.P. Fryer*, L. Clark* and M. Abeassis*

We describe herein, the first published report of a live donor right hepatectomy utilizing a minimally invasive laparoscopic technique.

Case Report

Am J Transpl 2006;6:2522-2525
Go Wakabayashi

2001/Jul/19  First **robotic** partial hepatectomy

2003/Jun/30  First **robotic** left lateral sectionectomy

<table>
<thead>
<tr>
<th>Case</th>
<th>Disease</th>
<th>Procedure</th>
<th>Operation time (min)</th>
<th>Blood loss</th>
<th>Complications</th>
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<tr>
<td>1</td>
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<td>Hemangioma (S3)</td>
<td>Laparoscopic partial hepatectomy</td>
<td>160</td>
<td>Negligible</td>
<td>No</td>
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<td>3</td>
<td>HCC (S8)</td>
<td>Thoracoscopic partial hepatectomy</td>
<td>235</td>
<td>Negligible</td>
<td>No</td>
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<tr>
<td>4</td>
<td>HCC (S2)</td>
<td>Laparoscopic lateral sectionectomy</td>
<td>370</td>
<td>Negligible</td>
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</table>

*J Hepatobiliary Pancreat Sci 2011;18(4):481-487*
Laparoscopy in Complicated HBP
Pancreas
Michael Gagner

1992/May/25 First Laparoscopic PD for chronic pancreatitis.
(reported in 1994/May)

Laparoscopic pylorus-preserving pancreatoduodenectomy

M. Gagner, A. Pomp

Department of Surgery, University of Montréal, Hôtel-Dieu de Montréal, 3840 St-Urbain Street, Montréal, Quebec, Canada H2W 1T8

Received: 9 April 1993/Accepted: 9 July 1993

Abstract: A case of chronic pancreatitis localized in the head of the pancreas with pancreas divisum was treated by laparoscopic pylorus-preserving pancreatoduodenectomy. The laparoscopic technique of resection and reconstruction with a gastrojejunostomy, hepaticojejunostomy, and pancraticojejunostomy is described. The postoperative period was complicated by a jejunal ulcer and delayed gastric emptying necessitating a prolonged hospitalization and intravenous hyperalimentation. No fistulas occurred, a follow-up CT scan revealed no pancreatic abnormalities, and the patient was discharged in good condition on the 30th postoperative day. Although technically feasible, the laparoscopic Whipple procedure may not improve the postoperative outcome or shorten the postoperative recovery period.

Surg Endosc 1994;8:408-410

(reported in Japanese; 1996/Apr, in English; 1996/Oct)
Alfred Cushieri (UK)

1996/Mar  First report of laparoscopic distal pancreatectomy.

Michael Gagner (Canada)

1996/Dec  First report of laparoscopic spleen-preserving DP.
   (Warshaw procedure)  Surgery 1996;120:1051-1054
1997/Jan  First report of laparoscopic DP for malignancy.
   J Gastrointest Surg 1997;120:1051-1054

N. Tagaya (Japan)

2002/Jan  First report of laparoscopic splenic vessel preserving DP.
Conclusion

• Since the 80’s, minimally invasive access HBP surgery has continuously evolved from a simple laparoscopic cholecystectomy to more complex pancreatic and liver procedures.

• Numerous pioneering surgeons paved the way for these changes in our present practice but were forgotten along the way.

• It is about time to honor their achievements.