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Vinícius Gava

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tumor behind this option is limited to patients with one or two small 3 cm or less tumors and excellent liver function ideally without associated cirrhosis as a result of these strict guidelines in practice very few patients with liver cancer can undergo liver'

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March 30th, 2020 - below are described some of the main principles that guide the decisions around liver resectional surgery to optimize patient short and long term outes anatomy intimate knowledge of the anatomy of

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'major hepatic resection procedures clinical pain advisor

April 24th, 2020 - what the anesthesiologist should know before the operative procedure anesthetic management is influenced by the extent of the resection the degree of underlying hepatic dysfunction and the'

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with the lesion thereby redirecting portal flow to the contralateral side in an attempt to cause hypertrophy and increase the volume'

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performance status of the patient different therapeutic options such as partial hepatectomy liver transplantation'

'references uptodate

May 22nd, 2020 - the feasibility of hepatic resection should also be based on three criteria related to the remaining liver following resection 1 the ability to preserve two contiguous hepatic segments 2 preservation of adequate vascular inflow and outflow as well as biliary drainage and 3 the ability to preserve adequate future liver remnant gt 20 percent in a healthy liver gt 30 percent after'

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May 28th, 2020 - there has been significant improvement in the perioperative results following liver resection mainly due to techniques that help reduce blood loss during the operation extent of liver resection required in hcc for optimal oncologic results is still controversial on this basis the rationale for anatomically removing the entire segment or lobe bearing the tumor would be to' *'principles of liver surgery request pdf*

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