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Liver Resection Surgery

[Our experts](#) at the Johns Hopkins Medicine Liver Tumor Center have adopted a sophisticated approach towards the surgical removal of liver tumors, called liver resection. At Johns Hopkins Medicine, patients who may have been told that their tumors cannot be removed are evaluated by our [multidisciplinary team](#) and are sometimes found to actually be good candidates for surgery. With better chemotherapy, imaging and surgical techniques, a patient's tumor that was previously thought not to be removable can sometimes be surgically removed and with excellent results.

Successful Liver Tumor Removal

The success of a liver tumor removal depends on the following factors:

- Location of the tumor
- Number of masses
- Distribution of the masses
- Amount of liver left after tumor removal

Resection of a large portion of the liver is possible because the remaining liver grows to compensate for the part that was removed.

This determination can only be made by a surgeon experienced in liver surgery.



Dr. Timothy Pawlik and colleagues operate on a patient



Liver resections: A, right hepatic lobectomy; B, left hepatic lobectomy; C, extended left hepatic lobectomy; D, extended right hepatic lobectomy; E, hepatic segmentectomy; F, non-anatomical wedge resection

Making the Determination for Liver Resection

Liver surgeons at the Johns Hopkins Medicine Liver Tumor Center are highly skilled in treating patients with advanced liver disease. In combination with other members of the multi-disciplinary team, your surgeon will assess if it is possible to remove the entire tumor or all of the disease while

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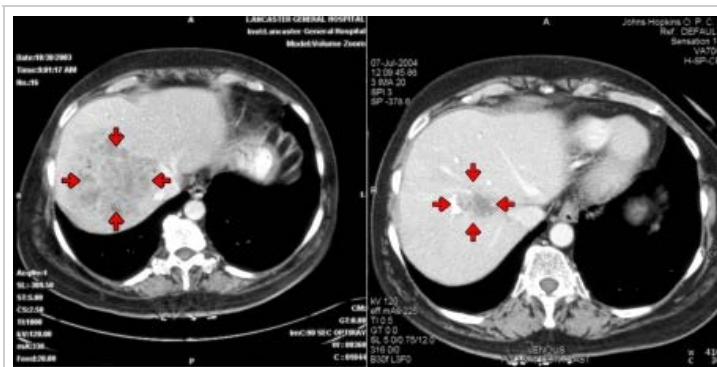
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leaving enough liver behind.

In some instances it may appear that the disease involves a large majority of your liver, and it may be determined that surgery is impossible. However, at our center, sometimes with the combination of [chemotherapy](#) to shrink the tumor and [portal vein embolization](#) to help the liver “grow” before the surgery, our surgeons are able to remove all the cancer in the liver.



CT scans of a patient's liver tumor shown before (left) and after (right) chemotherapy. Sometimes chemotherapy is used to shrink the tumor in preparation for surgery.

Innovative Liver Surgery Techniques

Other innovative surgical techniques that have been widely adopted at Johns Hopkins Medicine include surgery to remove some of the masses combined with [radio frequency ablation](#) to destroy other masses with heat.

In some patients with extensive cancer in their liver, surgeons at Johns Hopkins Medicine have adopted a cutting-edge strategy of removal of all lesions in two operations – rather than one. Some patients would not have enough liver left after one operation. By using two operations, the liver is allowed to “grow back” after the first operation in order to allow for the second operation. This strategy may be used in patients who have significant tumors on both the right and left sides of the liver and who may not be considered surgical candidates at other institutions.

Minimally-Invasive Laparoscopic Liver Tumor Resection

For suitable patients, our surgeons also perform laparoscopic liver tumor removal which involves removing part of the liver with minimally invasive techniques, requiring a smaller incision and providing a quicker recovery.

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