

Epub free Combined in situ hypothermic liver preservation and .pdf

compared with standard tve of any duration hypothermic perfusion of the liver is associated with a better tolerance to ischemia in addition compared with tve or 60 minutes it is associated with better postoperative liver and renal functions and a lower morbidity results from 2011 to 2013 we included 8 cases of liver resection with tve veno venous bypass and hypothermia for malignant disease due to the technical refinements median observed overall blood loss of 550 ml 300 900 including 200 ml 50 300 at declamping and transfusion of packed red blood cell prbc units was required in 5 patients in this randomized trial involving patients who underwent transplantation of a liver obtained from a donor after circulatory death we found that hypothermic oxygenated machine perfusion led to a in situ hypothermic perfusion and liver resection isr was first described by fortner in 1974 4 he used a hypothermic solution to prolong the tolerated ischemia time in complex liver resections with considerable infiltration of the hepatic veins the liver was cooled down with a mixture of ringer s lactate solution and heparin at 4 c in situ hypothermic perfusion of the liver is associated with an improved tolerance to ischemia a better postoperative liver function and a lower morbidity compared with tve 60 minutes background more than 40 years ago patients with tumors infiltrating the confluence of the

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hepatic veins were deemed unresectable however in situ hypothermic perfusion first described by fortner et al ann surg 180 4 644 652 1974 allowed resection of these tumors while total vascular exclusion tve with veno venous bypass and hypothermia may be undertaken to increase liver tolerance for complex liver resection these procedures are still associated with elevated rates of postoperative complications and mortality the current report aimed at providing relevant and simple technical insights in order to limit blood loss and subsequently decrease morbidity in patients undergoing in situ hypothermic perfusion of the liver for complex hepatic resection decrease in core liver temperature with 10 c by in situ hypothermic perfusion under total hepatic vascular exclusion reduces liver ischemia and reperfusion injury during partial hepatectomy in pigs a mild decrease in core liver temperature of 10 c by in situ hypothermic liver perfusion during ischemia protects the liver from ischemia reperfusion injury this protection appears to be related to cooling of the liver rather than to the washout of blood during perfusion we described the technical details of liver resection and vascular reconstruction as well as the use of two step vascular exclusion and in situ hypothermic portal perfusion techniques during the vascular reconstruction process in this review we first describe the concept of hypothermic machine liver perfusion and present results from current clinical studies next we provide details of our perfusion approach step by step and highlight novel pathways of reperfusion injury and protection more than 40 years ago patients with tumors infiltrating the confluence of the hepatic veins were deemed unresectable however in situ

hypothermic perfusion first described by Fortner et al Ann Surg 180:4644-652, 1974 allowed resection of these tumors in situ. Cooling of the liver was done with cold Hartmann's solution. Anterior hepatic resections were done for liver tumours involving the IVC hepatic veins. Results: total 4 male patients with median age of 44.5 years, range 22 to 65 years. Second, since 2020 we have routinely used hypothermic oxygenated perfusion (HOP) during ex situ splitting to further reduce surgical duration. Accidental hypothermia (AH) is defined as a body core temperature below 35°C. The prevalence of AH was recently reported to be 3.45% (0.05 cases per 100,000 inhabitants per year) in European countries. Severe AH is potentially life-threatening, so it is important to understand the clinical features of AH. Accidental hypothermia is an unintentional drop of core temperature below 35°C. Annually, thousands die of primary hypothermia and an unknown number die of secondary hypothermia. Worldwide hypothermia can be expected in emergency patients in the prehospital phase. A mild decrease in core liver temperature of 10 degrees C by in situ hypothermic liver perfusion during ischemia protects the liver from ischemia-reperfusion injury. This protection appears to be related to cooling of the liver rather than to the washout of blood during perfusion. Hypothermia is significantly associated with an increased risk of mortality, in contrast, elevated body temperature may not be associated with increased disease severity or risk of mortality in patients with severe sepsis. The effect of fever and fever control on outcomes requires further research. The in situ hypothermic liver preservation technique appears to be a useful adjunct to radical hepatobiliary tumour excision procedures.

require total hepatic vascular exclusion and major vascular reconstruction

in situ hypothermic perfusion of the liver versus standard

May 28 2024 compared with standard tve of any duration hypothermic perfusion of the liver is associated with a better tolerance to ischemia in addition compared with tve or 60 minutes it is associated with better postoperative liver and renal functions and a lower morbidity

in situ hypothermic perfusion of the liver for complex Apr 27 2024 results from 2011 to 2013 we included 8 cases of liver resection with tve veno venous bypass and hypothermia for malignant disease due to the technical refinements median observed overall blood loss of 550 ml 300 900 including 200 ml 50 300 at declamping and transfusion of packed red blood cell prbc units was required in 5 patients

hypothermic machine perfusion in liver transplantation a

Mar 26 2024 in this randomized trial involving patients who underwent transplantation of a liver obtained from a donor after circulatory death we found that hypothermic oxygenated machine perfusion led to a

liver surgery in the 2020s ante situm and in situ resection

Feb 25 2024 in situ hypothermic perfusion and liver resection isr was first described by fortner in 1974 4 he used a hypothermic solution to prolong the tolerated ischemia time in complex liver resections with considerable infiltration of the hepatic veins the liver was cooled down with a mixture of ringer s lactate solution and heparin at 4 c

in situ hypothermic perfusion of the liver versus standard

Jan 24 2024 in situ hypothermic perfusion of the liver is associated with an improved tolerance to ischemia a better postoperative liver function and a lower morbidity compared with tve 60 minutes

liver resection with in situ hypothermic perfusion an old Dec

23 2023 background more than 40 years ago patients with tumors infiltrating the confluence of the hepatic veins were deemed unresectable however in situ hypothermic perfusion first described by Fortner et al Ann Surg 180 4 644 652 1974 allowed resection of these tumors

in situ hypothermic perfusion of the liver for complex

Nov 22 2023 while total vascular exclusion (TVE) with veno-venous bypass and hypothermia may be undertaken to increase liver tolerance for complex liver resection these procedures are still associated with elevated rates of postoperative complications and mortality

in situ hypothermic perfusion of the liver for complex

Oct 21 2023 the current report aimed at providing relevant and simple technical insights in order to limit blood loss and subsequently decrease morbidity in patients undergoing in situ hypothermic perfusion of the liver for complex hepatic resection

hyperthermia induced changes in liver physiology and Sep

20 2023 decrease in core liver temperature with 10 °C by in situ hypothermic perfusion under total hepatic vascular exclusion reduces liver ischemia and reperfusion injury during partial hepatectomy in pigs

decrease in core liver temperature with 10 °C by in situ

Aug 19 2023 a mild decrease in core liver temperature of 10 °C by in situ hypothermic liver perfusion during ischemia protects the liver from ischemia reperfusion injury this protection appears to be related to cooling of the liver rather than to the washout of blood during perfusion

liver resection with two step vascular exclusion in situ Jul 18

2023 we described the technical details of liver resection and vascular reconstruction as well as the use of two step

vascular exclusion and in situ hypothermic portal perfusion techniques during the vascular reconstruction process
hypothermic liver perfusion pubmed Jun 17 2023 in this review we first describe the concept of hypothermic machine liver perfusion and present results from current clinical studies next we provide details of our perfusion approach step by step and highlight novel pathways of reperfusion injury and protection

liver resection with in situ hypothermic perfusion an old May 16 2023 more than 40 years ago patients with tumors infiltrating the confluence of the hepatic veins were deemed unresectable however in situ hypothermic perfusion first described by fortner et al *ann surg* 180 4 644 652 1974 allowed resection of these tumors

ante situm with in situ hypothermic hepatic resections hpb Apr 15 2023 in situ cooling of the liver was done with cold htk solution ante situm hepatic resections were done for liver tumours involving the ivc hepatic veins results total 4 male patients with median age of 44 5 years range 22 to 65 years

in situ or ex situ split does it all come down to static Mar 14 2023 second since 2020 we have routinely used hypothermic oxygenated perfusion hope during ex situ splitting to further reduce scs duration

accidental hypothermia characteristics outcomes and Feb 13 2023 accidental hypothermia ah is defined as a body core temperature below 35 c 1 the prevalence of ah was recently reported to be 3 4 5 05 cases per 100 000 inhabitants per year in european countries 2 3 severe ah is potentially life threatening 4 5 so it is important to understand the clinical features of ah

accidental hypothermia 2021 update pmc Jan 12 2023

accidental hypothermia is an unintentional drop of core temperature below 35 c annually thousands die of primary hypothermia and an unknown number die of secondary hypothermia worldwide hypothermia can be expected in emergency patients in the prehospital phase

decrease in core liver temperature with 10 degrees c by in

Dec 11 2022 a mild decrease in core liver temperature of 10 degrees c by in situ hypothermic liver perfusion during ischemia protects the liver from ischemia reperfusion injury this protection appears to be related to cooling of the liver rather than to the washout of blood during perfusion

body temperature abnormalities in non neurological

critically Nov 10 2022 hypothermia is significantly associated with an increased risk of mortality in contrast elevated body temperature may not be associated with increased disease severity or risk of mortality in patients with severe sepsis the effect of fever and fever control on outcomes requires further research

in situ hypothermic liver preservation during radical liver

Oct 09 2022 the in situ hypothermic liver preservation technique appears to be a useful adjunct to radical hepatobiliary tumour excision procedures that require total hepatic vascular exclusion and major vascular reconstruction

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