

News Release

Next, the multivariable restricted cubic spline analyses with adjustment for other risk factors for high CCI (age, gender, future remnant liver function, preoperative cholangitis, type of hepatectomy, combined portal vein resection, and combined hepatic artery resection) to demonstrate the independent impact of adjusted blood loss on CCI. The results also showed similar model (Figure 2).

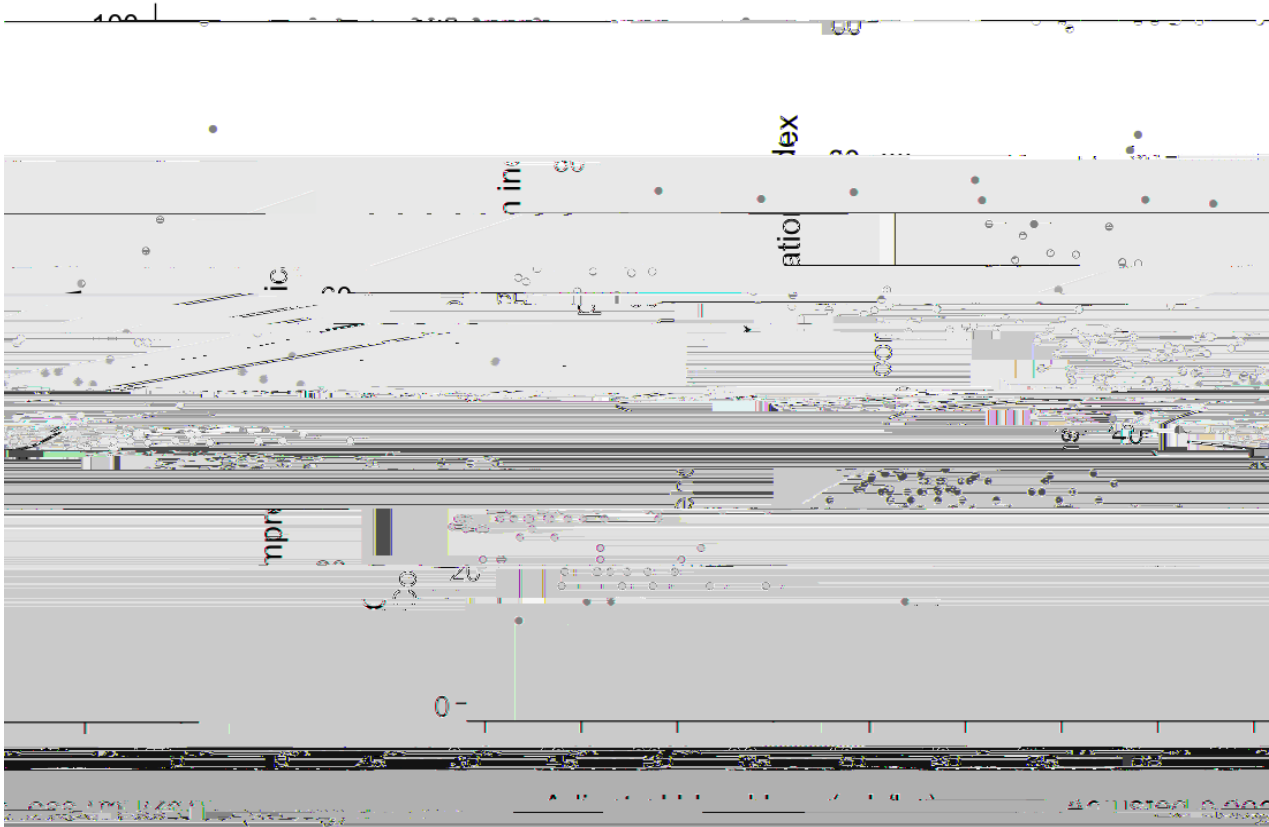


Figure 2. The multivariable restricted cubic spline model for the relationship between adjusted blood loss and CCI

Research Summary and Future Perspective

Adjusted blood loss was a robust deteriorator for CCI after major hepatobiliary resection for perihilar cholangiocarcinoma and would be a most distinct modifiable factor by surgeon's effort. The primary surgical goal of adjusted blood loss could be set at approximately 10 mL/kg to minimize its adverse impact, which may offer a major breakthrough in the surgical strategy for this intractable malignancy. We are ongoingly trying to reduce the amount of intraoperative blood loss to enhance safety of this surgery.

Publication

The goal of intraoperative blood loss in major hepatobiliary resection for perihilar cholangiocarcinoma: saving patients from a heavy complication burden
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