





# Surgical anatomy of the liver



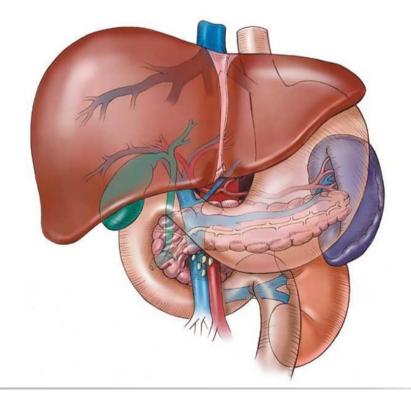


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# **Anatomy in hepatobiliary system**

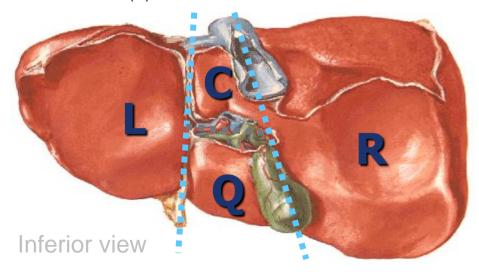




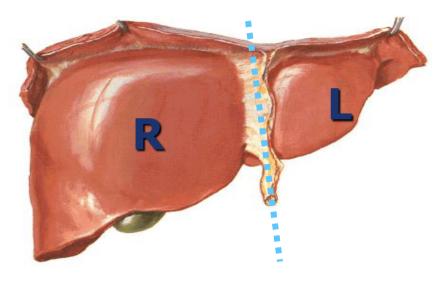


## **Surface anatomy – Liver morphology**

- ✓ Right Lobe (R)
- ✓ Left Lobe (L)

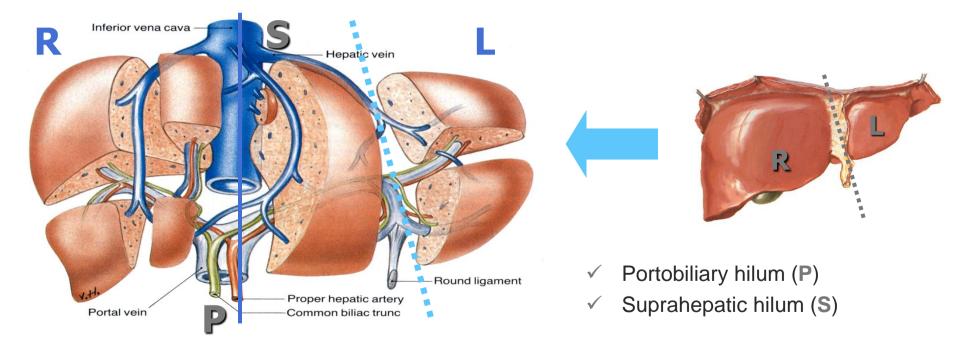


#### Anterior view



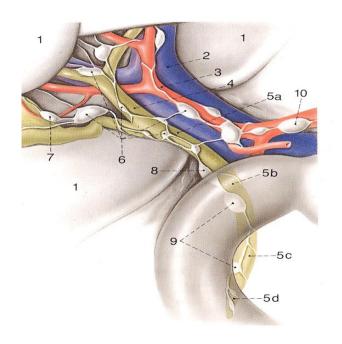
- ✓ Caudate Lobe (C)
- ✓ Quadrate Lobe (Q)

## **Surgical anatomy – Liver vascularization**

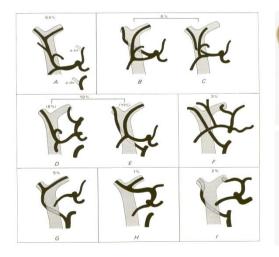


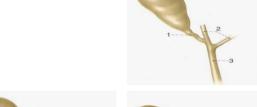


# **Surgical anatomy – Liver vascularization**

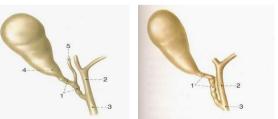


## Portobiliary hilum

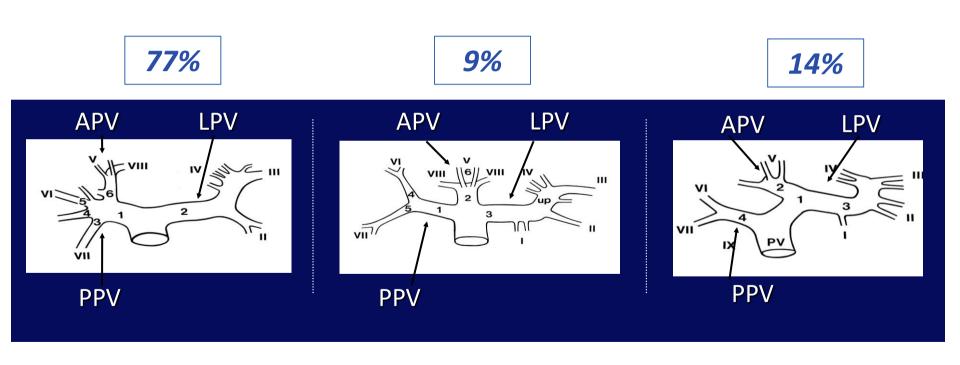




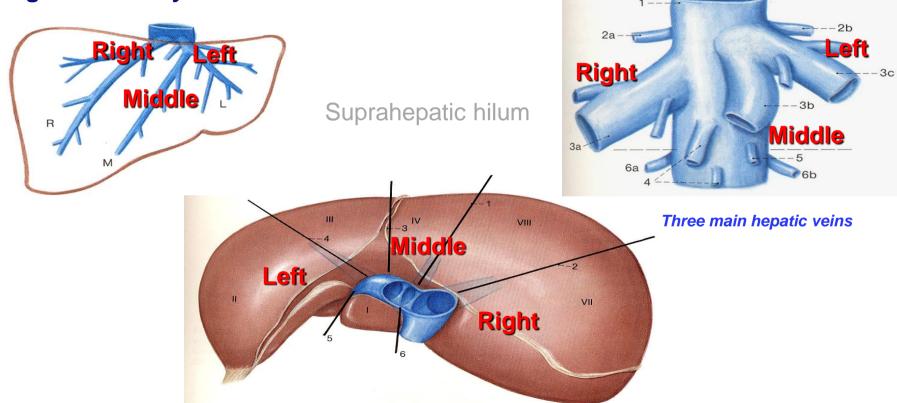




## Surgical anatomy - Portal vein

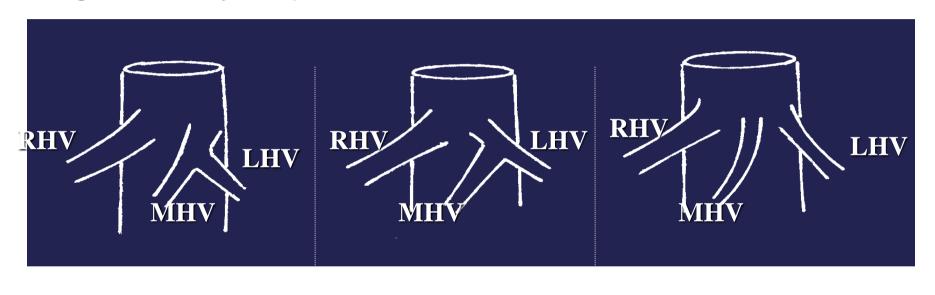


#### **Surgical anatomy – Liver vascularization**



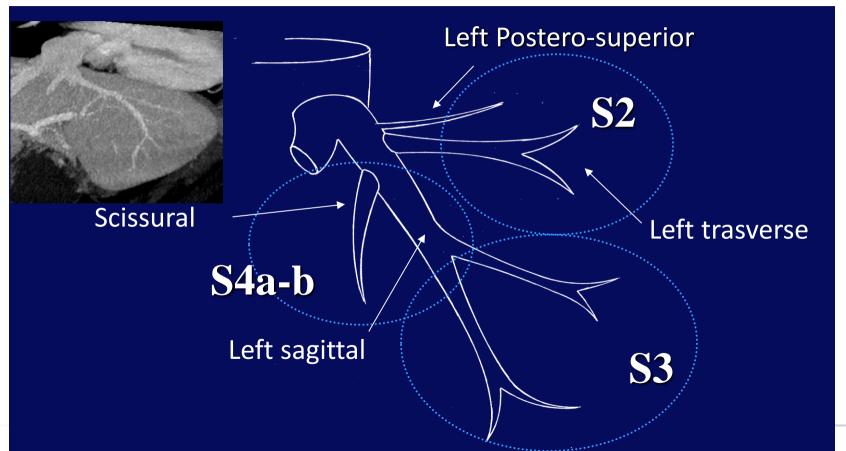


#### **Surgical anatomy – Hepatic veins**

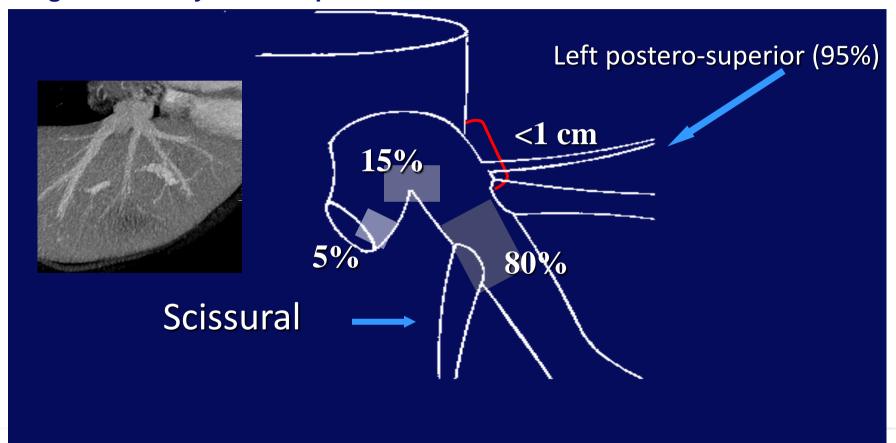


Type I Type III

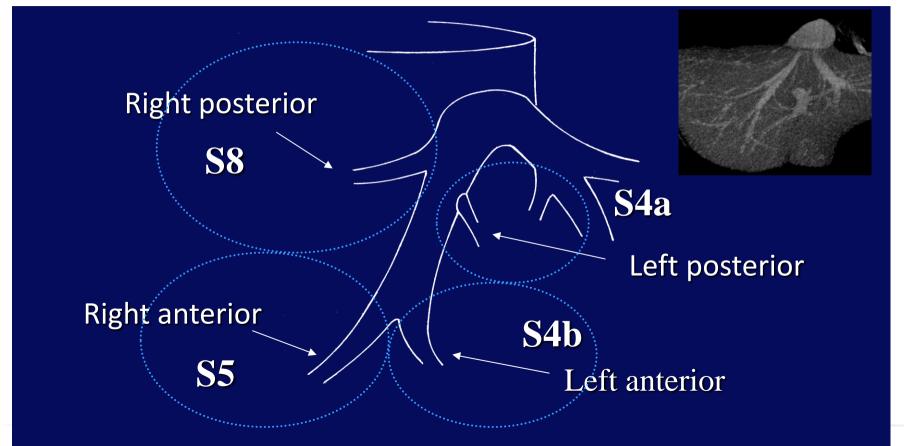
# **Surgical anatomy – Left Hepatic vein**



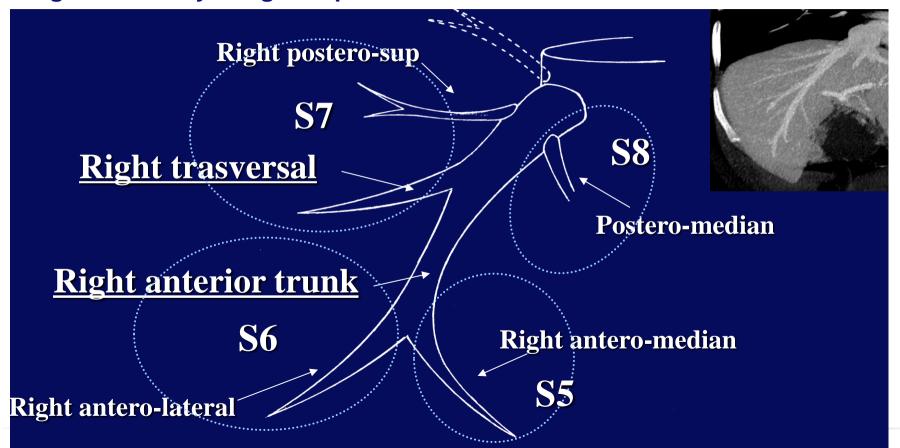
# **Surgical anatomy – Left Hepatic vein**



# **Surgical anatomy – Middle Hepatic vein**

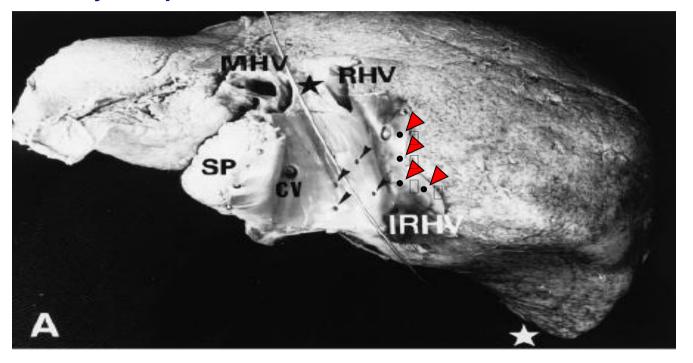


## Surgical anatomy - Right Hepatic vein





# **Surgical anatomy – Hepatic veins**



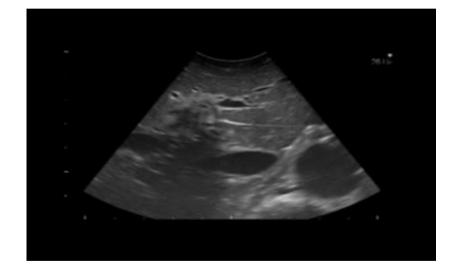
Sg1 hepatic veinsShort hepatic veins





# **Surgical anatomy – Inferior Hepatic vein**

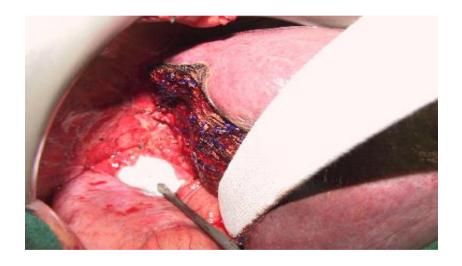






#### **Surgical anatomy – Inferior Hepatic vein**



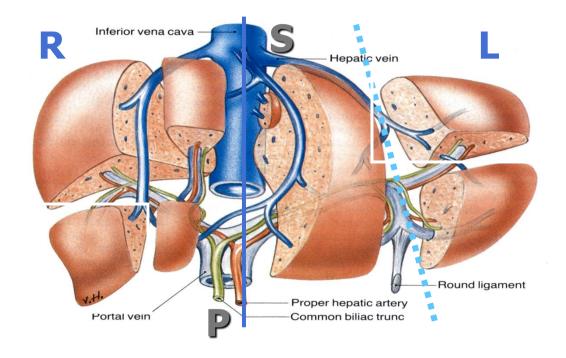


Allows section of the right hepatic vein with preservation of Sg6



#### **Surgical anatomy – Liver segments**

The liver can be divided in <u>SEGMENTS</u>: each of them has an autonomous vascularization (portal supply and suprahepatic efflux) and biliary drainage.



#### **Conclusions**

- Study of liver anatomy is fundamental during preoperative planning of every liver resection
- In particular, the surgeon should focus on
  - Portal vein
  - Hepatic artery
  - Hepatic veins
- This allows to reduce the incidence of intraoperative accidents and to control better unfavourable events







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