

Robotic resection cuts perioperative morbidity with liver cancer

November 28 2022, by Lori Solomon



Robotic liver resection (RLR) is associated with a significant reduction

in perioperative morbidity for treatment of hepatocellular carcinoma (HCC) versus open-liver resection (OLR), according to a study published online Nov. 23 in *JAMA Surgery*.

Fabrizio Di Benedetto, M.D., Ph.D., from University of Modena and Reggio Emilia in Italy, and colleagues analyzed short- and long-term outcomes of 398 [patients](#) undergoing RLR or OLR for HCC from five Western high-volume centers (2010 to 2020). The analysis included 106 propensity-matched patients undergoing each ORL and RLR.

The researchers found that RLR patients had a significantly longer operative time (median, 295 versus 200 minutes, including [docking](#)) but a significantly shorter hospital length of stay (median, four versus 10 days). Additionally, RLR patients had a lower number of admissions to the [intensive care unit](#) (6.6 versus 19.8 percent) and incidence of posthepatectomy [liver](#) failure (7.5 versus 28.3 percent).

There were no cases of grade C failure. The 90-day overall survival rate was similar between the groups (99.1 and 97.1 percent for RLR and OLR, respectively), as was the cumulative incidence of death related to tumor recurrence (8.8 and 10.2 percent for RLR and OLR, respectively).

"RLR performed in tertiary centers represents a safe treatment strategy for patients with HCC and those with compromised liver function while achieving oncologic efficacy," the authors write.

More information: Fabrizio Di Benedetto et al, Safety and Efficacy of Robotic vs Open Liver Resection for Hepatocellular Carcinoma, *JAMA Surgery* (2022). [DOI: 10.1001/jamasurg.2022.5697](https://doi.org/10.1001/jamasurg.2022.5697)

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