

Case Report

Right Liver Lobe Transplant

Global Hospital Mumbai
Mumbai, India



ARCHIMEDES

Biodegradable Biliary and Pancreatic Stent



44 y/o male patient presented with NASH and alcohol related decompensated liver cirrhosis. Patient underwent right liver lobe living donor liver transplant with reconstruction of neo middle hepatic vein.

Image 1. Dr. Ravi Mohanka, Chief Surgeon and Head of Department of Liver Transplant and Hepato-Biliary Surgery at Global Hospitals, Mumbai

Biliary continuity was restored with two separate anastomosis for two right lobe sectoral bile ducts with a 6 Fr (2.0 mm diameter) slow degrading **ARCHIMEDES** biodegradable biliary stent across donor right posterior sector and recipient left hepatic duct anastomosis. Donor's right anterior sectoral duct was anastomosed to recipient right hepatic duct without stent.

When Dr. Ravi Mohanka was asked why he chose the **ARCHIMEDES** stent, he stated that the **"significant reduction in biliary complications, associated reduction in morbidity and costs by avoiding the need for longer hospitalization motivates us to use it."**

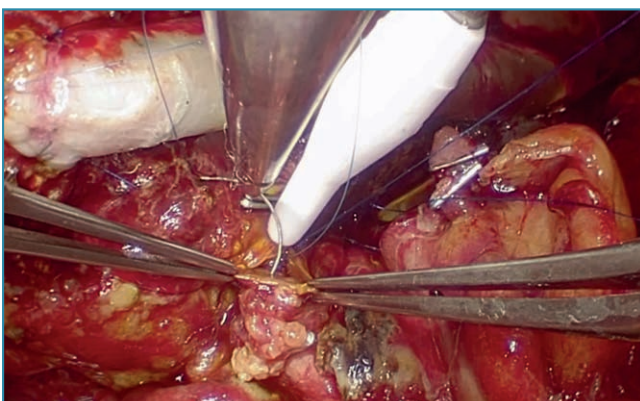


Image 2. Liver graft bile duct corner sutures for anastomosis.

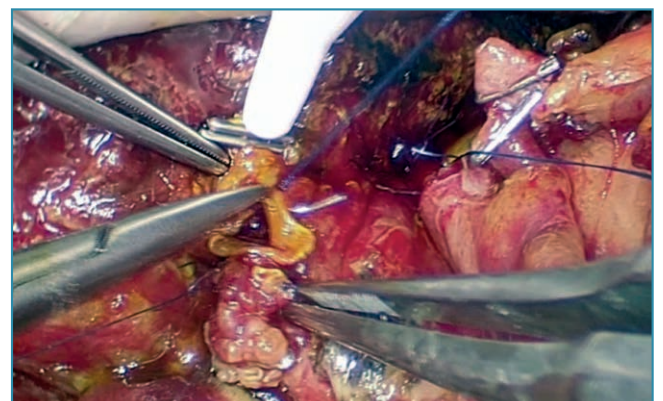


Image 3. Liver graft bile duct corner sutures.

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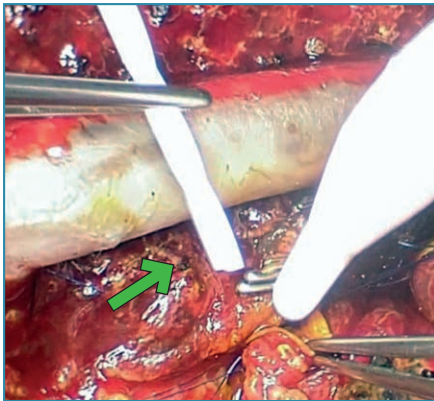


Image 4. Distal portion of the ARCHIMEDES biodegradable biliary stent about to be introduced into the bile duct after completion of posterior layer of biliary anastomosis.

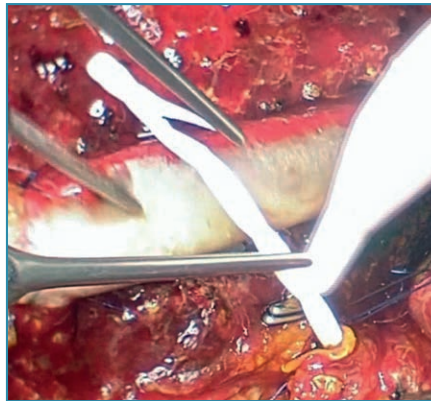


Image 5. Distal portion of the stent partially inserted into the patient's bile duct.

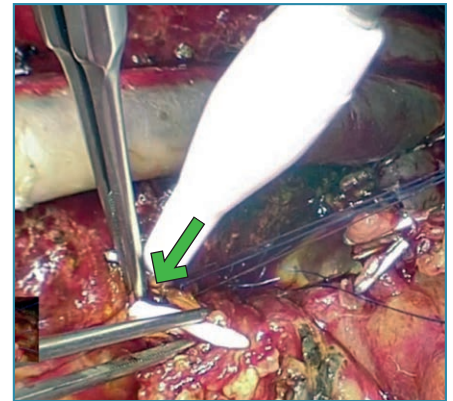


Image 6. Proximal portion of the ARCHIMEDES stent partially inserted into the bile duct (green arrow).

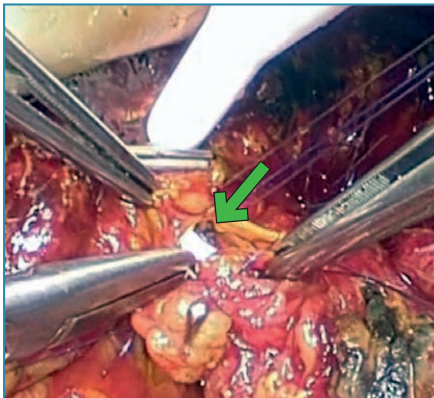


Image 7. ARCHIMEDES fully within the duct, across the biliary anastomosis.

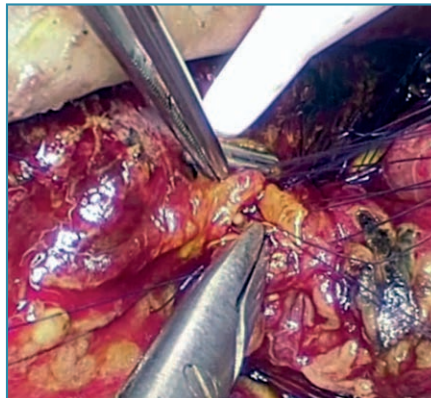


Image 8. Completion of biliary anastomosis with stent in-situ.

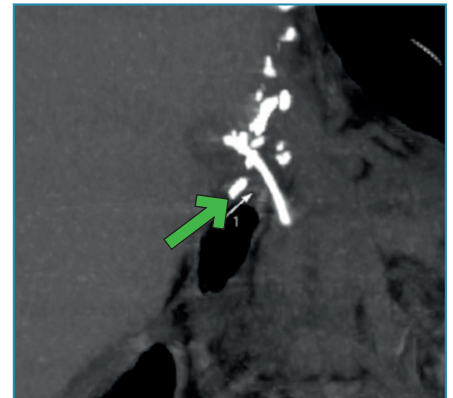


Image 9. ARCHIMEDES biliary stent visualised on coronal reconstruction of a follow-up CT abdomen.



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