

The stapler technique can save lives in trauma patients requiring emergency hepatic resection

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Dear Editor,

We read with great interest the article by Gehrig et al. [1] that was published in the August 2013 issue of *Langenbeck's Archives of Surgery*, which compares the LigaSure® Vessel Sealing System with the stapler technique for hepatic parenchymal transection. The study concluded that the two techniques are comparable except that the procedure time was longer when using the LigaSure system.

The findings are important for some reasons that were not discussed, but for impact on clinical practice. The procedure time for liver transection can be particularly important in trauma patients with massive isolated hepatic hemorrhage or with hepatic hemorrhage associated with bleeding from other organs. In these cases, it may be necessary to urgently perform hepatic resection or seal the traumatized liver surface to control hemorrhage. Trauma surgeons treating patients with hepatic trauma usually request the assistance of a hepatobiliary surgeon when this is available. However, when the patient is treated in a peripheral hospital that

is far from a trauma center or the clinical condition of the patient does not permit transfer, treatment by a surgeon who is not particularly skilled in hepatic surgery may be necessary to save the patient's life. In this situation, the stapler technique enables a general surgeon to perform hepatic transection with maximum speed. This is of fundamental importance because no other available instruments or techniques enable the performance of hepatic resection in an emergency with the ease of the stapler.

Conflicts of interest None.

Reference

1. Gehrig T, Manzini G, Fonouni H et al (2013) Comparison of two different transection techniques in liver surgery-an experimental study in a porcine model. *Langenbecks Arch Surg* 398(6):909–915

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