

The national Liver Institute, Located in Sheben El-Kom, Menoufia, was founded by the late Professor Yassen Abdel-ghaffar in 1986. The medical service, mainly started with outpatient clinc and endoscopy, later in 1990, extensions included in-patient department, operating room, ICU and hepatobiliary Surgery.

The institute is based on three pillars of medical service, research and education.

Patient Care: The institute is a tertiary referral center for liver, pancreatic and biliary diseases committed to serve the healthcare needs of those patients. We provide medical care for around 150,000 patients/year,70 %of whom are from outside the menoufia governorate and of these 30% are even from outside the delta region. We have 15 000 admision /year and we perform over 15 000 endoscopy/year, 500-800 major operations /Year and 40-45 transplants /Year

Postgraduate teaching: National Liver Institute offers professional education & postgraduate degrees in Hepatology, Pediatric Hepatology & Hepatobiliary Surgery. **Research:** The National Liver Institute support and sustains research of the highest quality and strengthens the culture of national & International collaboration.

DEPARTMENT OF HEPATOBILIARY & LIVER TRANSPLANT SURGERY

Department of Hepatobiliary and liver transplant surgery serve all patients with liver, biliary and pancreatic surgical disease, also all liver patients with surgical problems. The department starts to have liver transplant program back to 1991. This is the first Living Donor Liver Transplant (LDLT) in Egypt, Middle East, and Africa and the 4th country after US, Germany and Japan. The program was held and restart in 2003 in collaboration with Kyoto University. More than 250 transplants were performed up to the present time. Liver transplantation at the institute is the least expensive in Egypt and is free of any expenses for all children. In addition to Egyptian patients we provide care for patients from Sudan, Libya, Syria, Oman, Plastine, Yemen and Nigeria.

The Surgical Department has 8 highly equipped operative rooms for liver transplant (Pediatric & Adult) and HPB and laparoscopic surgeries.

Patient Care: Operations of the surgical department in NLI:

A) ELECTIVE OPERATIONS

- Biliary operations:
 - Cholecystectomy (open and laparoscopic) especially in cirrhotic patients that need specialized center (about 120/year).
 - CBD exploration and stone extraction (open and laparoscopic with choledocoscope) (about 50/year).
 - Biliary enteric anastomosis for biliary strictures and biliary injuries and bile leak as such cases need specialized referral center in biliary surgeries as in our Liver Institute (about 55/year).
 - Operations for cholangiocarcinoma (peripheral, proximal CBD, or distal CBD): as liver resection, biliary enteric anastomosis, or pancreaticoduodenectomy). (About 30/Year).
 - Choledocal cyst (types I, II, III, IV, V (about 22/year).
 - Biliary atresia (type I, II, III) (about 35/year).

Liver operations:

Liver resection: Especially in cirrhotic liver (laparoscopic or open):

All types of liver resections as: monosegmentectomy, bisegmentectomy (sectionectomy), Right or Lt Hepatectomy (bisectionectomy), Right or Lt extended hepatectomy (trisectionectomy) (about 70/year).

- Liver resection for 1ry liver tumors as HCC, or cholangiocarcinoma (laparoscopic or open).
- Liver resection for 2ry liver tumors as colorectal liver metastasis.
- liver resection for cystic liver lesions as cystadenoma, cystadenocarcinoma, hydatid cyst.
- Laparoscopic deroofing or drainage of cystic liver lesions (about 40/year).

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Pancreatic operations:

- Pancreaticoduodenectomy (Whipple's operation) for periampullary tumors (pancreatic, lower CBD, duodenum, ampullary) (about 40/year). The rate of these cases were increased this year after opening of the obstructive jaundice clinic.
- Operations for pancreatic cyst as cystic tumors or pseudopancreatic cyst.
- Operations for infected necrotizing pancreatitis or chronic pancreatitis.
- Distal pancreatectomy, mesoresection, or enucleation of pancreatic tumors.
- Total pancreatectomy.
- bypass operation for irresectable pancreatic head tumors as gastrojejunostomy and hepatico-jejunostomy.

Operations for portal hypertension:

Splenectomy and devascularization (about 30/year).

Abdominal wall hernias: specially in cirrhotic patients

Umbilical hernia, Inguinal hernia, Incisional hernia (about 90/year).

B) EMERGENCY OPERATIONS

- Complicated abdominal wall hernia in cirrhotic patients as obstructed, strangulated, or ruptured hernia (about 160/year).
- Acute abdomen in cirrhotic patients as: mesenteric vascular occlusion, perforated peptic ulcer, intestinal obstruction (about 50/year).
- Acute appendicitis.
- Abdominal trauma with liver or splenic injury.

Types and Rate of operations/ yearly:

- From 1991- start of 2016: 7786 surgical operation.
- 2012: 591 operations.
- 2013: 459 operations.
- 2014: 408 operations.
- 2015:580 operations

Outpatient clinic: for preparation of new cases and follow up of patients after surgery (from 15-20 patients/day).

- General HBP clinic.
- HCC clinic.
- Obstructive Jaundice clinic.

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POST GRADUATION

The surgical department gives the master and doctorate degree in HPB and liver transplant surgery and it is the only center in Egypt that gives these specialized degrees.

Joint supervision of the surgical staff on the master and doctorate thesis of different Universities in Egypt, which is related to our speciality.

RESEARCH

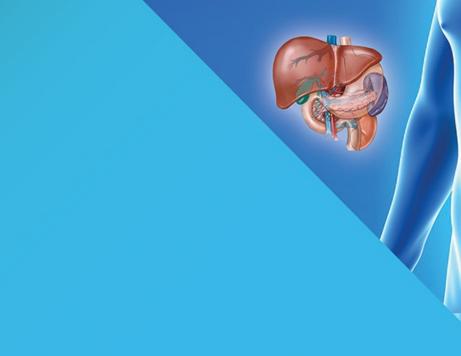
The surgical department does a lot of research work in the field of HPB and liver transplant surgery and different surgeries in cirrhotic patients. The department has many channels with different university in the world Such as: US (Tufts University, Harverd University, Pittesberg University, Mayo clinic, Florida University, Tennessee University) U.k (Bremgham University, Hammersmith Hospital) Hongkong (Queen Mary Hospital, Hongkong University) Germany (Heidelberg University) Japan (Kyoto University) Swaziland (Bern University) Denmark (Aarhus University) Most of these researches were published in international and local journals.

RECENT INTERNATIONAL PUBLICATION OF DEPARTMENT OF HEPATOPANCREATICOBILIARY (HPB) SURGERY & ANAESTHESIA AND ICU

- Laparoscopic Ultrasound with Radiofrequency Ablation of Hepatic Tumors in Cirrhotic Patients. Journal of Laparoendoscopic & Advanced Surgical Techniques. Volume 20, Number 1, 2010.
- Impact of Multislice Spiral computed tomography on Donor Selection and Surgical Planning in Living-Related Liver Transplant. Experimental and clinical Transplantation (2010) 2:111-124.
- Use of transesophageal Doppler as a sole cardiac output monitor for reperfusion hemodynamic changes during living donor liver transplantation: An observational study Saudi J Anaesth. 2011 Jul-Sep; 5(3): 264–269
- Surgical treatment of giant cavernous hepatic haemangiomas. Surgical Science, 2012, Volume 3(3), 406-413.
- Live donor hepatectomy for liver transplantation in Egypt: Lessons learned Saudi J Anaesth. 2012 Jul-Sep; 6(3): 234–241
- Major hepatic resection in hepatic hydatidosis .Surgical Science, 2013, Volume 4(1), 20-28.
- Plasma osteopontin level as a diagnostic marker of hepatocellular carcinoma in patients with radiological evidence of focal hepatic lesions. Tumori. 2013 Volume 99(1),100-107
- Isolated splenic hydatidosis. Surgical Chronicles. 2013 Volume 18 (2), 90-94.
- Laparoscopic cholecystectomy in situs inversus totalis: Feasibility and review of literature. International Journal of Surgery Case Reports. 2013 Volume 4(8), 711-715.
- Transoesophageal Doppler compared to central venous pressure for perioperative hemodynamic monitoring and fluid guidance in liver resection Saudi J Anaesth. 2013 Oct-Dec; 7(4): 378–386
- Entropy-guided end-tidal desflurane concentration during living donor liver transplantation, Saudi J Anaesth. 2013 Oct-Dec; 7(4): 399–403
- Gastrointestinal Stromal Tumors: Diagnostic and Therapeutic Challenges. Journal of Surgery (Jurnalul de chirurgie) 2014; 10(2):146-152.
- latrogenic biliary injuries: Multidisciplinary Management in a Major tertiary Referral center.HPB Surgery. Volume 2014;Article ID 575136:12pages
- Recurrent Hepatitis C Virus (Genotype 4) Infection after Living Donor Liver Transplantation: Risk Factors and Outcome. (2014) J Liver 3: 148.
- Vascular Complications after Adult to Adult Living Donor Liver Transplantation: Single Center Experience. Int J Surg Res Pract (2014) 1:005
- Intravenous patient-controlled fentanyl with and without transversus abdominis plane block in cirrhotic patients post liver resection Local Reg Anesth. 2014; 7: 27–37

RECENT INTERNATIONAL PUBLICATION OF DEPARTMENT OF HEPATOPANCREATICOBILIARY (HPB) SURGERY & ANAESTHESIA AND ICU

- Preoperative Thromboelastometry as a Predictor of Transfusion Requirements during Adult Living Donor Liver Transplantation Transfus Med Hemother. 2015 March; 42(2): 99–108
- The haemodynamic effects of the perioperative terlipressin infusion in living donor liver transplantation: A randomised controlled study Indian J Anaesth. 2015 March; 59(3): 156–164
- Predictors of Outcome of Living Donor Liver Transplantation for Hepatocellular Carcinoma. Indian journal of Surgery, (2016) pp 1-9
- Early (<6 months) Mortality after Adult to Adult Living Donor Liver Transplantation,
 Single Centre Experience: A Retrospective Cohort Study. J Liver: Dis Transplant (2016)
 5:1
- Pattern of hepatocellular carcinoma recurrence following living donor liver transplantation. Surgical Practice (2016) 20, 18–26
- Effect of intraoperative magnesium intravenous infusion on the hemodynamic changes associated with right lobe living donor hepatotomy under transesophageal Doppler monitoring-randomized controlled trial Saudi J Anaesth. 2016 Apr-Jun; 10(2): 132–137





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