

## **Informed Consent**

### **Liver Lobectomy (Removal of One or More Liver Lobes)**

You have elected to have your pet undergo a surgical procedure called a liver lobectomy, where one or more liver lobes are removed. Liver lobectomy is recommended when there is a mass that has been identified within the liver or if there may be a diseased lobe where something (abscess, lobe torsion, trauma) may affect one or a few liver lobes but not the entire liver. Generally, if there is a mass on the liver, we do not know what this mass is prior to surgery, however, removal is recommended for any mass because the simple presence of this mass makes the liver prone to spontaneous bleeding or rupture. We will examine the organs in surgery, remove the lobe if needed, and collect samples that may help answer our questions. The prognosis with surgery is generally very good to excellent, however, complications occur in about 15% of patients. Below, general risks of abdominal surgery are outlined, followed by those specific to liver lobectomy. Let us know if you have any questions or concerns.

#### **Abdominal Surgery Risks**

Skin incision infection- this is a risk with any surgery, and usually treatable with oral antibiotic therapy

Damage to abdominal structures- this could cause bleeding, or contamination by contents of the intestines

Adhesion formation (scar tissue formation in the abdomen)- scar tissue can impact the tissues in the abdomen in the future

Peritonitis- this is a rare but serious infection within the abdomen. If this occurs, additional therapies may likely be recommended.

Abdominal wall dehiscence (opening)- this can occur when the incision line used to close the abdominal wall fails. At first, the abdominal contents may stay covered by skin and subcutaneous tissue and revision is recommended. If they are not covered, emergency intervention is required.

Abdominal foreign body- very rarely, sponges or even instruments can be left in the abdominal cavity during surgery. We take precautions to ensure this doesn't happen, but it is possible.

#### **Liver Lobectomy**

Hemorrhage (bleeding)-the liver is a very well vascularized organ. All these blood vessels must be successfully ligated and transacted during surgery and they must stay sealed after surgery to prevent life-threatening bleeding.

Metastatic disease (in surgery)- sometimes there can be a cancer process going on and we cannot appreciate the full extent, and that a cancer may have spread, prior to surgery. Sometimes we go in expecting one mass, and sometimes we find multiple, or a situation where it is apparent a cancer has already spread within the abdomen. In these former cases, we may be able to remove more of the liver. In the latter case, lobectomy is likely of no benefit.

Recurrence- if the liver lobe is removed, but cancer remains at the surgical site (which we may or may not know at the time of surgery- we cannot see the cancer cells in surgery), it has the potential to grow back.

Bile peritonitis- during surgery or after surgery, there could be leakage of bile from the liver or gall bladder. Bile is very irritating, and if there is an active or on-going leak, this situation could be life threatening without further treatment.

Reduced liver function-systemic complications may result if the quantity of liver removed affects the overall organ function, which could lead to low blood sugar, low blood proteins, etc. Though the liver usually has a high capacity for regeneration, additional therapies may be needed and prognosis is guarded until liver function returns.