

# LIVER TUMOURS

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Liver resection continues to evolve, and the safety has been established with a mortality of 1-2% and a 5-year survival following resection of colorectal metastases of 50%. Early surgical approaches involved a formal left or right hepatectomy and the presence of bilobar disease or more than three or four metastases were considered inoperable. Advances in surgery and anaesthesia, including combinations of staged procedures, portal vein embolisation (PVE), ablation and local resections, increased the number of potentially curative procedures. Concurrent progress in oncology has increased the ability of chemotherapy to 'downstage' disease sufficiently to operable lesions that would have been formerly considered inoperable.

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Revision #1

Created 2025-12-31 15:25:40 UTC by Omar Ayman

Updated 2025-12-31 15:25:40 UTC by Omar Ayman