

PEDIATRIC SURGERY

Kasai hepatic portoenterostomy

Preference Card

1. Pre-op vitamin K. Antibiotic bowel prep but not mechanical if formula fed.
2. X-ray table. A-line, IVs above and below waist.
3. Start with R subcostal incision 1 finger below margin.
4. Get tru-cut via stab on liver edge of R lobe. Aim once to right and once to left through the same hole. Close with a 3-0 chromic figure of 8.
5. Dissect out the gall bladder some then put a 4-0 silk purse string in fundus then put in 6 french cholangiocath and inject renograffin. If ducts visualized, close. Otherwise...
6. Place the Buckwalter and pack bowel down and divide the right and left triangular ligaments and falciform. Use bovie on everything due to portal hypertension.
7. Liver should lift out of peritoneal cavity now to expose the hilum.
8. Dissect on the cystic artery to find the hepatic artery, portal vein.
9. Dissect out the hepatic artery then right and left branches all the way until they enter the liver--stay on top of it.
10. Once HA is defined, ligate the cystic artery.
11. Dissect out the portal vein branches away from the plate--R and L vein lie under the artery branches. Divide little branches to the plate with 5-0 silk free ties.
12. When cleared off, cut the plate flush--get just below the fibrous cone and not into liver parenchyma--send for frozen.
13. Place a pack on the portal plate to stop any bleeding--no bovie on the plate to avoid duct injury.
14. Divide jejunum 10 cm from ligament of Treitz with GIA and plug in 25 cm distal end-to-end with interrupted 4-0 PDS.
15. Bring limb retro-colic and keep it from twisting.
16. Do an end-to-end anastomosis to plate with interrupted 6-0 PDS: Lay in double-armed PDS around the lower half of the plate and tag. Then put each end through the bowel in-to-out and tie. Then place sutures through the upper half
17. Close mesocolon with PDS and put a JP next to anastomosis.
18. Close fascia with 3-0 and 2-0 PDS.
19. Post-op, give phenobarbital, cefotetan, vitamin K then ADEK when taking po. Also change to Bactrim and actigall long-term.
20. Give prednisone as soon as possible postoperatively at 4mg/kg/D x 2 weeks then 2mg/kg/D x 2 weeks then 1mg/kg/D x 2 weeks then taper over another 4-6 weeks.