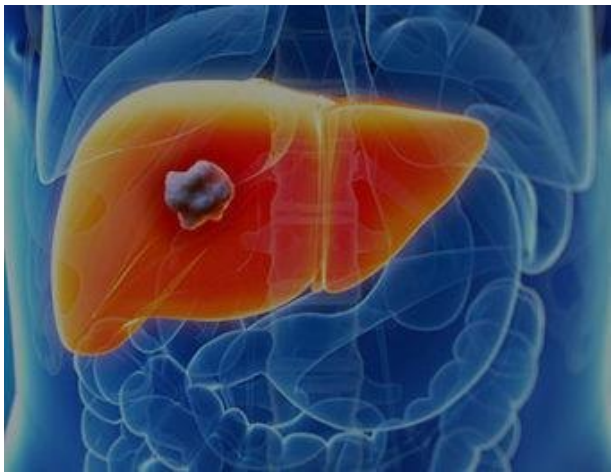
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Liver Tumours

The liver is the largest internal organ in the human body. Anatomically, it is divided into two main lobes: the right lobe and the left lobe. The liver has a rich blood supply from two main sources, the hepatic artery and the portal vein. This makes liver surgery precise and complex, requiring advanced knowledge of the anatomy of the blood vessels and bile ducts.



About liver tumours

Liver tumours are common worldwide and are an important cause of cancer-related deaths. They can broadly be divided into primary and secondary tumours:

- **Primary tumours** arise from the liver cells themselves. Hepatocellular carcinoma (HCC) is the most common type of primary liver cancer.
- **Secondary tumours (liver metastases)** occur when cancer cells spread to the liver from another organ in the body. A common example is liver metastases from **colorectal (bowel) cancer**.

The treatment of liver tumours depends on several factors, most importantly the **type, size, number and location of the tumours**, and how close they are to the major blood vessels and bile ducts. The condition of the liver, how well it is working, and the patient's general health are also taken into account when deciding on the most suitable treatment plan.

When surgery is appropriate, **complete removal of the tumour can offer a chance of long-term disease control and better survival in patients who are suitable for surgery**.

When the tumour is localised, and enough healthy liver can be kept to maintain liver function, the operation may be limited to removing the tumour or the affected part of the liver. Some cases need removal of a larger part of the liver, including **removal of a whole lobe** when necessary.

A multidisciplinary approach (MDT)

Before any treatment decision is made, complex cases are discussed by a multidisciplinary team (MDT) which, depending on the case, includes a number of specialists:

- Liver, pancreatic and bile duct (HPB) surgeon.
- Oncologist.
- Radiotherapy specialist.
- Pathologist.
- Interventional radiologist.
- Specialist in genetics and molecular medicine.

This multidisciplinary approach is an essential part of modern cancer care. It allows each case to be reviewed comprehensively, including imaging results, tissue diagnosis, surgical options, drug treatments, radiotherapy and the other options available.

The team's role does not end at diagnosis and first treatment: it continues with **follow-up after surgery or treatment**, monitoring recovery and response to treatment, and detecting and managing any recurrence early.

Expertise in minimally invasive liver surgery

Our team has extensive clinical and academic experience in treating liver tumours, supported by international research and publications in this field.

We are committed to offering patients the latest treatment options available and to making use of advanced surgical techniques, including **laparoscopic and robotic liver surgery** when they are suitable for the case.

Prof. Abu Hilal is one of the international experts in minimally invasive liver surgery. Alongside a number of the world's leading surgeons, he has helped to develop and expand laparoscopic liver surgery and to establish minimally invasive techniques in many complex liver operations.

In suitable cases, minimally invasive liver surgery can offer important benefits linked to its less invasive nature, including:

- faster recovery after the operation;
- a shorter hospital stay;
- less surgical trauma for the patient, while keeping to the core principles of cancer treatment.

The most suitable surgical technique is chosen according to the nature of the tumour, the patient's condition and the complexity of the case.