TUN JIE: Basically here the [INAUDIBLE] obstructed the colon cancer. When they did the surgery he had a perforated colon cancer so he had peritonitis. So I'm not surprised that there's a lot of adhesion in the abdomen. So we're drilling with the ultrasonic and then I'll go all the way in and then we'll switch to the bipolar to obtain our coagulation. And in a situation like this I do it twice before I use the ultrasonic drill to transect a little bit [INAUDIBLE].

This is a right hepatectomy, so we already obtained the inflow control. The portal vein and the hepatic artery has already been clamped with a vessel clamp and we're now doing a parenchymal division. OK, that's good. Let's get going. Mm-hm. Nice. OK. OK, go forward.

More. OK, nice. All right. Scope back here. OK. [INAUDIBLE]. OK, good. OK, go back around.

SPEAKER 1: There?

TUN JIE: Mm-hm.

SPEAKER 1: Doctor, if you don't close the [INAUDIBLE] completely, it doesn't cause the contact for the [INAUDIBLE]?

TUN JIE: Yeah.

SPEAKER 1: I don't know.

TUN JIE: Yeah, and you have to close it completely. Yeah. So I usually am slowly closing the [INAUDIBLE] as you're buzzing it.

SPEAKER 1: Mm-hm.

TUN JIE: OK, one second. OK, another four by four. Mm-hm. Uh-uh.

SPEAKER 1: Oh.

TUN JIE: OK. Mm-hm. Right here.

SPEAKER 1: OK.

TUN JIE: Four by four. OK. So we're making progress. Slowly but surely.

SPEAKER 1: Mm-hm.

TUN JIE: [INAUDIBLE].

SPEAKER 1: OK.

TUN JIE: [INAUDIBLE]. OK. One second, let me see. There's a little lesion there. [INAUDIBLE].

So the other thing that particularly I like to hang the liver so then we don't have to worry about a cave-in. Mm-hm.

SPEAKER 1: Yeah, I think that's what it is. If you don't poke the jaws 100%.

TUN JIE: Nice. This is really nice. In particular you're doing a common resection because everything is kind of already set up for you, right? In a common resection we already take the inflow and outflow, but others we just put a [INAUDIBLE] on, we haven't [INAUDIBLE]. I'm impressed with that hemostasis-- pretty good.

SPEAKER 2: You guys are doing awesome.

TUN JIE: Yeah. I mean in particular I don't have a target I have been hovering around. I mean it's just nice. You kind of know where your anatomy is and then you just chop it.

SPEAKER 2: Right.

TUN JIE: OK. I think it's the vein staple line. OK.

SPEAKER 1: Does this look tight? There's a vein there.

TUN JIE: Go back over. [INAUDIBLE] OK, open the staples. Straight.

SPEAKER 1: Straight?

TUN JIE: I'm going to stable this and take it out because I see the vessel now.

SPEAKER 1: There?

TUN JIE: Mm-hm. Suction. Scissors. That's what happens. OK, we're done. So basically, this patient had a perforated colon cancer which presented with several lesions in the right lobe of the liver and he underwent a chemotherapy and was able to respond but still had several lesions in the right lobe.

We perform a right lobectomy and with the [INAUDIBLE] we were able to partition the parenchyma and then use a staple to take the vasculature bundle at the very end. So it works really well.