Aim. From 2010 to 2017 in Kyzylorda Regional Medical center performed 15 laparoscopic right-sided hemihepatectomy, laparoscopic segmentectomy II and III grade and laparoscopic segmentectomy V—VI art.

Materials and methods: From 2010 to 2017 at the present time performed 15 laparoscopic liver surgery: segmentectomy II, III degree, laparoscopic bisegmentectomy IV—V degree and 4 laparoscopic right-sided hemihepatectomies When performing a right hemihepatectomy endoscopic instrument LigaSure complex "Force Triad" enables reliable control of hemostasis at the intersection of the short hepatic veins, stepby-step dissection of the liver parenchyma, crossing the parenchyma in the hepatic branches of the portal vein. The apparatus ENDO GIA 30 was stitched and crossed the right hepatic vein. The resected fragment of the liver was loaded into a container and evacuated through the incision in the right iliac region. The surface of the liver was covered with hemostatic mesh "Surgicel".

Results and discussion: in right-sided hemigepatectomy surgery duration was from 150 to 240 min, blood loss of 150-400 ml. in liver resection and bisegmentectomy intervention lasted 90-120 min, and blood loss was 60-80 ml. Postoperative analgesia was provided by a constant epidural infusion of 1% lidocaine. On the second day after the operation, the patients were transferred to the Department in a satisfactory condition. Separated by drains did not exceed 80 ml per day. The drainages were removed on the 2-3 days. Activation for 1-3 days.

Conclusions: the Obtained results allow to conclude that video surgery of large volume on the liver in children has great prospects in clinics where there is sufficient experience of such surgical interventions in an open manner.