

1. **Ligature or embolization of the hepatic artery**
  - in acute bleeding
  - in angiomatosis with large, functionally effective arterio-venous shunts
2. **Atypical liver resection, enucleation, local tumour excision**  
(without liver hilus preparation)
  - method of choice and relative indication in clearly benign hepatic tumours showing symptoms and a clear increase in size of tumour (haemangioma, FNH, lipoma, *etc.*)
3. **Anatomical, segment-oriented liver resection**  
(including liver hilus preparation in most cases)
  - necessary in unresolved or ambiguous hepatic tumours (e.g. suspected adenoma) as absolute indication due to risk of malignancy and in complications (e.g. haemorrhage, rupture). The aim is radical removal of the tumour with a sufficient safety margin (as in malignant tumours)
4. **Partial/total vascular ligation**
  - useful additional technique for better intraoperative control of haemorrhage and haemostasis, particularly suitable for well-vascularized tumours or those close to the inferior vena cava
5. **Various modifications of in/ante/ex situ resection**
  - relatively rare techniques which may, however, be useful (with additional protection of the liver and possible auto-transplantation) for improving technical resectability when the size or location of the tumour presents problems (e.g. confluence of the hepatic veins)
6. **Hepatectomy and allogenic liver transplantation**
  - exceptional techniques applied in multiple tumours, diffuse changes (e.g. haemangiomatosis) or concomitant liver diseases often of a metabolic nature (e.g. glycogenosis). Radical oncological treatment for eliminating the risk of malignant tumour development