Animal No. 1: (Animals are numbered in chronological order.) It was the first percutaneous transhepatic portal vein catheterization we had ever done, with known methodologies. Difficulty was encountered t was hard to in trying to distinguish the intrahepatic versus the extrahepatic segments of the portal vein-sections inside and outside the liver in the Rhesus monkey only by using only by intra-operative visualization alone of the liver the liver anatomy of liver in of the Rhesus monkey. Because the technologists technicians were unfamiliar with the hepatobiliary anatomylivers of the Rhesus monkeys, we mistakenly punctured the right branch of the portal vein, the entirety of which is extrahepatic in the Rhesus monkey (the entire right branch of Rhesus monkey's portal vein is outside the liver), to cause This caused the bleeding at the puncture site, which was extrahepaticoutside the liver and at risk for persistent bleeding due to lack of the natural tamponade effect with intrahepatic portal vein puncture. The monkey died of blood loss and shock in-10 hours after the surgery. Due to the slow speed pacerate of bleeding, it was hard to monitor the for post-procedural bleedingprocedure by the using ultrasoundnic exam technology alone, even when ultrasound was performed immediately after the surgery.

Animal No. 2: Because Rhesus monkeys has take deep breaths and the their The diaphragms of Rhesus monkeys are lower than that in than humans. In this animal, we failed to follow the respiratory rhythm and inadvertentlymistakenly inserted the needle when the diaphragm was not at its highest reached the its lowest placepoint as it would be during maximal expiration. The thoracic cavity of the monkey was injured, and causeding pneumothorax. No specific therapeutic measure was taken for the pneumothorax and the monkey healed by itself.—

We used the ith the lessons from the first two operations, our skill improved gradually to improve our technique. Total operation time was shortened greatly and no complications occurred the subsequent three monkeys experienced no complications.

The rest three was performed successfully without any complications.

Changes of in pPortal vVenous pPressures at different times duringof

Comment [BW1]: This statement appears to lack a scientific basis and should be deleted, unless you can cite a reference. There's no obvious reason why a Rhesus monkey should take any deeper breaths than humans unless it is mechanically overventilated during general anesthesia.

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