HBP SURGERY WEEK 2023

MARCH 23 THU - 25 SAT, 2023 | BEXCO, BUSAN, KOREA www.khbps.org

& The 58th Annual Congress of the Korean Association of HBP Surgery



ABST-0414

Learning Curve Of Robotic Living Donor Right Hepatectomy In Two Specialized Centers: A Cumulative Sum Analysis

Hye Yeon YANG, Cheah Yee LEE, Gi Hong CHOI*

Hepatobiliary And Pancreatic Surgery, Yonsei University Senverance Hospital, REPUBLIC OF KOREA

Background : Robotic donor hepatectomy has proved its feasibility and safety with consecutive studies. However, no current study is reported about the learning curve of robotic donor right hepatectomy. In this study, we evaluated the learning curve of robotic living donor right hepatectomy (RLDRH) in two specialized centers.

Methods : From 2016 to 2021, 99 patients underwent RLDRH in center A. From 2018 to 2022, 15 donors underwent RLDRH by center B which received proctorship from A center. We divided procedure time into five steps to confirm learning curve. The learning curve was evaluated using the cumulative sum (CUSUM) analysis based on operation time.

Results : Center A had seven major complications (7.07%) and two open conversion cases. Center B had one major complication (6.66%) without any open conversion case. The mean operation of A was 460.91 minutes and B was 486.4 minutes without significant disability of graft. The CUSUM of total operation time explained a learning curve of 17th cases of RLDRH in A and 9th case in B. The mean console time were 389.77 minutes in A and 441.47 minutes in B and a learning curve of 19th case in A and 7th case in B were demonstrated. The mean parenchymal dissection time was 184 minutes in A and 149 minutes in B and a learning curve was 14th case in A and 9th case in B. However, hilum dissection time (mean, 57.99 minutes in A; mean, 57.6 minutes in B) and warm ischemic time (mean, 15.49 minutes in A; mean, 11.33 minutes in B) showed no significant discriminative pattern in both results. No significant risk factor was found in learning curve of operation time.

Conclusions : Prior experience with standardized technique for RLDH, though complex and relatively novel, can be safely reproduced with shortening of learning curve in another specialized center through appropriate proctorship.

Corresponding Author : Gi Hong CHOI (choigh@yuhs.ac)