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Lessons Learned From 261 Consecutive Living Donor Hepatectomy Operations At A Single Center

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Background : Living-donor liver transplantation (LDLT) is currently the most feasible treatment method for patients with end-stage liver disease. This study describes the results of a living donor hepatectomy performed at Pusan National University Yangsan Hospital over a 10-year period, including donor characteristics, postoperative outcomes, and directions for improvement.

Methods : This review looked back at 261 living donors who had a hepatectomy for LDLT at Pusan National University Yangsan Hospital between May 2010 and May 2020. It looked at their characteristics and the results.

Results : The 261 donors, whose ages ranged from 16 to 64, consisted of 182 men (69.7%) and 79 women (30.3%), with a mean body mass index of 23.4 kg/m². There were a total of 117 (45%) modified right lobe liver grafts, 113 (43%) caudal middle hepatic vein trunk liver grafts, 16 (6%) extended right lobe liver grafts, 14 (5%) left lobe liver grafts, and one (1%) right posterior segment liver grafts. The average graft volume was 37.5%, and the average graft weight was 686.2 g. 217 (83.1%) donors had no complications, while 44 (16.9%) donors had complications. The most frequent complication was pleural effusions in 12 (4.6%) patients.

Conclusions : Through careful selection of donors and improvements in surgical techniques, our center has shown that donor prognosis is pretty good. In recent years, more centers have tried and used LDLT. However, more surveys and standardized criteria for choosing donors are still needed. Compared to DDLT, LDLT has improved long-term survival rates and similar or better results. Notably, complications after liver resection happen less often in Asian countries where LDLT is used more than DDLT. Therefore, LDLT is the most feasible treatment for patients with ESLD, although biliary complications remain a problem.

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