

**LV PP 1-3****Effects Of Livact Granule On Liver Function Recovery After Donor Right Hemihepatectomy**

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Background : Living donor liver transplantation (LDLT) is currently widespread due to organ shortage. LDLT is basically a high-risk surgery for the donor. Therefore, the safety of the donor is the most important issue in LDLT. In adult LDLT, right lobe grafts are usually used, which pose a greater risk for the donor than using a left lobe. There have been reports that taking branched chain amino acids (BCAAs) helps patients recover after hepatectomy. This study is performed to evaluate effect of Livact granule for donor safety and recovery.

Methods : From January 2016 to December 2021, LDLT was performed on 258 patients at our center. Among them, 148 were in the non-Livact group and 110 were in the Livact group. Six of 110 patients in the Livact group stopped taking Livact due to nausea and vomiting, so 104 patients in the Livact group were analyzed. To assess the donor safeties and recovery, various preoperative and postoperative factors were evaluated.

Results : The donor age was 35.8 years in the non-Livact group and 40.0 years in the Livact group. Other than that, there was no difference between the two groups in preoperative liver function tests, and there was no difference in future liver remnant or steatosis. There was no difference in total bilirubin level between the two groups at 5 days postoperatively, but PT INR was lower in the Livact group and albumin was higher in the Livact group. The days taken for total bilirubin to normalize were the same in both groups, but the Livact group took less days for INR to normalize. More patients in the non-Livact group were discharged with Jackson-Pratt (JP) drain because JP drainage did not decrease.

Conclusions : In donor right hepatectomy patients, taking Livact granules, BCAAs, helps donor recovery. For donor safety, administration of Livact granules during the perioperative period may be considered.

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