

A12 - Clavien-dindo 3-5 complications at 90-days after liver transplantation (lt)

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Introduction:

We used a log-binomial regression model to evaluate associations to complications defined by a Clavien-Dindo classification of 3 to 5 (CDC 3-5) at 90 days after LT.

Methods:

Organ recovery from controlled cardiac-death donors were managed by normothermic perfusion. Risk was adjusted for age, sex, and MELD score. ClinicalTrials.gov (NCT01539057). CERCA Programme Generalitat de Catalunya

Results:

176 patients were included. Vena cava preservation was achieved in 96% of patients. A portocaval shunt was used in 43.75%. CDC 3-5 status was present in 27.8% (95% CI, 21.2%-34.5%). 22 patients required reintervention (11 for postoperative bleeding, 3 for biliary complications, 6 for infection, 1 for vascular thrombosis, 1 required a redo LT). Thrombotic complications developed in 8 patients, infective complications occurred in 21 patients (8 had pneumonia, 6 had abdominal infections, and 7 had catheter infections), 2 pneumothoraxes occurred related to central venous access, 4 patients required cardioversion, 15.3% of patient has required mechanical ventilation > 24 hours. There were no differences in age, sex, cardiac and respiratory disease, liver diagnose, prior abdominal surgery, diabetes, portal thrombosis, preoperative kidney dysfunction, donor age in the two CDC grade. Surgical outcome are shown in Table. A baseline hemoglobin 89.0 (84-104) vs 96.0 (84-110) was significant. Hb > 95 g/L conferred protection to CDC 3-5 with a sensitivity of 0.65 (95% CI, 0.5-0.78), specificity of 0.54 (95% CI, 0.44-0.62), negative predictive value of 0.8 (95% CI, 0.7-0.88), positive predictive value of 0.35 (95% CI, 0.25-0.46). Intraoperative RBC transfusion of > 2.5 units (aRR 2.02, 95% CI, 1.09-3.73) and a surgical time >390 minutes was also associated with CDC 3-5

Conclusion:

Anemia and major and RBC transfusion of >2.5 units indicates risk for complications after LT. Given these results, it seems worthwhile to consider the correction of preoperative anemia.

Table:

* Significant	CDC grade, 3-5 (n= 49, 27.8%)	CDC grade, 0-2 (n=127, 72.2%)
Warm ischemia time (min)	35 (26-52)	40 (27-52)
Cold ischemia time (min)	357 (272-445)	380 (287-444)
Length of surgery (min)*	435 (330-1420)	380 (295-1448)
Reperfusion syndrome	53%	44%
Tranexamic acid administration	44.9%	35.5%
Total RBC (units)* intra+24 h.post	4 (2-7)	2 (0-4)
Total Fluid therapy including albumin (mL)	5511 (4125-8400)	5184 (4153-6766)

Surgical data