The Single Orifice Outflow Reconstruction in Living Donor Liver Transplantation Using Right Lobe Graft

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BACKGROUND
- Patency of outflow of liver graft is essential for successful living donor liver transplant (LDLT) using right lobe graft.
- RHV reconstruction is crucial for successful LDLT. It is usually the primary outflow pathway of Rt. lobe.
- We simplified the technique for hepatic vein (HV) reconstruction that does not require the use of cadaveric veins and that prevents hepatic vein stenosis.

CONCLUSION
- Patency of outflow of liver graft is essential for successful living donor liver transplant (LDLT) using right lobe graft.
- RHV reconstruction is crucial for successful LDLT. It is usually the primary outflow pathway of Rt. lobe.
- We simplified the technique for hepatic vein (HV) reconstruction that does not require the use of cadaveric veins and that prevents hepatic vein stenosis.

PATIENTS and METHOD
- Single orifice outflow reconstruction (SOOR) was carried out in 11 patients at PNUYH and 18 patients at Vinmec International Hospital between October 2016 and April 2018.
- By single surgeon.
- We retrospectively analyzed surgical outcomes and RHV patency between conventional RHV reconstruction group and SOOR group.

SURGICAL OUTCOMES
SINGLE ORIFICE OUTFLOW RECONSTRUCTION
- Simplification of outflow anastomosis
- Maintenance vascular structure
  - Roof effect by artificial graft
- Size amplification of RHV & MHV
  → Effective Prevention of Outflow Stenosis

CONCLUSION
- SOOR in LDLT using CMPRL is a simple and feasible surgical technique without requiring cadaveric vessels.
- In almost cases of SOOR, it can prevent effectively RH stenosis and secure short and long term patency compared with conventional RHV reconstruction group.