

# WORLD LIVER CONFERENCE 2018

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## Right lobe live liver donation-safe approach

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**Introduction:** Right lobe graft providing adequate functional liver mass to recipient without compromising donor safety, is well-established surgical treatment for end stage liver disease in adult.

**Material and Methods:** We adopted tailored approach for MHV retrieval in 665 RL-LDLTs (Jan2013-Aug2015) based primarily on three factors volumes, anatomy and metabolic demand. Donor parameters included were remanant volume, age, sex, BMI, segment IV venous drainage, MHV anatomy, Middle vein dominance, size of segment V and VIII veins. Recipient factors were GRWR, MELD score (disease MELD) and severity of portal hypertension

**Results:** 347 patients received graft with MHV, 318 without MHV. Outcomes in donors and recipients were comparable.

RLG without MHV was retrieved in 15 out of 18 donors with steatosis more than 10%. GRWR, cold ischemia time (CIT) was significantly more and remnant volume less in non MHV group. 29.3% of donors had complication (26% Clavien-Dindo grade I, II) with no statistically significant difference among groups. MELD score was higher in MERLG group. One and three year patient survival was similar among different GRWR and type of RLG groups.

**Conclusion:** Selective and tailored approach for right lobe donor hepatectomy based on optimal functional volume and metabolic demands of both recipient and donor addresses both key issues in LDLT, optimal recipient outcomes and donor safety.