
LV OP 1-6**Factors predicting cholestasis in Post right lobe donor hepatectomy in the era of standardized donor selection protocols - Analysis of 340 donors over 19 months**

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Introduction : Despite over 10000 LDLTs completed worldwide the Right lobe donation continues to carry high risk donation status. Of all the reported donor mortalities post-operative liver failure secondary to small remnant is still the highest. Hence we analyzed the factors which leads to post donor hepatectomy cholestasis (PDHC)

Methods : Retrospective analysis of 340 donors during the time period of 06-02-2017 to 12-09-2018 was done. Our group has experience of 2800 LDLTs with zero donor mortality .Data analysis was done based on two cut off values of Total bilirubin (TB) one based on the median of Peak bilirubin(PB) of the study cohort and another based on 5 mg % which is universally accepted as the cut off for defining post-operative liver failure and small for size syndrome.

Results : On analysis 2.3mg % was found to be the median PB. With 2.3 mg% cut off Day -1 TB, Day-5 TB, POD to normal TB, Peak INR, % of liver remnant were statistically significant @ $P < 0.05$. On analysis with 5.0 mg % cut off Male gender, BMI, Blood Group-O, Area of middle hepatic vein congestion, Day -3 INR, peak INR, Day -1 TB, Day-5 TB, POD to Normal TB and Hospital Stay were statistically significant @ $P < 0.05$

Conclusions : High risk for PDHC includes Males, High BMI, Blood Group "O" and high middle hepatic vein congestion area. Peak INR and POD -3 INR were significantly higher in this group. They tend to have significantly higher TB on POD-1, POD-3 and PB along with prolonged hospital stay.

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