

P001**Is laparoscopic liver resection for Hepatocellular carcinoma safe for obese patients?**

Young-In YOON, Ki-Hun KIM*

Division of Hepatobiliary Surgery and Liver Transplantation, Asan Medical Center, Korea

Introduction : Obesity is generally reported to increase the risk of surgical complications. Data on the perioperative outcomes of laparoscopic liver resection (LLR) in patients with obesity are scarce. The purpose of this study were to analyze the outcomes of obese patients undergoing LLR for HCC and to compare these to the outcomes of obese patients undergoing open liver resection (OLR).

Methods : We reviewed medical records of patients with HCC who underwent liver resection between July 2007 and April 2016 at our center. LLR was performed in 100 obese patients, while OLR was performed in 807 obese patients. For group comparisons, 1:2 PSM was used with covariates of baseline characteristics, including tumor characteristics and surgical liver resection procedures.

Results : After PSM, there were 69 and 138 patients in the LLR and OLR groups; The both group included 46 (66.7%) and 94 (68.1%) patients with liver cirrhosis, and 48 (69.6%) and 97 (70.3%) patients underwent anatomical resection, respectively. For perioperative outcomes, the LLR obese group had significantly shorter postoperative hospital stays (mean 8.64 days in LLR vs 14.18 days in OLR, $p < 0.001$) and lower maximum pain score (mean 4.6 in LLR vs 6.9 in OLR, $p < 0.001$) than the OLR obese group. Moreover, there were no significant differences in morbidity between the LLR obese group and the OLR obese group (13.04% in LLR vs 14.49% in OLR $p=0.773$).

Conclusions : Our experience suggests that obesity should not be seen as a contraindication for LLR, which is a safe and feasible option for obese patients, ever for HCC treatment.

Corresponding Author. : **Ki-Hun KIM** (khkim620@amc.seoul.kr)