

**P011****Reoperation in the early period after adult living donor liver transplantation is poor**

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**Introduction** : Reoperation after liver transplantation was considered as poor outcomes. However, the effect of reoperation due to GI-tract related complications after adult living donor liver transplantation (LDLT) was not known to the prognosis. The aim of present study is to identify the relevance between the cause and the outcome of reoperation and classify the risk group after LDLT.

**Methods** : A retrospective analysis of 506 cases of reoperation within 30 days after adult LDLT which was performed in Samsung Medical Center from 2010 to 2015.

**Results** : Among 506 adult LDLT recipients, 98 patients(19.4%) were underwent reoperation. The causes for reoperation were bleeding(n=39, 39.8%), vascular complications (n=26, 26.5%), wound complications (n=12, 12.2%), bile leakage(n=7, 7.1%), GI tract complication(n=6, 6.1%), and others(n=8, 8.1%). A multivariate analysis revealed that postoperative long intensive care unit stay, increased recipient operation time, and red blood cells transfusion within one week after LDLT were independent risk factors for reoperation. The patient survival rate at 1-, 3-, and 5-year was 90.7%, 83.8%, and 82.1% in the non-reoperation group and 82.7%, 73.5% and 71.4% in the reoperation group, respectively. The patient survival curve in the reoperation group was significantly lower than in the non-reoperation group (P=0.019). In reoperation group, The survival rates of GI tract-related complication group, included bile leakage and GI tract complications were significantly worse than those of non-GI tract-related group.

**Conclusions** : Present study shows that reoperation after adult LDLT is poor and GI tract-related complications are considered as high risk group of patient survival in the patients who underwent reoperation.

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