

Results: Among 611 patients with cirrhosis and HCC who underwent liver resection, 160 (26.2%) experienced at least 1 POLDE and 189 (30.9%) died within 2 years of surgery. Presence of diabetes, hepatitis B cirrhosis etiology, major liver resection, and previous non-malignant decompensation were independent predictors of POLDE-free survival. Except extent of resection, the same risk factors were associated with POLDEs in cause-specific analysis. In contrast, only age and history of previous non-malignant decompensation were independent predictors of mortality.

Conclusions: Among patients with cirrhosis undergoing resection for HCC, patient and disease-related factors are associated with POLDEs and POLDE-free survival. These factors can be used to both inform clinical practice and for the development of pre-operative prognostic tools, which may lead to improved outcomes in this population.

EP01C-120

TEXTBOOK OUTCOMES AFTER MAJOR ROBOTIC LIVER SURGERY IN HIGH-RISK PATIENTS

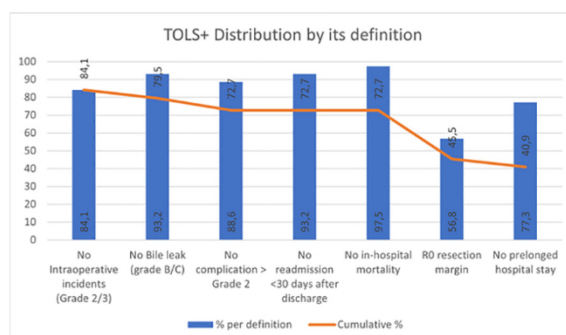
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Introduction: Recently, textbook outcomes after liver surgery (TOLS) has been defined for laparoscopic (LLR) and open liver resection (OLR) and found to be a useful tool for assessing patient-level hospital performance and optimizing patient outcomes after LLR and OLR. This study aims to compare robotic liver resection (RLR) with LLR regarding TOLS in major liver resections.

Methods: Consecutive patients undergoing major RLR (Southampton criteria) for all indications between March 2018 and July 2021 were included in a single centre prospective database and retrospectively analysed. TOLS was defined as no intraoperative incidents (Oslo grade 2/3), no bile leakage (ISGLS Grade B/C), no postoperative complication (Clavien-Dindo ≥ 3), no readmission within 30 days, no in-hospital mortality and no R1 resection margins (1mm or less). TOLS+ was defined as TOLS with the addition of no prolonged hospital stay (>7 days). TOLS+ rates were assessed and associated factors were investigated.

Results: A total of 44 patients (average age 65 years; 24 were male; 79.5% colorectal metastasis; 59.1% ≥ 2 lesions, 79.5% underwent previous abdominal surgery from whom 34.3% hepatic surgery) were included in the analysis of whom 45.5% achieved TOLS. Whenever TOLS was reached, TOLS+ was reached in 89.9% of the cases.

Conclusion: RLR had excellent postoperative outcomes on surgery-related parameters. Whenever TOLS was reached, high TOLS+ rates were achieved in high-risk major RLR. The most limiting factor for reaching TOLS+ was the achievement of R0 resection margins, which correlated with a high R1vasc percentage in this cohort.



EP01C-121

LIVER HYDATIDOSIS WITH THORACIC TRANSMIGRATION

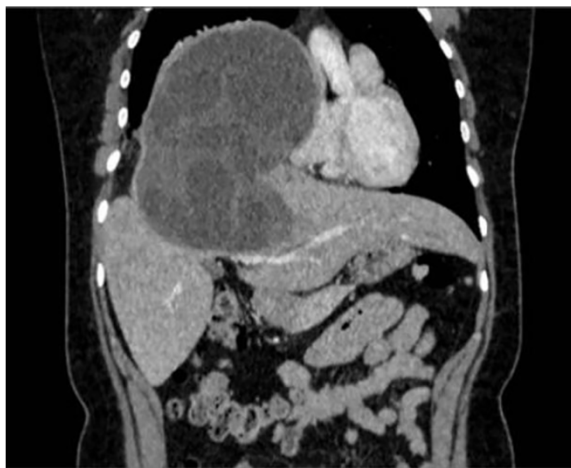
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Introduction: A case of hepatopulmonary hydatidosis with thoracic transmigration and compression of the right atrium is presented.

Method: 37-year-old female patient with chest pain. The tomography revealed a cystic mass of 18.7 cm x 15.9 cm x 7.6 cm that encompassed hepatic segments 7, 8 and 4, and the lower third of the right thoracic cavity (displacing the anterior mediastinum to the left) to be considered Hydatidosis Type CE2. The abdominal approach was through a right subcostal incision. The cyst was evacuated and treated with scolicide (20% NaCl), after protecting the operative field with gauze impregnated with it. Subsequently, a resection of the cystic wall was performed at the hepatic and subdiaphragmatic level. Right diaphragmatic defect measuring 8 cm, we release the edges of the diaphragmatic defect and place a bovine pericardial prosthesis at the level of the supradiaphragmatic cavity.

Result: At 4th postoperative day; the control chest X-ray showed persistence of the thoracic collection. Patient underwent reoperation due to residual thoracic collection with right thoracotomy and opening of the pleural cavity, the collection surrounded by pericystic membrane was located, being resected in 90%.

Conclusion: The treatment of hepatopulmonary hydatidosis can be challenging and even more so when transmigrates destroying the diaphragm, in this particular case the use of bovine pericardium was helpful for its reconstruction, complete resection of the pericystic membrane was necessary to avoid residual collection in the thoracic cavity and adequate lung expansion, which was achieved in the second surgery with the thoracic approach.



EP01C-122

OUTCOME OF MAJOR LIVER RESECTIONS WITH ROUTINE USE OF PRINGLE'S MANEUVER: SINGLE TEAM EXPERIENCE FROM DEVELOPING HPB UNIT OF UNIVERSITY TEACHING HOSPITAL

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Background: With improved perioperative care and improvement in surgical techniques have led to excellent outcomes following major liver resections. Inflow occlusion is selectively used these days. However, at our center, we routinely use Pringle's Maneuver during major liver resections. This study is done to analyze the outcome of major liver resections with routine use of Pringle's Maneuver.

Method: Retrospective review of the medical records of the patients (Oct 2011 to July 2021) undergoing major liver resections performed by single team with routine use of Pringle's Maneuver was analyzed. Major liver resections were defined by resections of three or more segments of liver. Indications, types of resections, various preoperative and intraoperative parameters including blood loss, duration of surgery and postoperative outcomes according to Clavien Dindo classification was performed. Incidence of Post hepatectomy liver failure (PHLF) and other liver surgery specific complications were also analyzed.

Results: Total 65 major liver resections with Pringle's maneuver was performed, 13 extended resections, 20 right, 16 left and 16 nonanatomical resections. Average inflow occlusion was 20 minutes (Range: 5- 30 minutes). Postoperative morbidity was 30%. Blood transfusion required in 13(20%). Liver specific complications included bile leak (7, 10.7%), PHLF (5, 7.6%). There was single perioperative mortality.

Conclusion: Perioperative outcomes of major liver resections with the use of Pringle 's maneuver is in acceptable range.

EP01C-123

ROBOT-ASSISTED VERSUS OPEN LIVER RESECTION: A MATCHED CASE-CONTROL STUDY

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Introduction: Robot-assisted liver surgery is increasingly performed worldwide. The advantages of robot-assisted surgery are improved view and increased precision in operative technique. Robot-assisted surgery may have obvious benefits for patients, though more evidence is needed on the advantages and disadvantages of robot-assisted surgery when compared to open surgery. At our institution, a robot-assisted liver surgery program was implemented after formal theoretical and practical training using the Da Vinci Surgical System® (RALS).

Methods: We performed a matched case-control study of the first 50 consecutive patients who were operated with robot-assisted liver resection at our institution at Rigshospitalet, Copenhagen University Hospital, Denmark from June 2019 to June 2021. Patients operated with robot-assisted surgery were matched to patients who underwent open liver resection with regard to age, ASA-score, type of liver surgery, and tumor type using MedCalc® Statistical Software.

Results: We will present outcomes of the first 50 consecutive cases who underwent robot-assisted liver surgery compared with a matched group of 50 patients who underwent open liver surgery. We will report mortality, complications (using the Clavien-Dindo classification), procedure time, blood loss, duration of hospital admission, and rate of re-admissions.

Conclusion: Favourable results can be achieved with robot-assisted liver surgery already at the start of the program. Our study adds to the necessary evidence required to establish the advantages and disadvantages of robot-assisted liver surgery when compared to open liver surgery.

EP01C-124

CELSITE T202F B. BRAUN CATHETER WITH SYNCHROMED II MEDTRONIC PUMP FOR HEPATIC ARTERY INFUSION THERAPY IS A SAFE ALTERNATIVE TO CODMAN PUMP DISCONTINUATION: THE FIRST LATIN-AMERICAN HAIP PROGRAM EARLY EXPERIENCE

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