Use of absorbable fibrin sealant patch (tachosil) for hemostasis in the split liver transplantation.

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Abstract:

INTRODUCTION: Split liver transplantation (SLT) has nowadays similar results of whole liver transplantation (WLT), but is not free of complications, like bleeding and bile leak from cut surface area. The absorbable fibrin sealant patch (TachoSil) is a tool known in liver surgery domain to improve hemostasis control from cut surface. OBJECTIVE : To evaluate the efficacy of TachoSil to improve hemostasis control from cut surface area in patients undergoing to split liver transplantation (SLT). MATERIAL AND METHODS: From May 2000 to January 2014 all adult patients undergoing to SLT with right or right extended grafts were retrospectively included and divided into two groups according to the use of TachoSil on the cut surface. Donor and Receiver characteristics, blood transfusion, aspirin use, postoperative complications and biology were recorded. RESULTS: 57 patients underwent to SLT, 23 (40.3%) with TachoSil and 34 (59.6%) without. The two groups were comparable in terms of donor and recipients characteristics (age, gender, BMI, Child, Meld, indication of liver transplantation and presence of Hepatocellular carcinoma). A mean of 2 patch per patient were used in TachoSil group. No difference among the two groups was found concerning the patient needing blood transfusion during SLT: 11 with TachoSil versus 18 without TachoSil (p=0.79). Despite, but the number of packed red blood cells used per patient was lower in the group with TachoSil than in the group without TachoSil (2.63 versus 8.33 units, p=0.04). CONCLUSION : TachoSil use during SLT can be helpful in hemostasis control from cut surface: when blood transfusion is needed, the number of packed red blood cells used is significantly lower.