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

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Abstract:

Introduction: Split liver transplantation (SLT) now reaches similar results as whole liver transplantation (WLT), but is not free of complications, such as hemorrhage and bile leak from cut surface area. An absorbable fibrin sealant patch (TachoSil) may be used by liver surgeons to improve hemostasis control from the cut surface. The objective was to assess 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 a SLT with right/right extended grafts were retrospectively included and divided into two groups according to the use of TachoSil on the cut surface. Donor and recipient characteristics, blood transfusion rate, aspirin use, postoperative complications and biology were recorded. Results: Among 57 patients who underwent SLT, 23 (40.3%) had TachoSil and 34 (59.6%) didn't. The two groups characteristics were comparable (age, gender, BMI, Child, Meld, indication of liver transplantation). A mean of 2 patch per patient were used in TachoSil group. The blood transfusion rate during SLT was not different between the two groups (11 with TachoSilO versus 18 without TachoSil (p = 0.79)), but the mean number of packed red blood cells per patient was significantly lower in the TachoSil group (2.6 versus 8.3 units, p = 0.04). Conclusion: TachoSil use during SLT can be helpful in hemostasis control from cut surface, since when blood transfusion is needed, the number of packed red blood cells used is significantly lower.