

**EP058****Upper midline incision could be standard procedure for Living donor right hepatectomy****JOODONG KIM**, DONGLAK CHOI, EUNKYOUNG JWA*Department of Surgery, Catholic University of Daegu College of Medicine, Korea*

Introduction : Pure laparoscopic donor hepatectomy has not been performed in almost living right donor hepatectomy (LDRH) because this is more technically demanding. Instead, several studies have described LDRH using upper midline incision (UMI) to reduce donor morbidity. Herein, we describe our experience with small UMI as a standard procedure for LDRH.

Methods : We retrospectively reviewed the outcomes of 444 living donor right hepatectomy (LDRH) at our institution from January 2010 to June 2019; 124 donors received LDRH using UMI (UMI group), whereas 320 donors underwent LDRH using J shaped incision. (J shaped group). This incision has been standard procedure for LDRH regardless of graft type, body mass index, graft weight or vascular variation since 2016. Patient demographics, intraoperative parameters, laboratory data and postoperative complications were compared between the 2 groups.

Results : The mean size of the UMIs is 12.9cm and the overall complication rates did not differ significantly between the 2 groups. However, postoperative hospital stay and operation time in UMI group were significantly lower than those in J shaped group. In multivariate logistic regression analyses, only large graft (>900g) and severe hepatic steatosis ($\geq 15\%$) were significant risk factors for difficult hepatectomy but not related to type of incision. Moreover, in high risk group for operation (donors with large graft or severe graft steatosis), neither the operation time nor intraoperative blood loss in UMI group were higher than those in J shaped group.

Conclusions : LDRH could be safely performed under small UMI and could be considered as standard procedure during LDRH.

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