

**EP140****Retrospective Non - inferiority study of preoperative bilirubin level on surgical outcomes in hepatectomy with hilar resection**

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Introduction : Elevated preoperative bilirubin affects the morbidity and mortality significantly in biliary tract surgery. Routine preoperative biliary drainage has been suggested and bilirubin level has been kept lower than 3mg/dL before a major hepatectomy with hilar resection. However, the serum bilirubin may be affected with the undrained liver lobe. The target bilirubin level less than 3 mg/dl probably unnecessary in all patients.

Methods : To study the association of pre-operative bilirubin level with post-operative complications and mortality

Results : There were 51 and 30 patients in group A and B. The operative blood loss was higher in group B but there was no significant difference. The incidence of post hepatectomy liver failure was comparable in group A and B [3.92% vs 3.33% ($p=0.898$)]. There was no significant difference of 30-day mortality and 1-year survival between group A and B [3.92% vs 6.67% ($p=0.624$) and 76.47 vs 73.33($p=0.536$)]. Multivariate analysis revealed significant factors that associated with mortality were post hepatectomy liver failure adjusted HR=93.70 ($p<0.001$)

Conclusions : The surgical outcome in patients who have pre-operative total bilirubin level between 3 to 10 mg/dl are non- inferior to bilirubin less than 3 mg/dl. Post hepatectomy liver failure is the independent factor that associated with post operative mortality which relate to other factors such as future remnant liver volume or major complication.

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