



Predictors for complications after liver surgery

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Abstract:

Aim: Liver surgery is widely used in curative-intent for benign und malign liver lesions with acceptable morbidity rates. Enhanced recovery after surgery (ERAS) concepts and the experience in minimally invasive surgery (MIS) tends to reduce perioperative complication rates. The aim of the study is to explore the potential predictors for clinically relevant complications after liver surgery.

Methods: One hundred and sixteen patients, who underwent surgery in our hospital, were retrospectively analysed for risk factors for complications using open cross-sectional study between 2010-2017.

Results: We found that there are no differences in the rate of complications in the group with open surgery when compared to the group with a minimally invasive approach. However, the intra-operative amount of infusions ($p=0,0253$), intra-operative blood clots ($p=0,03235$), intra-operative blood loss ($p=0,0331$) und also the duration of post-operative infusion therapy ($p=0,0474$) are statistically significant risk factors for complications after liver surgery.

Conclusion: Complications after open und minimally invasive liver surgery are comparable. The ERAS concepts



in the sense of limiting infusions could have a positive impact on the post-operative complications. Blood loss and blood trasfusions during surgery tend to be independent risk factors. Prospective studies are required to further investigate this topic.

Biography:

Radoslava Stoyanova is a surgeon with 10 years experience in liver surgery. She was born in Bulgaria and graduated in medicine in 2007. She subsequently specialized in surgery at the Military Medical Hospital in Sofia, Department for hepato-billiary-pancreatic surgery und liver transplantations. She has participated in 46 liver transplantations and hundreds of liver operations. Since 2016 she has worked in the Sisters of Mercy Hospital, Vienna, Austria. She is especially interested in minimally invasive surgery, enhanced recovery after surgery, vacuum therapy and hepato-billiary surgery, and also in colorectal and pancreatic surgery.

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