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5 Venous outflow reconstruction in living donor liver transplantation: Dealing with venous anomalies

9 Long-Bin Jeng, Ashok Thorat, Horng-Ren Yang, Ping-Chun Li

Abstract

The reconstruction of the vascular outflow tract of partial liver grafts has received considerable attention in the past, especially in the setting of right liver grafts with undrained segments. Hepatic venous outflow reconstruction is an important factor for successful living donor liver transplantation (LDLT) outcome. However, in presence of undrained anterior sector and presence of multiple short hepatic veins that drain substantial portions of liver, outflow reconstruction without backtable venoplasty may lead to severe graft congestion and subsequent graft dysfunction. Various backtable venoplasty techniques in presence of multiple hepatic veins that can be used in either right- or left-lobe liver transplantation are devised to ensure a single, wide outflow channel. In this overview, various techniques to overcome the hepatic venous variations of liver allograft and outflow reconstruction are discussed.

Key words: Venoplasty; Living donor liver transplantation; Outflow reconstruction; "V-Plasty" technique; Single oval ostium technique

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