

Management of PVT during liver transplantation

Christian Toso, MD, PhD

Professor
Chief, Division of Abdominal Surgery
Geneva University Hospitals

VALDIG, Paris, November 2022

Outline

- **General principles**
- **Technical options**
- **Expected outcomes**

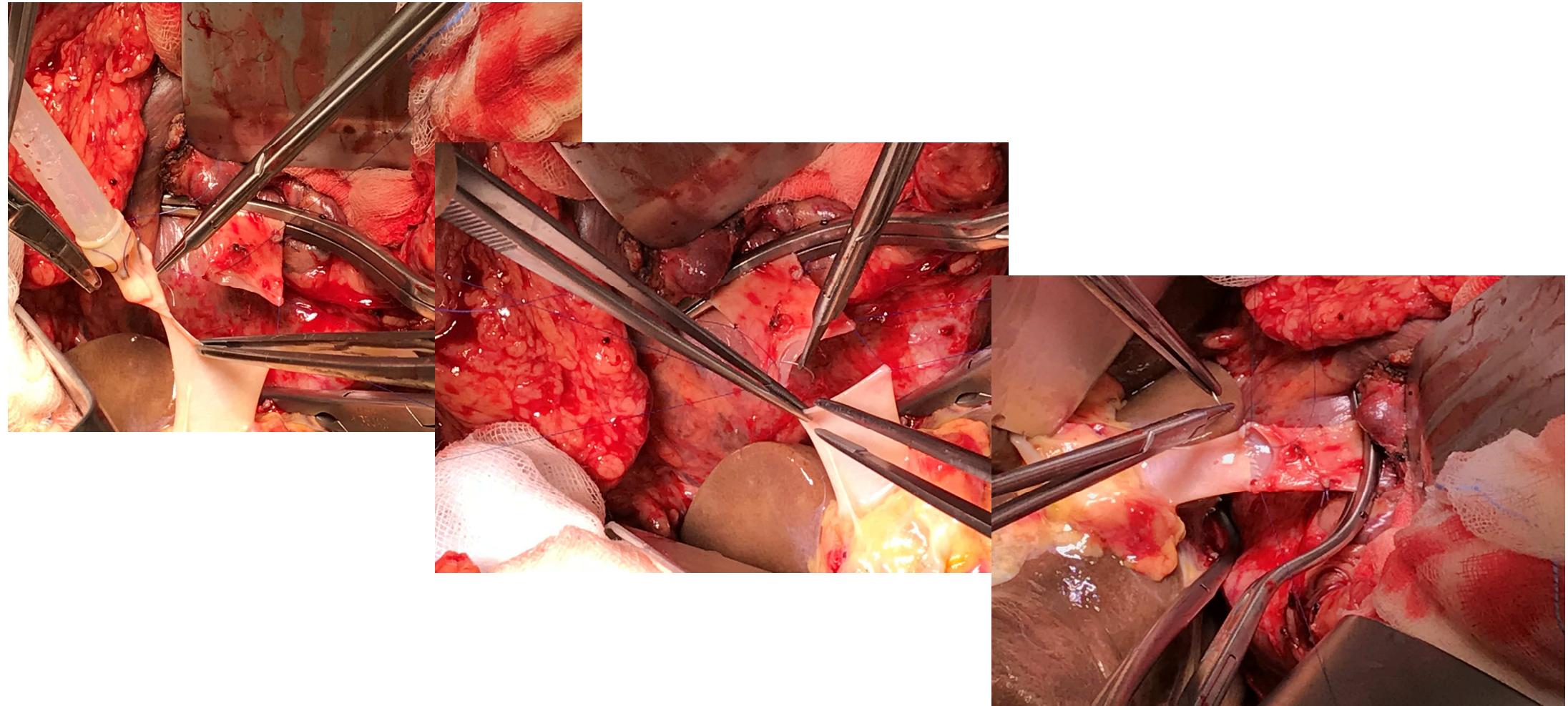
Portal/hepatic artery blood flows predict the level of ischemia-reperfusion injury

Predictor	Covariate-Adjusted Slope (95% Confidence Interval) [†]	P Value
PVF (mL/minute)	-0.256 (-0.488 to -0.024)	0.013
PVF (mL/minute/100 g)	-0.344 (-0.556 to -0.132)	0.019
HAF (mL/minute)	-0.181 (-0.357 to -0.006)	0.036
HAF (mL/minute/100 g)	-0.243 (-0.409 to -0.076)	0.044

Intra-operative portal/hepatic artery ultrasound abnormalities predict the risk of post-transplant thrombosis

- hepatic artery resistive index (RI) < 6
- systolic acceleration time (SAT) >0.08 seconds
- peak systolic velocity (PSV) > 200 cm/s on doppler ultrasound

Perfect technique for good flow and physiological anatomy

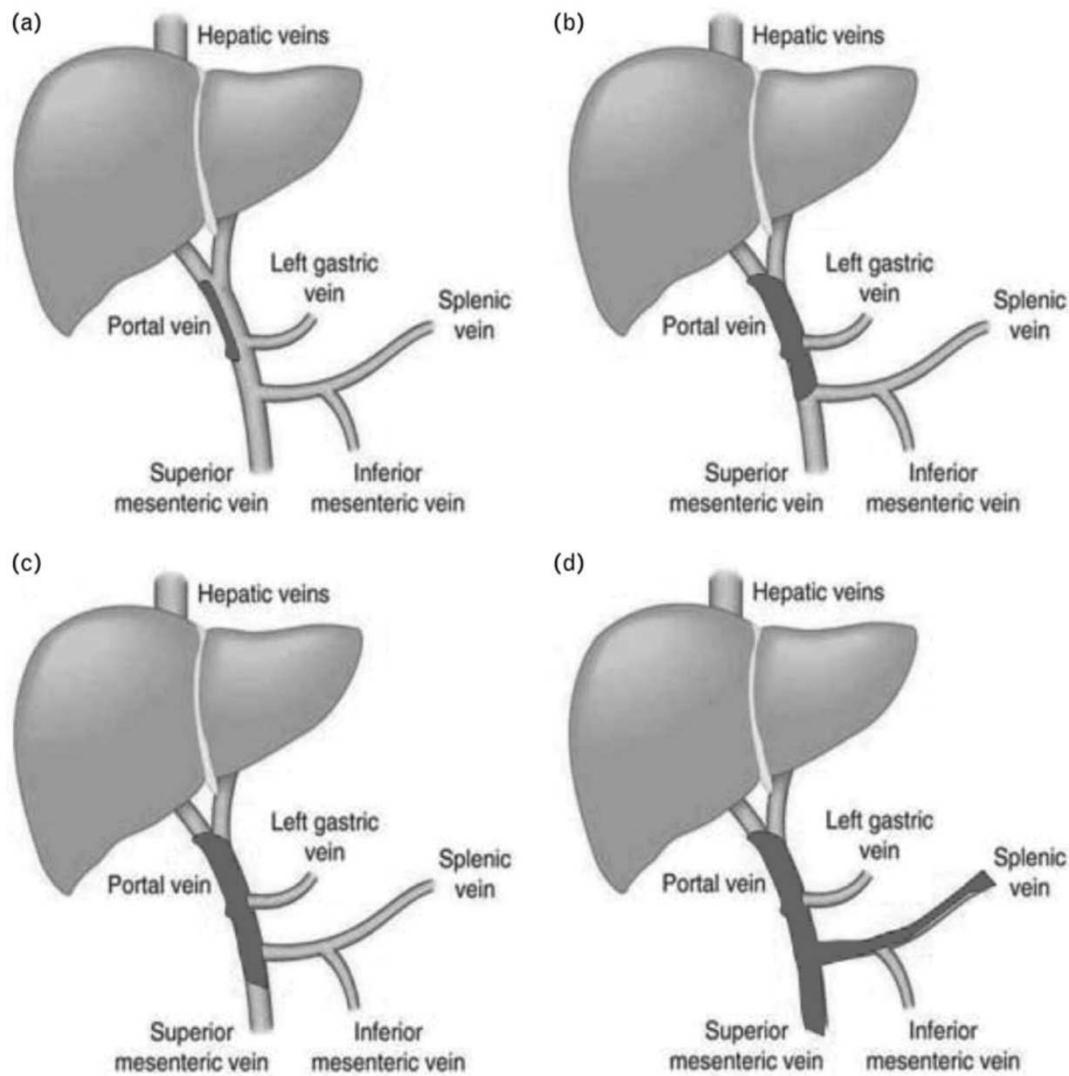


Thank you to W. Polak for the pictures

Outline

- **General principles**
- **Technical options**
- **Expected outcomes**

Portal vein thrombosis



Bhangui et al. J Hepatol 2019
Yerdel et al. Transplantation 2000