

during the trial period. Minimum 3 month-follow up period was performed.

Results: Demographic data (Table 1) was similar in both groups. Operation and warm ischemia durations were longer in Group B (Table 2). Postoperative immunosuppressive regimens were same protocols contains tacrolimus and prednisolone. Surgical site infection rates, relaparotomy rates, postoperative blood transfusion rates, biliar, vascular and pulmonary complication rates were also similar in both groups (Table 3). While 11 patients diagnosed with incisional hernia in Group A (%16,2), 2 patients diagnosed with incisional hernia in Group B (%5,6, p=0,212).

Conclusion: Although Makuuchi incision seems to be safer in manner of hernia rates, this couldn't be proved by statistically significance as a result of this retrospective analysis of a single center. The necessity of prospective designed trials is obvious in order to obtain more reliable results.

Abstract citation ID: znac308.236

P-139 THE EFFECTS OF THE INCISION TYPE ON INCISIONAL HERNIA RESULTS OF LIVING DONOR LIVER TRANSPLANT; SINGLE CENTER EXPERIENCE

İ. Tirnova¹, C. Karataş², T. Kanmaz²

¹General Surgery, Başkent University Hospital, Department of General Surgery, İstanbul, Turkey

²General Surgery, Koç University Hospital, Division of Organ Transplantation, İstanbul, Turkey

Aim: We aimed to assess the effects of the chosen incision type on postoperative hernia rates of liver transplantation in this paper.

Material-Methods: During the period between the 5th September 2018 and 31st March 2022, total 210 liver transplantations were performed in the Liver Transplantation Center of Koç University Hospital. 96 pediatric and 10 deceased donor transplantations were excluded. Living donor liver transplantation (LDLT) cases in only adults were included in the trial. Total 104 patients were included. Patients divided into two groups in the manner of chosen laparotomy incision during the operation. Reverse T incisions (Group A, n=68) and Makuuchi incisions (Group B, n=36) were performed in our center