

Haemorrhage

Haemorrhage

Portal hypertension and coagulopathy of CLD are important causes of bleeding that are unique to LT procedures. A study of more than 12 000 LTs showed 12.5% needing re-explorations during the same hospitalisation, of which 68% were for bleeding. Meticulous haemostasis during the transplantation operation is important in order to minimise the risk of early haemorrhage. Excessive haemorrhage is also common if the graft has sustained a severe reperfusion injury or if a marginal graft is used and the early graft function is poor. Ex situ can also have a high blood loss from the cut surface of the liver. This is not the case in in situ split LT and LDLT partial grafts where haemostasis is secured during the donor operation. It is standard practice to place two large drains behind the right and left lobes of the liver to monitor for bleeding and bile leak. It may be necessary , occasionally , to pack the peritrans plant ar ea for 24-48 hours to achieve adequate haemostasis when there is di ff use oozing despite correction of coagulopa thy . Evacuation of an extensive perihepatic haema toma may be required to avoid secondary infection.

Revision #1

Created 2025-12-31 15:31:49 UTC by Omar Ayman

Updated 2025-12-31 15:31:49 UTC by Omar Ayman