

*O. Detry<sup>2</sup>, N. Meurisse<sup>2</sup>, M.F. Hans<sup>2</sup>, M.H. Delbouille<sup>2</sup>, J. Monard<sup>2</sup>,  
A. Deroover<sup>2</sup>, J. Joris<sup>1</sup>, A. Kaba<sup>1</sup>, P. Honoré<sup>2</sup>*

*<sup>1</sup>Service d'Anesthésie & Réanimation; <sup>2</sup>Service de Chirurgie &  
Transplantation, CHU Liege, Liege, Belgium*

**Introduction:** Donation after circulatory death (DCD) has been proposed to partially overcome the organ donor shortage. DCD-LT remains controversial, with reported increased risk of graft loss and retransplantation. The authors retrospectively reviewed a single centre experience with controlled DCD-LT in a 14-year period.

**Patients and Methods:** 125 DCD-LT were consecutively performed between 2003 and 2016. All donation and procurement procedures were performed as controlled DCD in operative rooms. Data are presented as median (ranges). Median donor age was 56 years (16–84). Most grafts were flushed with HTK solution in the first part of experience, and more recently with IGL1. Allocation was centre-based. Median follow-up was 52 (1–164) months. No patient was lost to follow-up.

**Results:** Median total DCD warm ischemia was 19 min (9–39). Median cold ischemia was 238 min (105–576). Patient survivals were 90.2%, 77.5% and 74.5 % at 1.3 and 5 years, respectively. Graft survivals were 87.7%, 76.3% and 73.2% at 1.3 and 5 years, respectively. Biliary complications included anastomotic strictures and extrahepatic main bile duct ischemic obstruction, that were managed either by endoscopy or hepatico-jejunostomy. No PNF was observed in this series and one graft was lost due to ischemic cholangiopathy.

**Discussion:** In this series, DCD LT appears to provide results similar to classical LT. Short cold ischemia and recipient selection with low MELD score may be the keys to good results in DCD LT, in terms of graft survival and avoidance of ischemic cholangiopathy.