why these discrepancies persist within the clinical care of our LT patients.

**The Impact of Thromboelastography on Decreasing Blood Product Usage in Liver Transplantation**

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**INTRODUCTION:** Thromboelastography (TEG) has emerged as a tool to guide resuscitation in Liver Transplantation (LT). We aim to identify effects of TEG utilization on product use and blood loss in LT.

**METHODS:** Adult patients (age >18-years-old) who received LT between 2014 and 2020 were retrospectively reviewed. Living donor, simultaneous/multi-organ transplants, re-transplants, and pediatric transplants were excluded. Impact of TEG on blood products and intraoperative blood loss was analyzed. A subgroup analysis was done based on INR. The median, 75th and 90th percentile of INR at transplant were used as cut-off values. Patients were classified into four categories: no, mild, moderate, and severe coagulopathy groups.

**RESULTS:** Four-hundred-fifty-one patients met inclusion criteria and were separated into TEG (n=144) vs non-TEG (n=307). Background characteristics between these groups were comparable. Median blood products used were similar between TEG and non-TEG groups. In the subgroup analysis, there was a significant decrease in product use in the TEG-group with moderate coagulopathy, compared to the non-TEG group: pRBC (4.5vs7.0 units, p=0.002); FFP (6.0vs9.0 units, p=0.005); Cryo-precipitate (1.0vs2.0 units, p=0.005). Tranexamic acid (TXA) use was significantly higher in the TEG-group with median values of 1000vs0 mg (p<0.001). There was no difference in median blood loss. In the no, mild, and severe coagulopathy groups, there was no difference in blood product use, blood loss, or TXA use between groups.

**CONCLUSION:** TEG guided resuscitation in LT resulted in a decrease in product usage, and more utilization of TXA in patients with moderate coagulopathy defined as INR between 2.2 and 2.8.

**Utilizing the Left Gastric Varix As the Preferred Conduit for Severe Portal Vein Thrombosis in Liver Transplantation**

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**INTRODUCTION:** For patients with severe portal vein thrombosis (PVT), an SMV conduit is usually considered the primary reconstruction option. A left gastric varix (LGV) conduit reconstruction is an alternative which we prefer because it requires less dissection and has less risk of tension and torsion. The aim of this study was to compare the outcomes of patients using an SMV conduit to those using a gastric varix conduit.

**METHODS:** All patients undergoing deceased donor and living donor liver transplant from January 2017- August 2020 were included. The UMNet Database and EMR were utilized to collect: presence of PVT, graft loss, and patient survival, OR times, and estimated blood loss (EBL).

**RESULTS:** 472 patients underwent liver transplant, 97 patients had PVT, and 23 patients had severe PVT. 16 patients were reconstructed with SMV conduits and 7 with left gastric varix conduits. The outcomes of our severe PVT patients are reported below. The SMV group, but not the LGV group, demonstrated worse patient and graft survival than the nonsevere PVT population. The average OR time and average cold ischemia time were less for the LGV group. The EBL in the SMV group was twice the gastric varix conduit group and this finding trended towards significance (p=0.11).

**CONCLUSION:** Although this study is limited by small sample size, this is the largest cohort of LGV reconstructions to date. Our results show that utilizing a gastric varix conduit is a safe alternative to the SMV conduit.