

Appendix 1: Surgical Complications

COMPLICATION	Frequency	PRESENTATION	TREATMENT
Primary Non Function	1-5%	Coagulopathy persists and graft fails to clear bilirubin	As liver failure persists, risk of sepsis, particularly fungal sepsis grows. Re-graft must be considered
Hepatic Artery Thrombosis	2-5%	May present with very high transaminase, but biliary tree very vulnerable so usually seen with rising bilirubin etc	Re-canalisation of artery is rarely effective. Re-graft is often the only option in the first 21 days post surgery. After that time, vascular intervention, either surgically or radiologically may be successful.
Portal Vein Thrombosis	1-3%	Bleeding, variceal bleeding, persist raised transaminase etc	Recanalisation achieved either with anticoagulation or less commonly with radiologically.
Biliary leak	2-25%	Infection, or incidental finding on post-op imaging	ERCP and stenting if anastomotic. If from bare area – drainage is usually adequate
Biliary stricture	5-15% (up to 30% LDLT)	Jaundice	Re-fashioning after stenting
Bleeding	5%	Falling Blood pressure, drop in haemoglobin etc	Consider re-laparotomy