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Summary

Outcome of surgical interventions in cirrhotic patients

Enric Reverter

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Mechanisms & Personalised Medicine | Surgery | Hepatobiliary

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The presentation reviewed risk stratification and optimization strategies for cirrhotic patients undergoing elective surgery, emphasizing the use of prognostic models, hemodynamic assessment, and surgical approach selection.

KEY POINTS

- Perioperative mortality in cirrhosis according to Child-Pugh class A, B, and C is 10%, 20%, and 63% as stated by the speaker, with MELD values above 15 associated with high mortality
- A multicenter observational study of 114 patients showed that HVPG values above 16 indicated increased risk, with values above 20 identifying especially high-risk patients and one-year mortality of 7%
- The speaker recommended not operating high-risk surgery patients unless Child-Pugh is less than 8 or MELD is less than 12
- A randomized controlled trial demonstrated that laparoscopic cholecystectomy is associated with less morbidity and better results in cirrhotic patients compared to open surgery
- Guidelines recommend six weeks of prehabilitation before elective surgery, though direct evidence in hepatic surgery cirrhosis is lacking
- TIPS before abdominal surgery can be considered in expert centers, though most evidence comes from case series without clear survival benefit, and the speaker recommends considering hemodynamic targets and surgery type when deciding

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