

predicted 1-year post-LT mortality. SF merits further study in larger cohorts of patients.

**P105** **COMPLICATIONS OF INCISIONAL HERNIA REPAIR AFTER ORTHOTOPIC LIVER TRANSPLANTATION**

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**Introduction** Incisional hernia is common after liver transplantation (LT) affecting between 5–23% of recipients. Operative repair is feasible but complications may be increased given co-morbidity in LT recipients. Hernia recurrence rates after repair range between 16–50% in other series.

**Method** A retrospective review of incisional herniorrhaphy identified from our institutional LT database was conducted to determine post-operative complication and recurrence rates. Complications were categorised into chest: PE, chest sepsis, re-intubation; Renal: acute renal failure defined by RIFLE criteria, requirement for RRT and one year follow-up renal function; Wound: wound infection by clinical or microbiological diagnosis. Hernia recurrence was defined by clinical or radiological diagnosis.

**Results** Sixty-nine herniorrhaphy procedures were identified in 59 individuals (38 male (64%); mean age 59.3 (range (25.9–77.6)); 16 (23%) diabetics) performed at a median 1053 days (range 130–6932)

after LT Median length of in-hospital stay was 7 days (range 1–33). There were no liver-related complications. Chest sepsis occurred in 13 of 69 (19%) cases; 12 settled with antibiotics; 1 patient with cystic fibrosis required mechanical ventilation. There were no pulmonary emboli. There was a significant rise in creatinine from pre-operative median of 102  $\mu\text{M}$  (57–545  $\mu\text{M}$ ) to post-operative of 125  $\mu\text{M}$  (75–575  $\mu\text{M}$ ) ( $p < 0.0001$ ). However, one year follow-up creatinine (101  $\mu\text{M}$  (49–563  $\mu\text{M}$ )) was not different to preoperative values ( $p = 0.16$ ); 9 of 69 (13%) cases were complicated by a 50% rise in creatinine, 1 case by a 100% rise and 1 case by 200% rise in creatinine. Restricting analysis to subjects with pre-existing renal impairment revealed a significant rise in post-operative creatinine ( $p = 0.0023$ ), but no change in one year follow-up creatinine values ( $p = 0.17$ ). No patient required initiation of RRT. Wound infection occurred in 6 of 69 (9%) cases; 1 required operative drainage. 3 patients suffered long-term wound pain. One patient developed one each of urinary infection, *C. difficile*-diarrhoea and wound seroma. After each repair subjects were followed for a median 928 days (range 18–3323). 18/69 (26%) procedures were complicated by recurrent hernia at a median of 407 days (6–1572) of which 2 were incarcerated. Kaplan-Meier analysis determined a 1, 2 and 3 year hernia-free survival of 87%, 74% and 72% respectively.

**Conclusion** There were significant rates of chest and renal complications following incisional herniorrhaphy in liver transplant recipients, but few long-term sequelae. Incisional hernia repair was complicated by a 26% 2-year recurrence rate.