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RISK FACTORS FOR ABDOMINAL COMPLICATIONS AFTER LUNG TRANSPLANTATION
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Objectives: Serious abdominal complications after lung transplantation remain an important source of morbidity and mortality in this patient population. The aim of this study is to identify risk factors for abdominal complications after lung transplantation.

Methods: From November 1997 to December 2011, 280 lung transplant recipients were evaluated for the development of abdominal complication in a single institution. Preoperative and postoperative characteristics were compared using Student’s t-test and chi-square tests. Significant variables on univariate analysis were entered into a stepwise logistic regression.

Results: A total of 32 (11.2%) out of 280 patients developed abdominal complications requiring surgical intervention. These involved cholecystitis (21.9%), colon perforation (40.6%), acute pancreatitis (3.1%), haemoperitoneum (18.8%), gastrointestinal perforation (9.3%), inguinal hernia (3.1%) and small bowel obstruction (3.1%). Six patients (18.75%) died due to abdominal complication. Independent predictors of abdominal complications were: development of other postoperative complications (non-abdominal ones) (P = 0.000), pretransplantation pulmonary vasodilator therapy (P = 0.038), pretransplantation corticoid therapy (P = 0.015), postoperative haemodilution (P = 0.000), postoperative prostaglandin therapy (P = 0.021), postoperative inotropic therapy for more than 12 hours (P = 0.005) and longer intensive care unit stay (P = 0.021). Multivariate analysis identified only development of non-abdominal complication (P = 0.008) and postoperative haemodilution (P = 0.010) as independent risk factors for development of abdominal complication.

Conclusions: Abdominal complications are common in lung transplant recipients. Surgical intervention is required for the management of these complications. Patients needing special postoperative support or presenting non-abdominal complications are at higher risk for the development of abdominal complications.

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