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## **Super-fast-track discharge of liver transplant recipients**

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Infectious complications are the leading cause of morbidity and mortality after liver transplantation (LT) in our region, especially hospital-borne infections [1,2]. Furthermore, a lack of medical insurance adds a tremendous financial burden when these patients stay is prolonged for the management of multiple complications. Enhanced recovery after surgery (ERAS) has enabled fast-track LT at many centers around the world . We, therefore, changed our transplant protocols for selected patients and applied a super-fast-track pathway (preoperation to discharge). Our patients were discharged at  $5.5 \pm 1.6$  days after LT on average. All are alive, are receiving regular follow-up, and have not experienced any complications until the time of writing this report. We therefore briefly present our super-fast-track discharge protocol. Nine blood group-compatible liver transplants were done between October 2021 and August 2022. Among them, three were living-donor LT and six were deceased-donor LT.