

P43 **MANAGING DECOMPENSATED CIRRHOSIS – THE IMPORTANCE OF MULTIDISCIPLINARY ENGAGEMENT FOR MEETING HIGH QUALITY STANDARDS**

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Background and Aims Decompensated cirrhosis represents a paramount landmark in the disease progression of a cirrhotic. The index presentation of a decompensating event, or any subsequent decompensating event, requires swift investigation and management which can be guided by the 'British Association for the Study of the Liver (BASL) Decompensated Cirrhosis Care Bundle'. Many of the care items listed require support from the wider multidisciplinary team, however knowledge and utility of this care bundle may be limited within these groups. This qualitative study set out to determine the beliefs on managing decompensated cirrhosis held by members of the multidisciplinary team in a tertiary liver transplant unit in central London.

Method A 10-point questionnaire mapped to individual care points within the BASL Decompensated Cirrhosis Care Bundle was created and distributed to members of the multidisciplinary team on a tertiary liver transplant unit. Following the questionnaire, interviews took place to discuss misconceptions/false beliefs regarding the care of decompensated cirrhosis and thematic analysis was performed. Post-hoc education was delivered where required.

Results A total of 15 participants (uptake 100%) filled in the questionnaire and were interviewed: 7 were registered nurses (RNs), 6 junior doctors, 1 dietician, and 1 pharmacist. Thematic analysis revealed that, particularly amongst RNs, advanced liver disease was felt to be a contraindication to thromboprophylaxis in hospital. Another common misbelief seen in all participants aside from specialist-grade doctors was transfusion targets for gastrointestinal hemorrhage with most respondents targeting >90 g/L. A universal theme which was extracted from the interviews was that active involvement from multidisciplinary members of the team in delivering the BASL Decompensated Care Bundle would achieve higher real-world uptake, and help allied health professionals more readily identify sub-optimal standards of care, and thereby improve outcomes for our decompensated cirrhosis population.

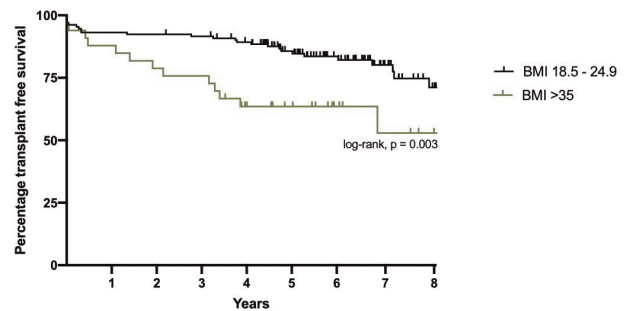
Conclusion The BASL Decompensated Cirrhosis Care Bundle should be delivered as front-line care with engagement from all members of the multidisciplinary team looking after these patients in order to deliver consistently high standards of care.

P44 **IMPACT OF ESTIMATED DRY BODY MASS INDEX ON PATIENT SURVIVAL FOLLOWING LIVER TRANSPLANTATION**

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Introduction Obesity is rising in the UK population and in liver transplant (LT) candidates. Studies examining the relationship between body mass index (BMI) and post-transplant mortality are inconsistent; it is well documented that low BMI is associated with adverse outcomes but the impact of obesity is unclear, partly due to the impact of fluid retention.



Abstract P44 Figure 1

Aim To evaluate the relationship between estimated dry BMI and survival following LT at a single LT centre.

Methods We undertook a retrospective analysis of 375 patients who underwent LT between January 2011 and March 2018. Anthropometric data was collected at transplant assessment and patients were followed up until death/re-transplant or censor (01/06/2020). Survival was compared using Kaplan-Meier curves and log rank test.

Results 114 patients (30%) had a dry BMI >30 , and 33 (9%) of these were >35 . We demonstrate a J-shaped curve relating dry BMI at assessment to post-transplant risk of death or re-transplantation. A BMI of over 35 was associated with a significant reduction in transplant-free survival ($p=0.003$, figure 1). The relative risk of death/re-transplant at 5 years in this group was 2.72 (95% CI 1.50 – 4.91; $p=0.0009$) when compared to patients with a BMI of 18.5–25. This relationship remained significant even after exclusion of patients with diabetes. Subcostal girth was significantly higher (97cm vs 101cm, $p=0.01$) in those who died or required re-transplant ($n=93$) than those who survived ($n=282$).

Conclusion Elevated dry BMI is associated with a significant increase in mortality post LT.

P45 **PREOPERATIVE D-MELD AND D-UKELD SCORES AS PREDICTORS OF SURVIVAL AFTER LIVER TRANSPLANT**

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Introduction D-MELD score, the product of donor age and preoperative MELD score, has been introduced as a potential predictive index of survival after orthotopic liver transplant (OLT). We created D-UKELD score, the product of donor age and preoperative UKELD score, estimated its role as a predictor of graft and patient survival post OLT and compared it with D-MELD score.

Methods We included 849 OLTs from donation after brain death (DBD) in our analysis (January 2008 – November 2019). Data were collected concerning donor and recipient characteristics, and transplant characteristics and outcomes. D-MELD and D-UKELD scores were also calculated.

Results Time-dependent receiver operating characteristic (ROC) analysis did not provide statistically significant area under the curve (AUC) at 1, 3 or 5 years post OLT concerning graft survival for either D-MELD or D-UKELD. It also did not yield statistically significant AUC at 3 or 5 years post OLT regarding patient survival. However, AUC was statistically