

Table S1. Donor Selection Criteria for Open and Laparoscopic Techniques at the Beginning of the Program

	<b>Open</b>	<b>Laparoscopy</b>
Age	< 65	< 60
Remnant liver	> 30%	> 35%
Steatosis	< 30%	< 30%
Anatomical variation	No limitation	Only type 1 bile duct and type 1 portal vein

Table S2. Causes of open conversion

<b>Causes of open conversion (n=5)</b>	
PV injury	2
PV stenosis	1
Remnant bile duct injury	1
Small remnant volume	1

Table S3. Types of Complication and Treatment Modalities after Laparoscopic Approach

Complications	Treatment	Postoperative day
Decreased portal vein flow on Doppler	Portal vein resection and anastomosis	1
Bile leakage and bilirubin elevation	PCD insertion	17
Bile leakage on MRCP	PCD insertion	7
Bile tingged color in drainage	Emergent laparoscopic bile leakage repair	9
Bile leakage and bilirubin elevation	PCD, ERBD insertion	16
Bile leakage on MRCP	ERBD insertion	4
Unlocked hemoclip on Rt. Hepatic artery	Open surgery	0
Portal vein stenosis	Portal vein angioplasty	2 months
Bile leakage and bilirubin elevation	PCD, ERBD insertion	14
Bile leakage on MRCP	PCD, ERBD insertion	8
Bile leakage and bilirubin elevation	PCD insertion	2
Bile tingged color in drainage	PCD, ERBD insertion	3
Stenosis in hilum level	ERBD insertion	6
Bile leakage and bilirubin elevation	ERBD insertion	12

Table S4. Complications in Donors with Rt.hepatic duct < 1cm (n=49)

	n (%)
Major Complication (GrIIIa-V)	10 (20.4)
CCI (range)	7.44 (0-33.7)
Grade IV-V complications	
Grade IIIb	
<i>Biliary complications</i>	
<i>Vascular complications</i>	1 (2.0)
Grade IIIa	
<i>Bile leakage</i>	9 (18.4)
<i>Biloma</i>	
<i>Liver abscess</i>	
<i>Intervention for ascites</i>	
Grade II	
Antibiotics for fluid collection	1 (2.0)
Grade I	
Wound	
Additional evaluation of pain	
Bilirubin elevation	1 (2.0)
Diuretics	
<i>Antiemetics</i>	
Readmission	5 (10.2)
Additional PCA requirement	3 (6.1)