



(Division of ANSH MEDICARE SOLUTIONS PVT. LTD.)
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Liver Transplant

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You have been advised a Liver Transplant.

Now What?

What is a liver transplant?

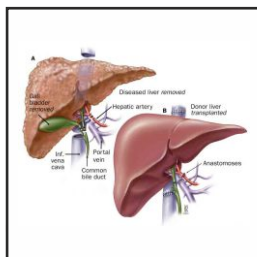
It means that the entire diseased liver will be removed and will be replaced by a new liver.

What are the types of transplant?

There are two types of transplant (Deceased Donor and Living Donor Liver Transplant DDLT and LDLT)

What is DDLT?

This involves receiving a liver from a patient who has been declared brain dead by a team of doctors. This is commonly seen in patients who have been admitted due to a stroke or suffer from head injury secondary to a road traffic accident.



After the declaration of brain death, the relatives have consented to give the "gift of life" and donate the organs of their deceased relative. The recipient (patient suffering from liver disease) will get an entire liver

How can I register myself for the DDLT?

You need to register with a recognized liver transplant centre. The hospital would then put your name on the Zonal Transplant Co-ordination Committee (ZTCC) waiting list; as per your blood group.

What would be the waiting period?

It is difficult to predict the waiting period as donations are very sporadic.



What is LDLT?

A relative donates a part of their liver to the recipient. Liver is the only solid organ to grow. It will regenerate, both in the recipient and the donor. It doubles in size in almost 2 weeks

Why consider living donor liver transplantation?

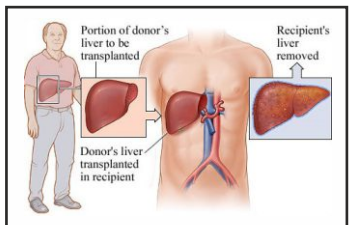
This is an important choice to help meet the organ shortage. Adults on the Cadaveric liver transplant list currently wait up to a year or more for a liver transplant. Unfortunately, a vast majority of patients waiting for transplants (on the cadaveric list) will die before a liver becomes available.

Prevention to Cure

Who can be a living donor?

Donors must be:

- A blood relative or spouse, who share a compatible blood group with the patient
- Between the ages of 18 and 55 years
- In good health and an acceptable body mass index
- Freely willing to donate



What has to be the blood group of the donor to be compatible with the recipient?

Recipient /Patient Blood group	Donor Blood group
O	O
A	O /A
B	O/B
AB	O/A/B/AB

Rh factor (Positive/Negative) does not matter in liver transplant. Thus, "O" group is a universal donor and "AB" group are universal recipients

What is the work-up process for a living donor?

The live donor assessment is performed by a team of doctors and a transplant coordinator; who will organise the assessment process. This will involve blood tests, X-rays, CT, MRI scans and detailed cardiac tests.

There are also important meetings with members of the transplant team including a surgeon, hepatologist, cardiologist, pulmonologist, psychiatrist and gynaecologist. (In female donors)

Once the potential donor is accepted a date for surgery will be chosen. A ethics committee meeting will ensure that all the necessary permissions are in place.

What does the donor operation involve?

The donor surgery lasts about 6 hours. The surgeons remove about half (Right or left side) of the donor's liver (depending on whether donation is to an adult or child), which is then transplanted into the recipient. Within 6 to 12 weeks the liver in donor and recipient regenerates (grows) to approximately 90% of its original size and function returns to normal.

The hospital stay is on average between 5-7 days. Donors can usually return to work after 4- 6 weeks. However, he/she will be unable to lift any heavy weights (More than 1kg) for at least 3 months.

What are the risks to the donor?

Live liver donation is major intervention and inevitably there are potential risks associated with this kind of surgery.

These include:

- Problems with the anaesthetic, wound infections, pneumonia and blood clots in the lungs or legs
- Bleeding
- Bile leakage
- Psychological stress
- Death (1 in 200 for right lobe) (1 in 500 for left lobe) due to liver failure

It must be noted however that the vast majority of donors do extremely well and recover quickly from their surgery. The risks will be discussed at length when donors meet with the transplant team.

Living Donor safety is the first priority of all transplant teams and utmost care is taken to ensure a thorough evaluation of the donor.

What does the recipient operation involve and what do we expect?

The recipient operation goes on for around 8-12 hours. After the surgery, the patient would be in the ICU for approximately 3-7 days and shifted to the wards after that. The patient will have to stay for another 5-12 days in the wards. (depending on the clinical condition)



The patient will have 3-5 tubes in his body and will be generally on a ventilator when he is shifted from the OT to the ICU.

Continuous and vigorous monitoring will be done in the ICU. Your doctor will keep a close watch on the patients clinical observations, blood tests and any abnormal findings. The relatives will be constantly counselled and informed of the patients condition.

What are the risks to the recipient?

The risks in general would be the following. A detailed explanation and counselling would be done by the transplant team

- Bleeding (during the surgery or in the postoperative period)
- Infections and sepsis
- Reversible kidney damage
- Bile leaks
- Rejection
- Thrombosis or blocks of the connected major vessels
- Primary non-function: Rarely the transplanted liver does not work at all. The only treatment is re-transplantation

What are the chances that the patient would not survive a transplant?

If you experience severe complications (mentioned above), the stay in ICU and ventilator may be prolonged. This is a critical period. Unfortunately, a proportion of these patients do not survive this period. The worldwide acceptable mortality rates are in the range of 5-10%.

When can I resume my normal work life?

Generally, after 3 months. Depending on your clinical condition and liver function tests, the doctors will deem you fit to resume your duties and lead a normal life again.

How many medicines do I have to take after discharge?

Around 10-12 medication in the first month. These gradually reduce to 2-3 after 3 months and only one single tablet after 9-12 months. The most important medicine would be the immuno-suppressive medications that need to be taken lifelong and cannot be changed or dose-adjusted without your doctors permission.