

Who is a brain dead donor?

A brain dead donor (also called a deceased or cadaveric donor) is a person declared dead in the ICU, and whose family is willing to donate his/her organs.

You can get liver from such a donor, if you are listed on the deceased donor liver transplant (DDLT) list, and your blood group is matching with the donor

What is the success of Liver Transplant?

- Patients who are referred at the right time for liver transplant surgery have a very good outcome, with success rates of 80-95%
- It is very important to refer the patient for liver transplant once they meet the criteria

What are the scoring systems for timely referral for liver transplant?

There are standard liver scoring systems for referring the patient to the liver transplant team for surgery.

- These are MELD score (>10), CTP score (>7), in chronic liver disease
- Exceptions to above score- Liver Cancer, Refractory Ascites, etc.
- King's College Criteria is followed in Acute Liver Failure for emergency Liver Transplant











How is life after liver transplant?

- After a successful liver transplant, patient is generally discharged after 2-3 weeks
- They are put on immunosuppressants, and some other supportive medications
- You need to come to OPD for close follow up with blood tests for about 3 months
- Over the next 3-6-9 months, the frequency of follow-up reduces
- Lifelong you need to be in touch with your clinicians for adjusting the medicines and physical follow up is needed as and when required
- If you are working/employed, you can return to work after 4 weeks
- Can do all activities after 12 weeks
- Life becomes normal after an uncomplicated transplant, with only intermittent visits to your doctor

What is the lifespan of the new liver? The new liver will work for the rest of your life, provided it is taken care of by you -by doing regular check-ups, follow-ups, and taking precautions as advised based on your condition. If the liver transplant is done for cancer, follow-up will depend on the type and stage of the disease.

What are the alarm signs of liver disease?

Any patient with liver disease should be aware of the following warning signs:

 Yellowish discoloration of eyes Jaundice which is progressive	 Increasing size of your gut water in the tummy
 Swelling of feet	 Pain in the stomach
 Black-coloured stool	 Unconsciousness
 Excessive sleepiness memory loss	 Blood in your vomit
 Breathlessness	 Weight loss

Whom should you contact and take an appointment?

Lilavati Hospital and Research Centre, Mumbai has 24x7 Liver Transplant Team with Expertise to take care of Liver Disease and offers state-of-the-art treatment for liver disease.

For Appointment call
Mr. Pramod Shinge
(Legal Transplant Coordinator) +91 99609 55453

Mrs. Lincy Mathews
(Clinical Transplant Coordinator) - +91 84228 85705
OPD Timings: 8am to 5pm : Room No. 23



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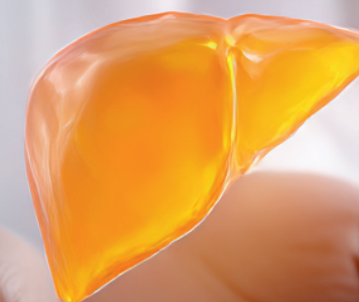
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**All you need
to know about**



**LIVER
TRANSPLANTATION**

INTRODUCTION

Patient with liver disease could be:

- Viral Hepatitis (Hepatitis B,C
 - Alcohol Related Liver Disease
 - Fatty Liver Related Hepatitis (linked to Obesity, Diabetes, Dyslipidaemia)
 - Liver Cancer in patients with Cirrhosis
 - Acute Liver Failure not improving with medical treatment
 - Rare diseases with congenital causes
- These may not improve beyond a certain point At that stage, the treating doctor may suggest a liver transplant as a potential cure. So it is important to know some of the Frequently Asked Questions related to this treatment.

Who needs a Liver Transplant?

1. ACUTE LIVER FAILURE

- Acute Fatty Liver in Pregnancy
- Drugs-Antituberculosis Drugs
- Toxic- Paracetamol Poisoning
- Infection -Viral Hepatitis A, rarely B and C
- Unknown cause

2.CIRRHOSIS FROM CHRONIC LIVER DISEASE

- Alcohol Related Liver Disease
- Infection - Chronic Hepatitis B,Cand D virus (co-infection with HIV)
- Metabolic Dysfunction Associated Steatotic Liver Disease(MASLD)
- Jaundice Related Liver Disease
 - Primary Biliary Cirrhosis
 - Secondary Biliary Cirrhosis
 - Newborn Babies - Biliary Atresia (congenital absence of gall bladder and bile duct)

3. ACUTE ON CHRONIC LIVER FAILURE

- Alcohol Related Liver Disease
- Viral Liver Disease
- Metabolic Dysfunction Associated Liver Disease

4.CANCER/MALIGNANCY IN THE LIVER

- Primary Liver Cancer
- Selected slow-growing Tumors (e.g., Neuroendocrine Tumors)
- Metastatic Cancers (selected)
- Colorectal Liver Metastasis



5.METABOLIC LIVER DISEASE

(Congenital, Inborn, Hereditary)

- Wilson's Disease
- Glycogen Storage Diseases Typel&IV
- Many more

6. VASCULAR DISEASES OFTHE LIVER

- Budd-Chiari Syndrome

7. MISCELLANEOUS

- Metabolic Dysfunction Associated Liver Disease (Fatty Liver Disease - related to Obesity, Diabetes, Dyslipidemia)
- Auto-Immune Hepatitis
- Drug Induced Liver Injury (e.g., Methotrexate)
- Rare causes (e.g., Severe Liver Trauma)

What are the contraindications for liver transplant?

1. ABSOLUTE CONTRAINDICATIONS

- Severe Cardiac Disease
- Severe Chest Disease
- Cancer outside the Liver
- Active Untreated/ Uncontrolled Infection

2. RELATIVE CONTRAINDICATIONS

- Active Alcohol or Substance Abuse
- Reversible Heart and Lung Diseases
- Advanced Age
- Cholangiocarcinoma



What is liver transplant surgery?

Liver Transplant Surgery involves removal of entire diseased liver from the patient and replacing it with a new liver.

This new liver does not belong to the patient; hence the patient is put on some medication (immunosuppressants) which helps in accepting the new organ.

The dosage is high immediately after surgery, but within 3-6 months, it is reduced. Typically, 1-2 medications are continued lifelong similar to how blood pressure or diabetes medicines are taken.

Who can be a liver donor?

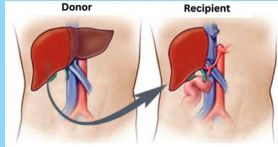
A new liver can de taken from a Living Donor or a Brain Dead Donor

Who can be a Living Liver Donor?

A living donor needs to be:

1. FROM THE FAMILY

- First-degree (Spouse, Siblings, Parents, Children, Grandparents)
- Second-degree (Uncle, Aunt -Maternal/ Paternal, Cousins)
- Third-degree (In-laws etc.)



2. SHOULD BE BETWEEN 18-50 YEARS OF AGE

3.BLOOD GROUP COMPATIBLE

Blood Group	Can Donate Liver	Can Receive Liver
O	O, A, B, AB	O
A	A, AB	A, O
B	B, AB	B,O
AB	AB	A, B, O, AB

4.HEALTHY BODY AND LIVER

5. WILLING AND IN CLEAR STATE OF MIND

(No coercion whatsoever)

What is the risk to the living donor?

- The living donor undergoes extensive evaluation to ensure there are no factors that increase surgical risk.
- Liver has tremendous capacity to regenerate and hence the remaining liver in the donor and that which is put in the patient, both grow back and attain near normal size.
- If all systems are normal, a portion of the liver (right, left, or a segment) is surgically removed
- Donors typically return home within 7-8 days and continue painkillers and supportive medications for 1-2 weeks
- Light activities can be resumed within 2 weeks
- Normal activities can typically resume after 8-12 weeks
- Risk of major complications is less than 1%

