Liver Transplant Program
Pre-Transplant Surgical Consult

A. □ Reviewed Chart/Past Medical History/Review of Systems

B. Indication for Liver Transplant:

_________________________________________________________________________

C. Past Medical/Surgical History:

_________________________________________________________________________

D. Discussed with patient:
1. MELD score and its relation to placement on waiting list

2. Operative procedure
   a. Incision
   b. Drains, T-tube/biliary drain
   c. Removal of gallbladder
   d. Potential of inability to close incision/need for return to OR

3. Complications * (Risk Percentages are approximate)
   a. Primary non-function of the liver (1-4% - which might lead to re-transplant or death)
   b. Intra-operative hemorrhage or heart failure which might lead to death
   c. Repeat operations (20-25%)
   d. Need for blood product transfusion (100%)
   e. Hepatic artery thrombosis (2-3%)
   f. Portal vein thrombosis (1-2%)
   g. Bile leaks/stricture (2-10%)
   h. Rejection (Less than 20%)
   i. Current Hartford Hospital Liver Transplant Scientific Transplant Registry (SRTR) Survival rates - see attached
   j. Recurrence of native disease
      i. Disease dependent
      ii. 100% of Hepatitis C (New anti-viral treatment)
      iii. Possible recurrence of hepatocellular cancer (post-transplant surveillance)
k. Risk of PTLD, skin and other cancers related to immunosuppression

4. Non-standard criteria donors which include: * (Risk Percentages are approximate)

   a. Donors over age 65
   b. Split livers
   c. Hepatitis C Antibody positive/NAT negative (16% risk)
   d. Hepatitis C Antibody Negative/NAT positive (100% risk)
   e. Hepatitis B exposure – Hepatitis B Core Antibody
   f. Donation after cardiac death
   g. Central nervous system (brain) cancer or history of cancer
   h. Risk of developing cancer from donor

☐ Discussed option of Living Donor Liver Transplant at Hartford Hospital

Willing to have living donor(s) evaluated □ Yes □ No

A _____ minute visit with more than 50% spent on counseling and/or coordination of care and explaining risks and benefits of surgery.

I have discussed the above issues with the physician listed below, and understand that I am under no obligation to accept a non-standard criteria donor liver.

________________________________________    ________________________________________
Printed Name of Patient or Authorized Representative                Signature of Patient or Authorized Representative

________________________
Relationship to Patient if patient unable to sign

Date                                                                                         Time

_______________________________________     ________________________________________
Printed Name of Transplant Surgeon                                            Signature of Transplant Surgeon

_________________________________________________        _________________________
Printed Name/ID # of Interpreter if applicable                                       Signature of Interpreter if applicable