

6913

6913



**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)

6913

6913

k. Risk of PTLTD, 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

Date

Time

Printed Name/ ID #of Interpreter if applicable

Signature of Interpreter if applicable