Liver transplantation is a treatment option for patients with chronic end-stage liver disease (cirrhosis), certain types of liver cancer and some cases of sudden onset liver failure.

During a liver transplant the diseased liver is removed and replaced with a donor liver. The donated liver comes from a deceased person who has given permission for organ donation. This is called deceased donor liver transplantation. Over 95% of liver transplants in the United States are deceased donor liver transplants. The other 5% are living donor liver transplants (partial liver from a live donor - not currently offered at Hartford).

Liver transplantation is a complicated surgical procedure and understanding the potential risks is important in order to make an informed decision as to whether liver transplantation is right for you.

**STEP 1: THE EVALUATION**

The first step in the process involves a thorough evaluation by the transplant team to determine whether you are a suitable candidate for a liver transplant. This is discussed at length in the “Consent for Evaluation” document that you will sign before beginning the evaluation process. The evaluation process can be done as an outpatient and/or as an inpatient.

**STEP 2: THE LIVER ELIGIBILITY LIST**

If you successfully complete the evaluation your name will be placed on the UNOS (United Network for Organ Sharing) eligibility list for a liver transplant. While on the list you will have appointments with the transplant team and your lab results will be checked periodically. Your place on the eligibility list will change based on the MELD (Model for End-stage Liver Disease) score. The MELD score is a number from 6 to 40 that is calculated based on your lab results. The MELD score measures how sick your liver is making you. The higher the score – the higher your name appears on the list.
STEP 3: LIVER DONOR OFFERS

Once you are on the list the transplant team can receive liver offers on your behalf. The number of offers you receive will depend on your MELD score and will come from donors whose blood type is compatible with yours. Offers are carefully reviewed by the team. You will only be notified of a liver offer if we are confident that the liver is suitable for you and will work well.

Donor livers can transmit diseases despite the detailed review done by UNOS and the transplant team. The United States Public Health Service (PHS) 2020 Guidelines identify high risk situations for potential disease transmission by hepatitis B (HBV), hepatitis C (HCV) and HIV. Any donor who may potentially transmit HBV, HCV or HIV is referred to as a PHS High Risk donor.

Certain other conditions such as the age of the donor, fat content of the donor liver, and the type of donor surgery (brain dead vs. cardiac death) may increase the risk of complications after surgery. If any of these risks may affect your liver offer we will discuss these with you before you decide to accept the offer or not. If you decline an offer you will not lose your place on the list.

If you are found to be an acceptable candidate for the UNOS waitlist you will be eligible for offers from deceased liver donors including those with the following characteristics. This does not mean that you must accept these offers, but simply that you will be eligible to receive these offers. The ultimate decision is always yours and the team will discuss this with you at the time an offer is made to you.

- Hep B core Ab+ (donor had hepatitis B and cleared the virus; you may need treatment)
- Hep B NAT + (donor has hepatitis B virus; you will receive treatment after transplant)
- Hep C Ab+ (donor had hepatitis C and cleared the virus; no treatment necessary)
- Hep C NAT+ (donor has hepatitis C virus; you will receive treatment after transplant)
- DCD liver (donation after cardiac death: potential increase in complication rates)
- Segmental liver (75-80% of a full size liver; potential increase in complication rates)

STEP 4: TRANSPLANT SURGERY

No type of surgery is risk-free. We will only perform your liver transplant when we believe that the benefits to your health outweigh the risks. These risks can be divided into short-term and long-term. Liver transplants have about a 90% success rate. The data specific to our center will be provided to you.

Short-Term Risks of Liver Transplantation

1. Infections (pneumonia, wound infections, etc.)
2. Acute Rejection (detected by lab results +/- liver biopsy)
3. Technical complications (bleeding, bile duct or vascular complications, etc)
4. Re-operation(s)
5. Death
6. Delayed function or non-function of the liver (during the post-operative period)
7. Other
Long-Term Risks of Liver Transplantation

1. Recurrent liver disease or cancer (recurrent or new onset)
2. Chronic Rejection (detected by lab results and liver biopsy)
3. Infection (pneumonia, wound infections, etc.)
4. De-novo malignancies (skin cancers, lymphoma, etc.)
5. Death
6. Other

Each of these complications has a specific type of treatment and we promise to discuss your options and give you the best possible treatment for your specific situation.

Most recipients can expect a 10-14 day hospital stay and a total recovery time of 6-10 weeks. Your own recovery may be quicker or slower depending on how you were feeling at the time of your surgery and if any complications occurred.

STEP 5: LIFE AFTER TRANSPLANT

We expect that you will return to a state of good health and live a normal life as long as you follow our guidance, use common sense and take care of yourself and your new liver. Keeping your appointments with us and taking your medications as instructed are critical to success. You will start taking medications to support your new liver right after surgery. Early on you may take up to six new medications, but after a few months most patients are able to cut back to two or three medicines and, after one year, many recipients are taking only one or two medications.

Please ask questions and get the answers you need. We want the best for you – for life!

Hartford Hospital Liver Transplant Team