

Adult Living Donor Liver Transplant

Questions and Answers

An Information Booklet for Donors



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Introduction

The Scottish Liver Transplant Unit (SLTU)

The Liver Transplant Unit in Edinburgh opened in November 1992; it is centrally funded by the Scottish Executive to meet the needs of the people in Scotland who may require a liver transplant.

In June 1995 the unit was expanded to include kidney transplantation then expanded again in 2000 to include pancreas transplants. It is situated in Ward 206; base B of the Royal Infirmary of Edinburgh. There are 16 beds in the ward area and five in the High Dependency Unit (Ward 117). In addition, there are two beds available in the Intensive Care Unit (Ward 118).

This information has been prepared for people who are enquiring about the possibility of becoming a live liver donor. General information regarding the Royal Infirmary of Edinburgh, local facilities and car parking are provided in the hospital's in-patient booklet.

Living donor liver transplantation was developed in Japan followed by the USA in 1989 predominantly for adult-to-child donation. This is now a well-established technique that is widely used in North America, Asia and mainland Europe. It has been very successful for the treatment of children in the UK. The Scottish Health Department has supported the Scottish Liver Transplant Unit in the development of this programme for adult patients. The unit has extensive experience in living donor kidney transplants having performed the procedure since 1995 and also has an internationally renowned liver surgery team.

Adult Living Donor Liver Transplant

The single greatest problem in liver transplantation today is the shortage of cadaveric donors. The number of patients being listed for liver transplantation is increasing while there has been no increase in donors. As a consequence more patients are dying on the waiting list. If however, it becomes possible for a patient to receive part of a liver from a relative or friend, he or she need not wait for a cadaver organ. Thus, living donor liver transplant may be an important alternative for many patients.

In living donor liver transplantation, a section of liver is surgically removed from a living person and transplanted into the recipient, immediately after their diseased liver has been completely removed.

The liver is an unusual organ because; when part of it is removed, the remaining part can regenerate. Therefore the right lobe (half) can be removed and transplanted into a recipient. Both the remaining lobe (left) in the donor and the transplanted lobe (right) in the recipient has the potential to regenerate (grow). This happens over a short period – possibly 8-12 weeks.

Who can become a recipient of a living donor transplant?

Only some patients who are eligible for cadaveric transplants and are on the waiting list for a transplant are suitable for living donor liver transplant.

In some cases it is not appropriate for patients to receive a living donor liver transplant on medical or psychological grounds. The recipient must consent (agree) to the living donation.

Who can become a donor?

Anyone who is genetically related to the recipient, for example parent, brother or sister. People who have a close personal relationship, such as spouse; partners or very close friends may also be considered as a possible donor.

- Adults aged between 18 and 55 years
- You should not be overweight
- You should not have a major medical illness
- You should not have a major psychiatric illness
- You should be able to understand all the potential complications and risk of surgery
- You should have a compatible blood group with the recipient
- You should be emotionally or genetically related to the recipient

Relationship

Human Tissue Act 2004 and the Human Tissue (Scotland) Act 2006 regulates the Law around living donor transplants. It is important that you read the leaflet HTA (Human Tissue Authority (DH) provided by the Transplant Team.

Confidentiality

Donors will be given information regarding the recipients liver disease and the possibility of recurrence of the original disease. **Recipients** will not be given information regarding the donors test results or the reason why a donor is not suitable.

How can I become a donor?

If you are considering donating part of your liver to a relative or friend it is essential that:

- Your liver is suitable for the recipient
- The risk to your own health is minimal
- **No financial or other pressure is being put on you to donate**
- **Reason for donation must be voluntary and altruistic**

You should contact the transplant co-ordinator to note your interest in becoming a donor. After some initial information you will be given an information folder and a health check questionnaire. We will also request that you have your blood group checked before your first clinic appointment.

What are the results for living donor liver transplants?

As adult-to-adult living donor transplantation is fairly new we cannot be sure what the long-term results will be. However the short-term results are promising. In the United States 85% of those who receive a liver transplant from a living donor are alive one year after their transplant (this is comparable with patients in the UK who receive a transplant from a cadaveric donor).

Will the recipient be removed from the waiting list if I am being assessed?

No, if a suitable cadaveric liver becomes available the recipient will receive a transplant and you will no longer continue with the assessment process.

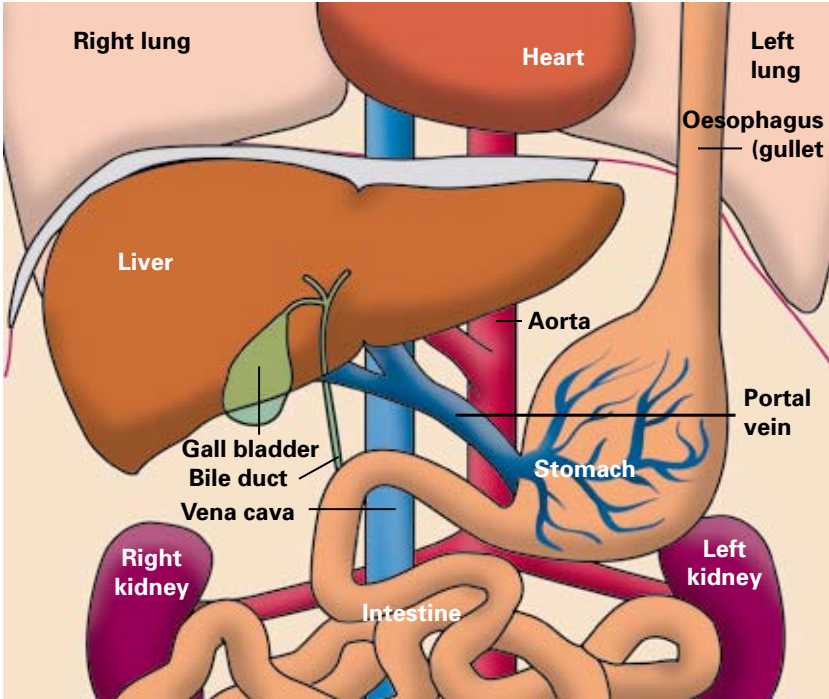
Will the recipient have less rejection if we are related?

The relationship between donor and recipient does not seem to affect the amount of anti-rejection medication the recipient will need.

What are the advantages of using a living donor for a transplant?

- The main advantage is that it **avoids a long wait for a cadaveric liver transplant**. When patients get sicker and weaker on the waiting list, they are more likely to have complications during the early post-transplant period and have a higher risk of not doing well after transplantation.
- **The transplant can be scheduled electively** at a time when the surgeon feels it is safest for both the recipient and the donor.
- It is also possible that **the quality of the liver may be better**, as living donors must be healthy adults who have undergone a thorough medical assessment over several weeks.
- **Preservation time (when the liver is without blood) is minimal** – minutes – compared to a cadaveric liver when this can be hours.
- Increases the overall number of livers available for transplantation.

The Liver



The liver is the largest solid organ in the body. It is in the abdomen on the right side of the body. The liver is dark reddish brown in colour and is divided into two main lobes (the much larger right and the smaller left), which are further subdivided into approximately 100,000 lobules. About 60% of the liver is made up of liver cells (hepatocytes), and each of these has an average lifespan of 150 days. Two-thirds of the body of the liver is the parenchyma, which contains the hepatocytes, and the remainder is the biliary tract.

The liver receives its blood supply from the hepatic artery and portal vein, which transports nutrients from the intestine (gut). The liver holds about 13 percent of the body's blood supply at any given moment. All of the blood leaving the stomach and intestines passes through the liver.

What does the liver do?

More than 500 vital functions have been identified with the liver. Some of the better-known functions include:

- regulating blood clotting
- production of bile, which helps break down fatty food
- removal of toxins and drugs from the blood
- manufacture of certain blood proteins
- convert and stores excess glucose to use for energy
- stores iron.

When the liver has broken down harmful substances, they are excreted in the bile into faeces or filtered via the blood and kidneys and leave the body in the form of urine.

Assessment

What is the purpose of the assessment?

- To ensure that you have no medical or surgical reasons why the operation cannot take place
- To ensure you have no psychiatric conditions that would exclude you from becoming a donor
- To provide you and your family with all the necessary education and information prior to you deciding to go ahead with the surgery
- **To ensure you are undertaking this decision of your own free will**

What does the assessment involve?

You will need to be assessed for your suitability to donate; which involves detailed medical tests and education. Firstly it is essential that we make sure that your liver is normal and of adequate size. Secondly we need to know that you do not have any medical or psychiatric illness that would make this procedure more risky or difficult for you. This includes ensuring that you do not have any medical condition that could be transmitted to the recipient such as hepatitis or HIV. Consent for all procedures will be obtained and support provided as necessary. Finally and very importantly, we want to make sure that you are becoming a donor voluntarily, and that no one is pressuring you to do so.

You must have a compatible blood group to your recipient. At each stage it will be made clear if you wish to continue the assessment to become a donor it will be **your** responsibility to contact the transplant co-ordinator – instructions and contact numbers will be provided.

Stage one

After you have the result of your blood group tests and you have completed a **health check questionnaire** the transplant co-ordinator will provide you with an appointment at clinic. Here you will meet with the surgeon to discuss living donor liver transplantation. You will then undergo a clinical examination by the surgeon and have **blood tests taken, undergo a chest x-ray and perform some breathing tests.**

Once these results are available and you wish to continue with the evaluation you will be given a date to attend the hospital to meet with the **donor advocate team.** You will also meet the **anaesthetist** at this time.

Stage two

The next stage of the assessment involves you having to stay overnight in the hospital to undergo a **liver biopsy and some liver scans.** This is to establish the size of your liver, and exclude any medical/surgical reason why the operation cannot take place.

Stage three

When the results are available you will have another clinic appointment to **meet with the surgeon** to confirm that you, and your family, are fully aware of all the potential risks, and to ensure you wish to continue with the evaluation. All your records will then be sent to an **independent assessor (IA)** who will make certain that all the recommended procedures have been carried out. If there are no contra-indications noted a date will then be set for the operation.

	Meet surgeon	CXR	ECG	Blood Tests	PFT	BP, HR Temp Urinalysis	Scan	Echo	Liver Biopsy	Meet DAT	Meet IMA
Stage one	<	<	<	<	<	<				<	
Stage two				<			<	<	<		
Stage three	<										<
Prior to theatre	<	<	<	<		<					

Assessment timetable

What tests will I need?

During your assessment you will have a large number of medical tests, as well as a complete history and physical examination.

✓ Blood test:

- the function of your liver
- the ability of your blood to clot
- to see if you are anaemic
- to assess the function of your kidneys
- to check the level of oxygen in your blood
- for viruses – including Hepatitis B, Hepatitis C, Cytomegalovirus (CMV) and the HIV virus.

✓ Chest x-ray: to ensure you have no lung problems

✓ ECG / echo: to assess the function of your heart

✓ Pulmonary function tests: breathing tests which provide a detailed assessment of your lungs

✓ Scans: it will be necessary to complete some scans to assess your liver

✓ Liver biopsy: it is necessary to remove a very small amount of liver tissue to be examined under the microscope. This will be done on the ward under local anaesthetic or in theatre requiring a general anaesthetic. It is necessary to remain in bed for 6 hours after this test.

Why do I need to meet with the donor advocate team (DAT)?

The role of the donor advocate team is essential to all living donor transplants. This will consist of four health care professionals (consultant psychiatrist, consultant physician, social worker and transplant coordinator). Their task is to evaluate, protect and support a potential donor, ensuring the donor is fully, appropriately and objectively informed about all aspects of the procedure before consenting. They have the responsibility to stop the process if they are concerned with the donor's psychosocial circumstances.

Why do we have to meet with the independent assessor?

The independent assessor is the last person to meet with you and your next of kin before the theatre date is set. The independent assessor is not a member of the transplant team and is there to confirm the transplant team have followed all recommended procedures. He will ensure:

- ✓ Your consent has been given fully and freely
- ✓ You understand the nature and risks involved to you in donating part of your liver which may result in complications and a very small risk of death
- ✓ You understand the recipient may have complications which may even lead to death
- ✓ You understand that you are entitled to withdraw your consent at any time before your operation

Who makes the final decision as to whether I can be a donor?

Once you have completed all the required tests, the transplant team meets to review the test results and your recipient's medical condition. If there are no contra-indications the donation will proceed.

Should my family come with me to my appointments?

It is important that your immediate family or next of kin come with you to at least some of your appointments, so they can participate in the process and understand what is involved before you decide to continue with the assessment. It is important they attend the final appointment with the surgeon before the surgery is scheduled.

Should the cause of the recipients liver disease affect my decision to donate?

You are volunteering to donate part of your liver in an attempt to save someone's life. Before making this gift, it is important that you understand the likelihood is that you will save that life, but this can never be taken for granted and some recipients may have complications of the surgery and may even die. Some diseases such as hepatitis C and cancer of the liver can recur after transplant. For patients whose liver disease was caused by excessive alcohol we make certain they fully understand the implications of returning to drinking alcohol and a support system will be offered to them to assist them to remain free from alcohol but we can't promise their compliance.

Can I change my mind?

Yes, you are completely free to withdraw from the procedure at any stage. Also the transplant team can stop the assessment process at any stage. You will be given a full explanation on this. The reason for withdrawal will be kept confidential and only the transplant team will be aware of it.

How long will the assessment take?

The assessment is very individual. Before the surgery takes place we have to ensure that the transplant team are satisfied that you are medically fit to undertake this procedure and that you and your next of kin have a full understanding of the procedure and the potential risks. We also need to confirm that you are offering to donate for the right reasons and that you yourself wish to proceed. This can take up to 3 months.

Who will I meet during the assessment?

Nurses	Will prepare you for your procedures and care for you after your transplant.
Transplant Coordinator	Support you throughout the process from beginning to end, arranges all your investigations. Provides you with all the education you require.
Consultant Transplant Surgeon	Will ensure you and your family are fully aware of all the risks of surgery. Will perform the operation.
Consultant Physician	Will ensure you have no medical contra-indications to the liver surgery.
Consultant Anaesthetist	Will discuss the anaesthetic and post operative pain control with you.
Consultant Psychiatrist	Will ensure you have no psychiatric contra-indications to the surgery and you fully understand the implications of donating part of your liver. Will confirm that you are doing this voluntarily without any undue pressure.
Social Worker	Will discuss the reasons for offering to donate part of your liver. Will assist you in becoming socially and emotionally prepared to undergo a major operation. Will give you advice regarding benefits and other practical issues.
Physiotherapist	Will ensure you are aware of the importance of early physiotherapy following the operation.
Independent Assessor	Will ensure that all the appropriate procedures have been followed. Will meet with you and your recipient to ensure you wish to continue with the operation.

The Operation

Should I stop taking alcohol before my surgery?

Yes, if you are going to be a liver donor, it is best that you stop drinking alcohol 2 weeks before the date of surgery. You will be asked about your alcohol consumption at your clinic appointment. To ensure your safety it is important that you are honest with the team about your alcohol history.

Should I stop smoking before my surgery?

Yes, we strongly advise you to stop smoking; even if you are a light smoker, as your risks of complications including chest infection and delayed wound healing will be significantly higher if you continue to smoke.

Should I stop taking the contraceptive pill or HRT before my surgery?

Yes, women who take the oral contraceptive pill must stop taking it one month before the operation and use alternative contraceptive methods until after the operation. This will decrease your risk of blood clots following the surgery.

Could the operation be cancelled?

Yes, when you arrive at hospital before the surgery you will have a repeat chest x-ray, ECG, bloods taken and a urine specimen sent to ensure that you do not have an infection. The nurses will also check your temperature, heart rate and blood pressure. If any of these tests are abnormal the surgeon may cancel the operation until you are well again. Your recipient will undergo the same checks before surgery; they may also have an infection or some other reason why the surgery should not take place.

If the transplant team are involved in a cadaveric transplant for another patient this will take priority over a living donor transplant. Your operation date will be rescheduled.

What happens before surgery?

Once the date for the operation has been set, and it's time to go into hospital you should have made sure:

- Your employer knows that several weeks will be required away from work
- Friends and family know what is happening
- Children are being cared for
- Pets are being looked after
- The house is locked and electrical appliances switched off
- Transport to the hospital and on discharge has been arranged.

The following checklist can also help in preparing items to be taken into hospital.

- ✓ **Overnight toilet bag**
- ✓ **Dressing gown, slippers**
- ✓ **Any medication currently being taken**
- ✓ **Loose fitting underwear and clothing for after the operation**
- ✓ **Contact lenses and solution or glasses**
- ✓ **Books or magazines**
- ✓ **Small change for the telephone**

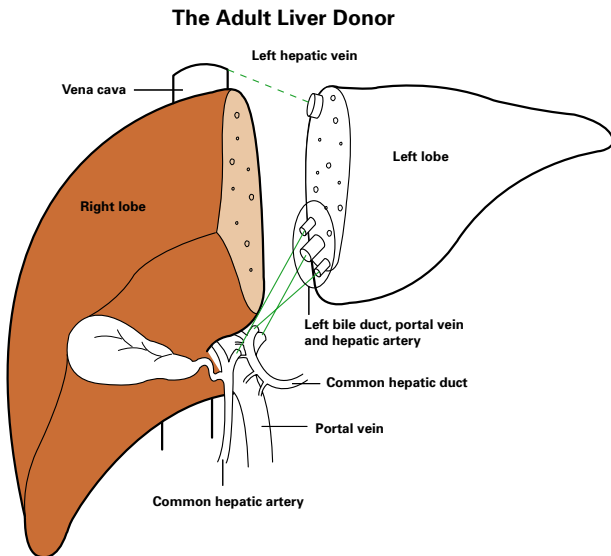
You will be admitted 2 days prior to surgery to ensure your bloods and blood pressure are normal and you are free from any infection. The operation will take approximately 6-8 hours.

- You will not have anything to eat or drink from midnight before the surgery.
- On the morning of your surgery you will be asked to shower and change into a theatre gown.
- The nurses will provide you with special stretch stockings for your legs.
- You will be asked to remove make-up; jewellery and nail polish. Your dentures and glasses can be removed in theatre.
- When you arrive at theatre you will be given medication into a drip on your hand to help you to relax.
- You will have a very fine small tube inserted to your back called an epidural to administer pain relieving local anaesthetic for during the operation and for 48 hours after the operation.
- Once you are asleep a breathing tube will be inserted into your throat, this will stay in place until you are fully awake.
- A fine tube may be inserted down your nose and into your stomach to reduce the chance of you feeling like vomiting.
- A catheter will be placed into your bladder to drain urine.
- A line will be placed into your neck to give you pain killers and fluids.
- After the operation you will have 1-2 drains in your abdomen to drain blood and bile. These may stay in for 4-5 days.

Donor liver surgery

Two separate teams consisting of two experienced consultant surgeons will carry out the operation simultaneously. The surgery begins with a careful examination of the internal abdominal structures; the surgeon may require further scans of the liver or bile ducts during surgery or a liver biopsy. He will expose the blood supply and bile ducts to the part of the liver that is going to be removed. Sometimes at this point, despite satisfactory pre-operative tests there is a pattern of blood vessels that would make the operation unusually risky for the donor or the recipient. In this situation we would not proceed with the operation.

How much of my liver will be removed?



In the donor the right lobe of the liver will be removed. Usually consisting of about 40-60% of the liver volume, this is dependent on the size of both the donor and the recipient. The liver is divided into a right lobe and a left lobe. The anatomical division between the lobes allows surgeons to divide the liver into two distinct parts, which can function independently of each other. During the surgery, the donor's gallbladder is also removed.

At this stage the right lobe from the donor is taken to the adjoining theatre where the recipient is having their operation to have their diseased liver removed. Both the donor and recipient require intensive care during the early postoperative phase.

What are the possible complications of the donor's operation?

As with any operation involving a general anaesthetic there are possible complications. While these complications are rare, the risk does exist and we will discuss them in more detail with you during the assessment. Generally **20% of donors will experience some form of complication**. This means there is a one in 5 chance that the donor will experience problems after the donation.

- **Death** – *the risks of death are very real and must be considered seriously. According to results reported from centres around the world the risk of death for the live liver donor is between 0.5 and 1% (about 1 in 200). This compares with a risk of death of 1 in 3,000 for living donor kidney transplantation, and a complication rate of about 1%.*
- **Bile leak** – *from the cut surface of the liver, mostly settles with non-operative treatment.*
- **Bleeding** – *the liver has a rich blood supply.*
- **Clots in legs or lungs** – *the same risk as with any other major abdominal surgery.*
- **Heart attack** – *you will be checked thoroughly prior to theatre for heart disease.*
- **Infection** – *at the wound site or pneumonia.*
- **Need for urgent liver transplant** – *If the remainder of your liver does not function properly you may require an urgent liver transplant to save your life. Every effort will be made during assessment that such an eventuality does not arise.*

Will I need a blood transfusion?

Blood transfusions during surgery are very unusual, although it may be necessary. We expect a third of donors may require a blood transfusion.

Will I have any pain after the surgery?

Yes, unfortunately, pain is expected after a major operation. We will give you analgesia (pain killers), initially in the form of an epidural. It is very important that you are able to move freely and carry out your physiotherapy therefore you must inform the nurses of your discomfort so the appropriate analgesia can be given. Most pain medication is broken down in the liver. Because of your significantly smaller volume of liver following the surgery we will monitor you carefully to make sure you are not given too much medication.

You will also be able to control your analgesia yourself in the form of a PCA (patient controlled analgesia); you will be given a button you can push to pump pain medicine into your drip. You can give yourself as much medicine as you need. The pump will be set by the anaesthetist to prevent you overdosing.

How soon will I be able to eat or drink following my surgery?

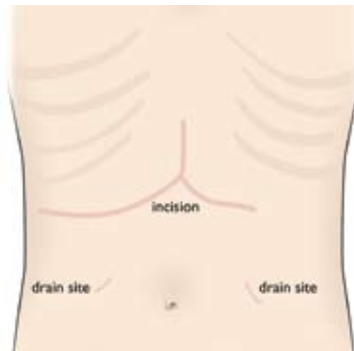
As soon as your bowels start to work again after the surgery, you will be able to drink and eat again. Once the surgeon allows you to start taking sips of water and you tolerate this it will gradually be built up to a normal diet within a few days of surgery.

Why is it important to cough and deep breathe?

Regular deep breathing exercises and effective cough are important for the first few days after surgery, to prevent a build up of secretions in your lungs, which can cause pneumonia. Early mobilization after your operation is also encouraged, to prevent complications.

How big will my scar be?

The incision is large, the same for the donor as the recipient, known as the “Mercedes” incision. This is just below your ribs. In most cases it heals quickly, leaving a fine scar, which fades in time, if a wound infection develops this may leave a more marked scar.



How long will I be in hospital?

You may be in hospital for 6-10 days depending on the speed of your recovery. Following the surgery you will be admitted to the intensive care unit (Ward 118) for 1-2 nights for observation. You will then be nursed in a high-dependency unit until your epidural has been removed, approximately 2-3 days after the surgery. The rest of your stay will be in ward 206 until the team feel you are well enough to go home this may be approximately 5 more days in the ward. You will be nursed in separate rooms from your recipient, allowing you to be able to concentrate on your own recovery.

Discharge from Hospital

Will I need any further follow-up after the operation?

Yes, We will ensure that you are discharged home safely and organise the support you may need. The multidisciplinary team that may include social worker, physiotherapist, and occupational therapist will arrange this with you. Following discharge from hospital you will be given an appointment to come back to clinic to meet with the transplant co-ordinator and the surgeon, the doctor will examine you and some bloods will be taken. If you have no problems you will be seen again in three months time where you will also undergo a scan to assess the size of your liver. We would then like to follow you up by offering you a clinic visit once a year to ensure you have no ongoing problem and assess if and how donating has affected you. This will be in the form of a clinic appointment with the surgeon and transplant co-ordinator. It will involve blood tests, monitoring of your blood pressure and a general health questionnaire.

Your GP will be provided with a comprehensive letter containing the results of all your investigations and details of the surgery. Your GP will be able to contact the unit at any time if they have any concerns.

How long will I have to stay off work?

This is dependent on your occupation. We do not recommend any heavy lifting until at least 6 weeks following the surgery and this may be longer if there have been any complications. Because people recover differently, with varying degrees of fatigue and pain, you may need as long as 8-12 weeks off work. We prefer that you be in a position – both financially and from a job security perspective – to be able to take 12 weeks off work, if you need to do so.

When can I restart my birth control pills or HRT?

We recommend you wait a minimum of 3 months after surgery. Women of child-bearing age must use appropriate birth control methods, as pregnancy should be avoided until a minimum of three months following surgery. You can discuss this with your surgeon at your 3 monthly clinic visit.

Sex

Donors should be able to resume their sexual relationships as soon as they feel comfortable. It may take a few months before normal activities can be undertaken, but this depends on the individual's recovery.

When will I be able to drive again?

You may return to driving from about 6 weeks after discharge from hospital, but it will depend on the speed of your recovery. The DVLA in Swansea have no hard and fast rules with regard to commencing driving. Car insurance should be checked, as the length of time after an operation that you are not insured to drive varies depending on your policy.

Can I drink alcohol after the surgery?

It is possible to take alcohol within the limits of the national guidelines. We do not condone excessive or binge drinking.

When will my liver return to its normal size?

Your liver should return to its normal size in about 12 weeks. What is left of your liver re-grows to fill the space of the part that was taken out. You will have a scan three months following surgery to determine the size of your liver.

Psychological effects of donation

You will be followed up long term to assess the physical and psychological effects the donation has had on you and the people close to you. This can be affected by the speed of your recovery, your recipient's recovery and any possible complications they may have had, also if the recipients liver disease has recurred or sadly if they have died.

After donation people can experience a wide range of emotions, some of which are unexpected and may be confusing. We would encourage any donor to discuss their feelings. It is part of our role to support you to make sense of your feelings and cope with them.

Practical Aspects

There are important financial issues associated with liver donation. This will include the cost of frequent visits to Edinburgh for clinic appointments and investigations before, during the assessment and following the operation. Also you will require time off work.

Whether or not a donor gets paid while off sick from work is dependent on his or her employer. Employers are not obliged to provide sick pay. It is sensible for the donor to discuss the whole issue with his or her employer early in the assessment process. Most employers understand, so this should not present a problem.

How will my benefits be affected?

It may be possible for the donor to claim social security benefit. Assuming the necessary contributions have been paid in the past, the Department of Work and Pensions will pay incapacity benefit if the donor can provide a medical certificate. If the donor is already receiving income support, the amount received may increase at this time. In these circumstances, the best approach initially would be to contact the local social services or the transplant unit social worker.

Can I recover my travelling expenses?

Although legislation forbids any form of payment as coercion to donation, it does allow reimbursement of legitimate expenses incurred by the donor. Personal expenses such as transport costs will be repaid in full on provision of receipts or in the case of mileage at an agreed rate such as the standard NHS rate.

Insurance

Potential donors should alert their insurance company to determine any effect that donating part of their liver might have on their life cover or other premiums. Insurance companies recognise that donors undergo a rigorous health check and usually do not alter their premiums as a result.

Where can my family stay?

If your family lives outside Edinburgh, it may be possible for them to stay in the hotel within the hospital. There is limited availability. The cost is £15 per night. No children under 14 years are permitted to stay. Please ask for information prior to your admission.

Spiritual and religious support

The hospital chaplains will be pleased to visit you during your stay in hospital. They offer confidential, non-judgemental support to all patients and their families. They are available to people of all faiths. Chaplains also provide a 24 hour on call service.

If a patient wishes to be visited by someone already known to them from their home community, a member of the Spiritual and Pastoral Care team will be glad to help make arrangements.

The sanctuary is situated on the ground floor and is a place of welcome and retreat. It is always open and available to you.

Further Information

www.sltu.org.uk

Liver Recipient Transplant Co-ordinator
The Scottish Liver Transplant Unit
Room S2420
Royal Infirmary of Edinburgh
Little France Crescent
Edinburgh
EH16 4SA

Transplant Co-ordinators: 0131 242 1721 (Monday to Friday)

Transplant Secretary: 0131 242 1719 (Monday to Friday)

Transplant Social Worker: 0131 242 7879

Ward 206, base B, The Royal Infirmary of Edinburgh: 0131 242 2069

Email: sltu@luht.scot.nhs.uk

Glossary

Altruistic – Acting on behalf of others, unselfish concerned about the welfare of others.

Anaemic – A deficiency of the red blood cells, which carry oxygen round the body.

Anti-rejection medication – Designed to prevent the immune system from rejection of a transplanted organ.

Bile – A yellowish green fluid produced in the liver, stored in the gallbladder, and passed through ducts into the small intestines, where it plays an essential role in digestion of fat in the food.

Cadaveric donor – A cadaveric donor is a person who has died and has expressed a wish to donate their organs for transplantation.

CT scan (computer tomography) – This test is done in the x-ray department with a large scanner. It produces black and white films that the radiologist uses to view your internal organs.

Hepatitis – Inflammation of the liver causing fever, jaundice, abdominal pain and weakness.

HIV (human immunodeficiency virus) – A virus disabling the immune system that causes AIDs.

Living donor – Somebody while still alive, who donates all or part of an organ or tissue for transplantation into a recipient.

Recipient – A person who receives an organ from another person (a donor).

Scottish Executive – The Scottish Executive is the devolved government for Scotland. It is responsible for health, education, justice, rural affairs, and transport.

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