Adult Living Donor Liver Transplant

Questions and Answers

An Information Booklet for Donors

Contents

Introduction

The Scottish Liver Transplant Unit (SLTU)

The Liver Transplant Unit in Edinburgh opened in November 1992; it is centrally funded by the Scottish Government 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 20 beds in the ward area. Patients are also nursed in the High Dependency Unit (Ward 215) and 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. The majority of liver transplants in some countries e.g. Korea and India are from live donors. This is now well-established in Europe and America. It is carried out in other UK centres but in much smaller numbers than deceased donation. 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 deceased donors. The number of patients being listed for liver transplantation exceeds the number of donors. As a consequence some patients die 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 deceased donor organ. Thus, living donor liver transplant may be an important alternative for many patients.

In living donor liver transplantation, a portion 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 a part can be removed and transplanted into a recipient. Both the remaining lobe in the donor and the transplanted lobe in the recipient has the potential to regenerate (grow). Liver regeneration happens over a short period.

Who can become a recipient of a living donor transplant?

Only some patients who are eligible for deceased donor 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. Patients who develop sudden (acute or fulminant) liver failure will not be considered for live donor liver transplantation. The recipient must consent (agree) to the living donation.

Who can become a donor?

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

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

Relationship

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.

Non-Directed Altruistic Donation

Non-directed altruistic donation (NDAD) - a person donates to a recipient on the transplant list whom they have never met or previously heard about. You should contact the transplant unit directly for information. You will be required to go through the same detailed assessment as all other donors.

Confidentiality

Donors may 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. All patients placed onto the waiting list are given a pack they can give to relatives or friends who want more information on becoming a donor. The pack will contain an information pack 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?

More than ten years have passed since the first successful adult to adult living donor transplant. Over that period there is increasing evidence from North America, Europe and Asia suggesting that patient survival following live donor liver transplant is comparable to survival following deceased donor liver transplant. In general, 1 year survival is approximately 90% whilst 5 year survival is approximately 70%. These figures are comparable to those for patients in the UK who receive a transplant from a deceased donor.

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

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

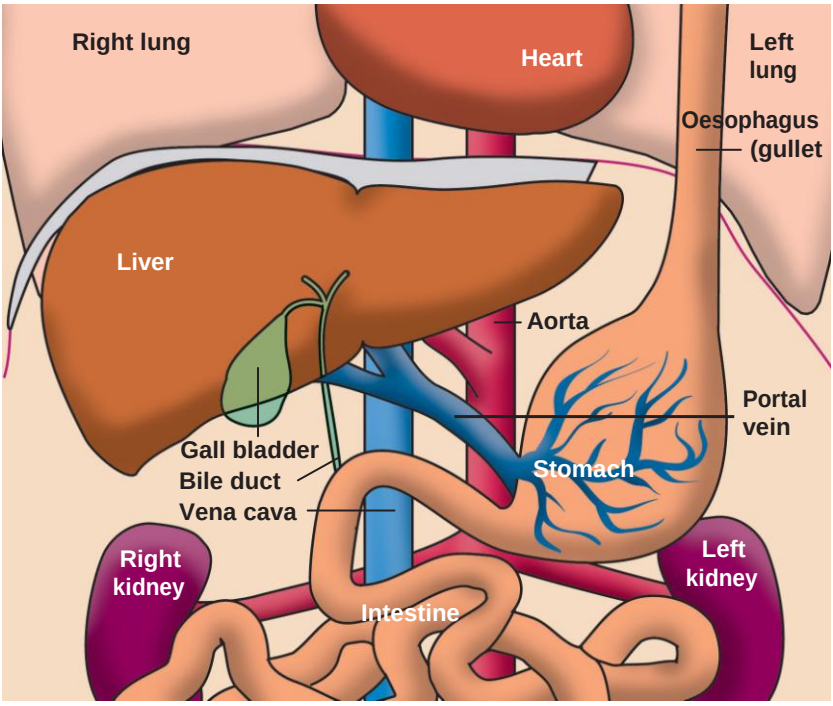
Will the recipient have less rejection if we are related?

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 deceased donor 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 deceased donor 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.

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 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. Secondly, it is essential that we make sure that your liver is normal and of adequate size. 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 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 be informed about living donor liver transplantation. You will then undergo a clinical examination by the surgeon and have **blood tests taken, undergo a chest x-ray, ECG, an abdominal ultrasound and perform some breathing tests.**

Once these results are available and you wish to continue with the assessment 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

After you have met the donor advocate team and they are agreed that you can proceed with the assessment process you will have further investigations. A CT and a MRI scan of your liver will be obtained. These scans are used by the surgeon to assess the size of your liver and whether there is any surgical reason why the operation could not take place.

A liver biopsy may be needed at this stage.

Stage three

When the results are available you and the recipient (along with a family member/friend each to provide support) will have a clinic appointment to **meet with the transplant coordinator and surgeons responsible for each operation.** At this appointment they will confirm that you, and your family, are fully aware of all the potential risks and wish to continue with the assessment. The risk of complications and death will be discussed with you. If you still wish to proceed then you and your recipient will be sent an appointment to meet with an **Independent Assessor (IA).** Following this if there are no reasons why the operation cannot proceed, a date will then be set for the operation.

	Meet surgeon	CXR	ECG	Blood Tests	PFT	BP, HR Temp Urinalysis	Scan	Pregnancy Test	Liver Biopsy	Meet DAT	MEET ANAESTHETIST	Meet IA
Stage one	✓	✓	✓	✓	✓	✓	USS	✓		✓		
Stage two							CT/MRI		✓		✓	
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
- check for viruses – including Hepatitis B, C, Cytomegalovirus (CMV) and the HIV virus.

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

✓ **ECG / echocardiogram**: 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**: A liver biopsy may be needed when it is felt necessary by the transplant team to confirm that your liver is healthy. The most common reason for a liver biopsy is when there is concern that the liver may contain more fat than would be safe for a transplant. A liver biopsy involves passing a needle from outside the body into the liver and removing a very small amount so that it can be examined under the microscope. 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 co-ordinator). 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 donors psychosocial circumstances.

Why do we have to meet with the Independent Assessor (IA)?

Legally, you must be assessed by an independent assessor on behalf of the Human Tissue Authority, who is completely separate from the medical team. This takes place at the end of the assessment process. The IA will meet with you and your recipient before the theatre date is set (together and separately). The IA will confirm the transplant team have followed all recommended procedures, their role involves:-

- ✓ **confirming your identity, and your relationship to the recipient**
- ✓ **confirming your understanding and acceptance of the risks/consequences of donating**
- ✓ **confirming there is no coercion or reward affecting your wishes to donate**
- ✓ **confirming you understand that you are entitled to withdraw your consent at any time before your operation**

You will be given an appointment to meet with the IA who will ask you to bring proof of identity. Both you and your recipient will be interviewed together and separately.

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 the assessment process has been successfully completed then 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 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 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 cannot 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 individuals from the transplant team who have been closely involved with the donor assessment process 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.**
Physiotherapist	**Will ensure you are aware of the importance of early physiotherapy following the operation.**
Independent Assessor	**Will meet with you and your recipient to ensure you wish to continue with the operation. Confirming identity and relationship**

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 as soon as you decide to become a possible live donor. 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 six weeks before the operation. This will decrease, but not eliminate, your risk of blood clots following the surgery. A pregnancy test will be undertaken on your first clinical appointment and the night prior to surgery. ***You should make an appointment with your GP to discuss alternative contraceptive methods.***

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 deceased donor 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 you will require several weeks away from work
- Friends and family know what is happening
- Children are being cared for
- Pets are being looked after
- 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**

✓ **Mobile phone /charger**

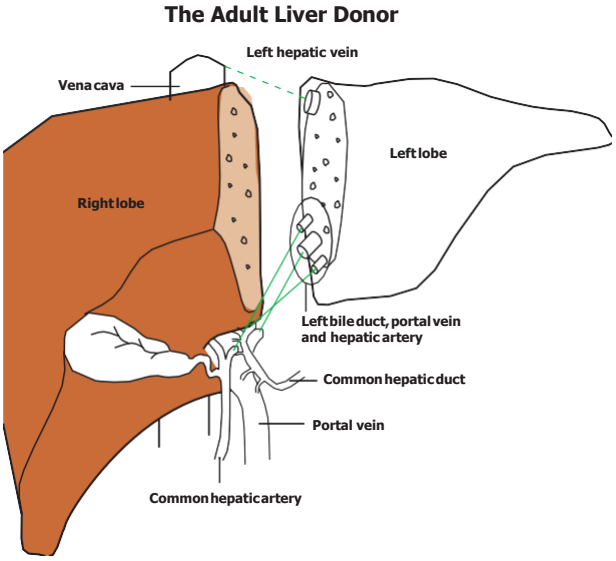
You will be admitted the day before to surgery to ensure your bloods and blood pressure are normal and you are free from any infection. The operation will take approximately 6-8 hours.

- 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 may have 1 or 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 both donor and recipient operations simultaneously. In the donor 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 most cases the right lobe of the liver will be removed from the live donor. The right lobe of the liver and is usually about 50-60% of the liver volume. 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. During the early post operative phase the recipient will be looked after in intensive care and the donor in the high dependency unit.

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%.*
- **Pain** – *this is the most common complication and may persist after the operation.*
- **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 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?

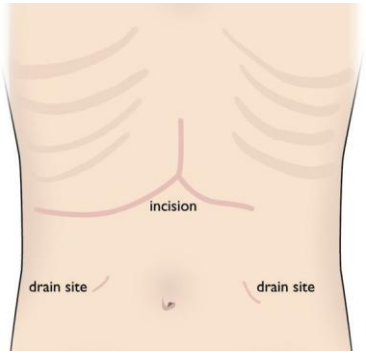
You will be able to drink and eat again very soon after surgery although the exact time will depend on the surgeon looking after you.

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 and is similar to that used for the recipient operation. A number of incisions can be used including the “J” incision and the “Mercedes-Benz” incision. The surgeon carrying out your operation will let you know what incision he is planning to use prior to surgery. 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 high dependency unit (Ward 215/216) or the intensive care unit (Ward 118) for 1-2 nights for observation. 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. 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. 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 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.

Sex

Donors should be able to resume their sexual relationships as soon as they feel comfortable. It may take a few months, 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.

Do I need to take medication when I go home?

You may require some simple pain killers for a few days when you return home. You will require take some medication to thin your blood (Dalteparin), this is given in the form of a small injection once a day for 4 weeks. You will be taught how to do this before you leave the ward. You will be given this medication on discharge along with some TED stockings to wear for 3 weeks. This is to prevent clots in your legs.

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 may 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. At any stage in the process we can introduce you to other people who have donated part of their liver and are happy to support other potential donors.

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. Before starting the assessment process it is important to make an appointment with your employer/social security office or Citizens Advice office. You can also make an appointment with the transplant 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. Information will be sent to you before your first clinic appointment. ***You must keep all receipts as no reimbursement can be made without them.***

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?

Information regarding local bed and breakfast or hotel accommodation can be provided by the social workers.

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.

Data protection

Information on how we use your data can be provided upon request.

Further Information

www.nhslothian.scot.nhs.uk/services/A-Z/scottishlivertransplantunit

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 1719/17 (Monday to Friday)

Transplant Social Worker: 0131 242 7879

Ward 206, base B, The Royal Infirmary of Edinburgh: 0131 242 2069/68

SLTU@nhslothian.scot.nhs.uk

Useful Links

www.livingdonationscotland.org

www.britishlivertrust.org.uk

www.nhslothian.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.

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

CT (computer tomography) and MRI (magnetic resonance imaging) scans – These tests are done in the x-ray department with large scanners. They produce 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 Government – The Scottish Government is the devolved government for Scotland. It is responsible for health, education, justice, rural affairs, and transport.

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