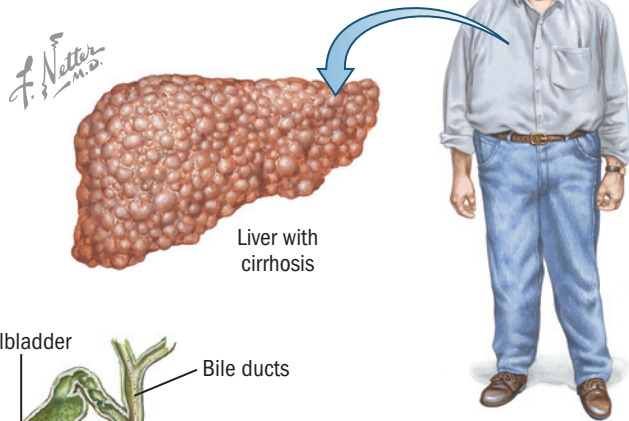
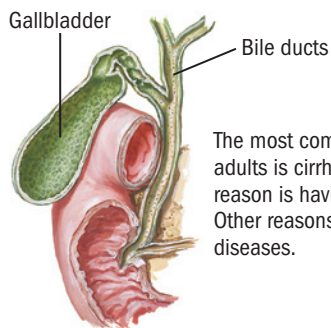


MANAGING YOUR LIVER TRANSPLANTATION

The liver is an organ in the upper abdomen. Liver transplantation is surgery to take out a diseased liver and replace it with a healthy one. It's used for ESLD, acute fulminant liver failure, and liver cancer.

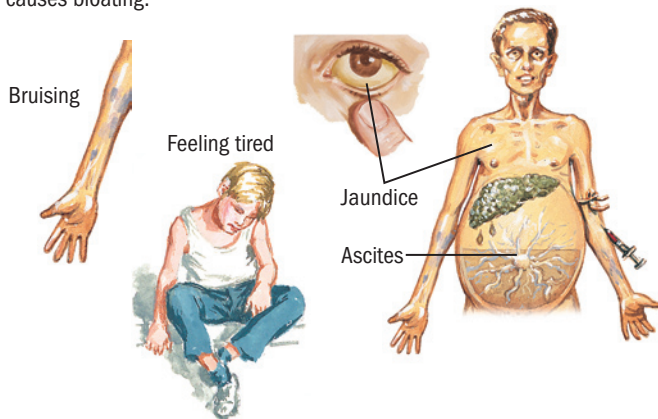


Liver with cirrhosis

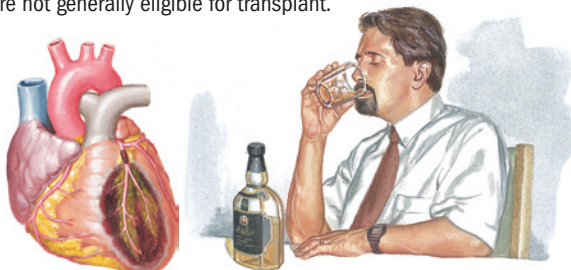


The most common reason for transplantation in adults is cirrhosis. In children, the most common reason is having missing or damaged bile ducts. Other reasons are liver cancer and hereditary diseases.

Symptoms are feeling tired or weak, nausea, weight loss, no appetite, easy bruising or bleeding, and jaundice. Fluid builds up in the abdomen and causes bloating.



More people need a transplant than there are livers available. UNOS handles selection. People with other cancers, persistent alcohol or illegal drug abuse, severe infection, or serious heart, lung, or nerve disease are not generally eligible for transplant.



What Is Liver Transplantation?

The liver is an important organ in the upper abdomen (belly). It helps fight infections and digest food, cleans the blood, and stores nutrients.

Liver transplantation is surgery to remove a diseased liver and replace it with a healthy one. It's used for end-stage liver disease (ESLD), acute fulminant liver failure, and unresectable hepatocellular carcinoma (liver cancer).

What Are the Reasons for Liver Transplantation?

The most common reason in adults is cirrhosis. Cirrhosis destroys healthy liver cells and scars the liver. Viruses (hepatitis B and C), alcohol, autoimmune liver diseases, buildup of fat in the liver, and hereditary liver diseases can cause cirrhosis. In children, the most common reason is missing or damaged bile ducts (tubes that take bile out of the liver). Blocked bile ducts cause cirrhosis. Other reasons are liver cancer and hereditary diseases.

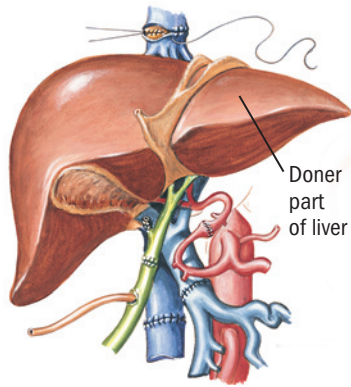
What Are the Symptoms of Liver Disease?

People feel tired or weak. They have nausea, weight loss, no appetite, and easy bruising or bleeding. Fluid builds up in the abdomen and causes bloating (ascites). Jaundice (yellow skin and eyes) may occur.

How Are People Chosen for Liver Transplantation?

Many more people need a transplant than there are livers available. The nonprofit organization called United Network for Organ Sharing (UNOS) handles selection. The MELD scoring system is used for most people to decide who gets a transplant.

Liver transplantation generally isn't done for people with other cancer; serious heart, lung, or nerve disease; persistent alcohol or illegal drug abuse; or severe infection.



Whole livers come from people who have died. Healthy living donors, usually family members, give part of their liver. The surgeon disconnects the diseased liver from bile ducts and blood vessels. The surgeon then puts in the healthy liver and reconnects it.

Return of the original disorder is the most common problem. Other complications include rejection and infections. Drugs can stop rejection.



See your doctor often and have regular blood tests to be sure that your new liver works well. Use medicines only if your doctors say you can. Tell your transplantation team about sickness, fever, nausea, vomiting, or diarrhea.



Don't drink alcohol. Don't go near sick people while recovering from your liver transplant.



Eat a balanced diet, get regular exercise, and take your prescribed medicines.



How Is Liver Transplantation Done?

Whole livers come from people who have died (cadaveric donor). Healthy living donors (usually family members) can also donate part of their liver. This can be done because the liver can regrow to normal size.

All livers are tested before surgery. Tests make sure that the liver is healthy, the right size, and that blood types match. The surgeon disconnects the diseased liver from bile ducts and blood vessels. The surgeon then puts in the healthy liver and reconnects it.

What Are Complications of Liver Transplantation?

Return of the original disorder is the most common problem. Other complications include rejection, which can result in nausea, pain, fever, and jaundice. Rejection occurs when the immune (infection-fighting) system attacks the new liver. Medicines (steroids, cyclosporine, tacrolimus) can stop rejection. A liver biopsy is often needed to confirm rejection. For a biopsy, the doctor takes a piece of liver to study with a microscope.

Hepatitis C and other infections may also hurt a new liver.

DOs and DON'Ts in Managing Liver Transplantation:

- ✓ **DO** see your doctor often and have regular blood tests to be sure that your new liver works well.
- ✓ **DO** use medicines, including over-the-counter ones, only if your doctor says you can.
- ✓ **DO** avoid sick people.
- ✓ **DO** eat a balanced diet, get regular exercise, and take your prescribed medicines.
- ✓ **DO** tell your transplantation team about sickness, fever, nausea, vomiting, or diarrhea.
- ⊗ **DON'T** drink alcohol, especially if it damaged your original liver.
- ⊗ **DON'T** get pregnant in the first year after transplantation. Talk to your transplant team about pregnancy after transplantation.

FROM THE DESK OF

NOTES

FOR MORE INFORMATION

Contact the following source:

• National Digestive Diseases Information Clearinghouse
E-mail: nddic@aerie.com

Website: <http://www.niddk.nih.gov/health/digest/nddic.htm>

• American College of Gastroenterology
Tel: (703) 820-7400

Website: <http://www.acg.gi.org>