

LIVER TRANSPLANTATION

At NYU Medical Center's Organ Transplant Center, we recognize that the thought of having a liver transplant is overwhelming to most patients. As you consider the possibility of surgery, please read this packet designed to help answer your questions about the transplant process.

Learning About The Liver

With an average weight of three pounds, the liver is the largest solid organ in the human body. It is located under your rib cage on the right side of your upper abdomen (belly) and is one of the most important organs in the body. It has many functions that are important in keeping you alive. It breaks down and stores nutrients including fats, proteins, carbohydrates, vitamins and minerals. It also helps remove waste products from the body, produces and removes products needed for clotting of blood, and aids in removing medications and harmful substances from the body.

Injury to the liver from viruses such as hepatitis, excessive alcohol consumption, nutritional deficiencies and other diseases can lead to chronic scarring or cirrhosis. In addition, these diseases can lead to acute (intense), sudden failure of the liver over a short time. The damaged liver cannot carry out its many functions causing even worse signs and symptoms of liver failure to appear. You have been referred here for a liver transplant evaluation because your physician has recognized these signs of liver failure and a transplant may be your most advantageous option.

Liver Transplantation

The purpose of a liver transplant is to offer you the chance to lead a normal, healthy and active life. To accomplish this goal, your diseased and failing liver is replaced with a healthy one. There are two ways that a liver can be obtained: from a deceased donor or from a living donor. In deceased donor liver transplantation, an organ becomes available from someone who has been declared brain dead and whose family has consented to donate the liver for transplant. Living donor transplantation, in contrast, consists of someone you know donating a piece of their liver to you. Written information about living donation is available from your transplant coordinator.

The success rate of a liver transplant at NYU Medical Center is about 90%. That means that 90% of the patients that receive a transplant here are alive and well one year after the surgery.

During the surgery, your liver is completely removed and replaced with the donated one. The length of your hospital stay will depend on many factors including how sick you are just prior to transplant and how well the liver functions immediately after surgery. You will be hospitalized on the Transplant Unit where you will be followed by a specialized team of physicians, nurse practitioners, nurses and other professionals, all of whom are experienced in caring for transplant patients.

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In order to have a successful liver transplant, you will need to play an important part in the process. This includes actively learning about all aspects of your transplant care and carefully following all recommendations made in regards to scheduling appointments, taking prescribed medications, and having testing done as needed.

If you receive a transplant for a virus such as hepatitis B or hepatitis C, it is important to remember that you will not be cured of the virus. It continues to live inside your body and can cause recurrent disease in your new liver. You will be closely monitored by the Transplant Team for that possibility and will be treated with medication accordingly in order to limit damage to your transplanted liver.

Hepatoma

No matter what the cause, patients with chronic liver disease are at risk of developing tumors in their liver called hepatocellular carcinomas or hepatomas. As long as these tumors are not too large or too numerous, and have not spread outside of the liver itself, this particular type of tumor can be treated and potentially cured by a liver transplant. Extra testing and close monitoring will be necessary for these patients. Treatment to slow the growth of the tumors may be needed prior to transplant.