NHS
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Information for Potential Living Liver Donors

Liver Transplant BIRMINGHAM

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This leaflet provides information to potential donor about the Live Donor Liver Transplant Service at University Hospital Birmingham (UHB) and Birmingham Children's Hospital (BCH).

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Introduction

A relative, a child, a loved one or a close friend of yours needs a liver transplant. This either means they have severe liver disease, cancer affecting the liver, or a significant genetic problem affecting the liver.

In the United Kingdom, most transplantable organs come from deceased donors – i.e. from someone who has died and donated their organs. However, the demand for liver transplantation far outstrips the availability of deceased donor organs. This means that patients requiring a liver transplant must wait for a suitable donor organ to become available. 15 out of every 100 people waiting for a liver transplant die before having the opportunity for this life saving intervention.

Transplantable segments of healthy liver can be acquired from healthy people – living donors. A part of a healthy individual's liver can be implanted into a person who needs it. This is possible because livers are much larger than we need them to be – therefore they have a lot of "reserve." Moreover, healthy livers can regenerate within weeks when part of it is removed. This mode of liver transplantation is extremely common in parts of the world where systems for deceased donor transplantation are difficult to set up. Many countries around the world, including the UK, having been performing live donor liver transplantation (LDLT) for over 20 years with good long-term excellent outcomes for the recipient.

The opportunities afforded by live donor liver transplantation

LDLT increases the pool of donor organs – thereby increasing opportunity for recipients. It also allows a degree of predictability and perceived certainty that is not available when a recipient is waiting for a deceased donor. One of the primary advantages to the recipient is timeliness: a necessary transplant can take place at a specific time before the recipient's health deteriorates. Moreover, organs donated from healthy living people are of a high-quality owing to the tests the donor must go through before donating. Finally, the process provides

the donor a unique opportunity to restore good health to close relative, loved one or friend in a timely fashion. The altruistic act of donation is undoubtedly noble and rewarding for the donor.

However, these perceived advantages need to be balanced against the knowledge that the donor, a healthy person, is undergoing major surgery and enduring the associated risks. This includes a small but real risk of death for 1 in 200 people who donate the larger right portion of the liver, and 1 in 500 people who donate the smaller left portion of the liver. We will delve more in to the considerations for the donor later in the booklet.

Donor safety is paramount and the primary concern of the donor assessment and advocacy team. The team will not allow a donation to proceed if they foresee a significant perceived risk to the donor, whether the risk be physical, mental, psychosocial, or otherwise.

Therefore, one must be mindful that less than 1 in 5 prospective live donors are deemed suitable, and not all prospective recipients will be suitable to receive a live donor.

What does live donor liver transplantation involve?

Live donor liver transplantation requires a healthy person to volunteer to donate a part of their liver to be transplanted to someone in need.

A volunteer must choose to make this decision entirely of their own volition. To do so, they must be fully informed of the potential gains and consequences of the decision. It must be a choice that you, as a potential donor, are comfortable with.

It is also important to remember that even if you do volunteer, **you can change your mind at any point in the process – right up to the time of surgery.**

We have designed this booklet to help you understand and consider the following:

- The living donor assessment process
- The living donor operation itself
- The long-term outcome of donor liver surgery

We have included an exhaustive list of FAQs at the end of this booklet. We would encourage you to read through them all, as they will cover many of the thoughts and questions you may have, but also prompt you to relevant considerations that you may not have contemplated. You are more than welcome to seek advice on any points that need further clarification through the Live Donor Coordinator (LDC) whose contact details are at the end of this booklet.

It is an addition to the Patient Information Sheets provided by MHS Blood and Transplant "Could I be a living liver donor?" and the NICE guidance for patients "Living-donor liver transplantation" that will be provided for you.

As you read through this booklet you must be clear that:

- Your relative or friend must agree to receive a live donation
- Undergoing the assessment as a donor, does not commit you to becoming a donor. You can stop the process at any point, right up to the time of surgery
- You as the potential donor and your family must be certain that you are not being pressurised into becoming a donor by any member of the donor team or anybody else, including the patient. If any doubt, arises over this at any point of the assessment process then the donor process must stop
- **The donor's health and safety are our primary concern,** and it is important to be aware from the start that, even if you want to be a donor, not everyone is suitable, and you may be unable to donate. If the assessing team do not think it is suitable for the donation to proceed, they will stop the process. They will, of course, explain the reasons why and provide avenues for appropriate support and follow-up

- Your relative, child or close friend will already be on the liver transplant waiting list for a deceased donor liver. Therefore, they are not dependent on you for a liver transplant. If no suitable live donor is found, they will remain on the national waiting list for a deceased donor. It is important to remember the whole living donor assessment can take many weeks or months to complete, particularly if any unsuspected abnormalities are discovered which require further tests. Throughout the living donor process, the recipient will not lose their place on the deceased waiting list and a deceased donor organ may become available earlier than expected, avoiding the need for live donation

Who can donate?

The donor is often a close family member or a close friend (directed live donation). Very occasionally, potential donors may come forward who do not necessarily have a clear emotional or familial bond with you. They may choose to donate openly to any suitable person on the transplant waiting list (non-directed altruistic donation), or specifically may choose to donate to you (directed altruistic donation). Altruistic donation requires a more intense donor assessment process than directed live donation.

Please call the LDC if you require any further information as not all transplant centres offer this alternative.

Individuals who would like to be considered as potential live donors must be above the age of legal consent (18 years). There is no fixed upper age limit but donors above the age of 50 years will only be considered if they are exceptionally fit and well.

Individuals must be in excellent physical and emotional health. You will be a given a medical health questionnaire, that contains several questions about your health now and your past medical history. We will also send questionnaire to your GP to see whether you have any contraindications to donation. This could include health issues such as

diabetes, cancer, hypertension, recent pregnancy, thyroid disorders, high cholesterol and transmittable infectious diseases, any significant medical problems that may exclude you from further evaluation.

A donor must be blood group compatible with the recipient; the first blood test you will have will identify your blood group. This test may well be requested through your GP, or your GP may have this information already.

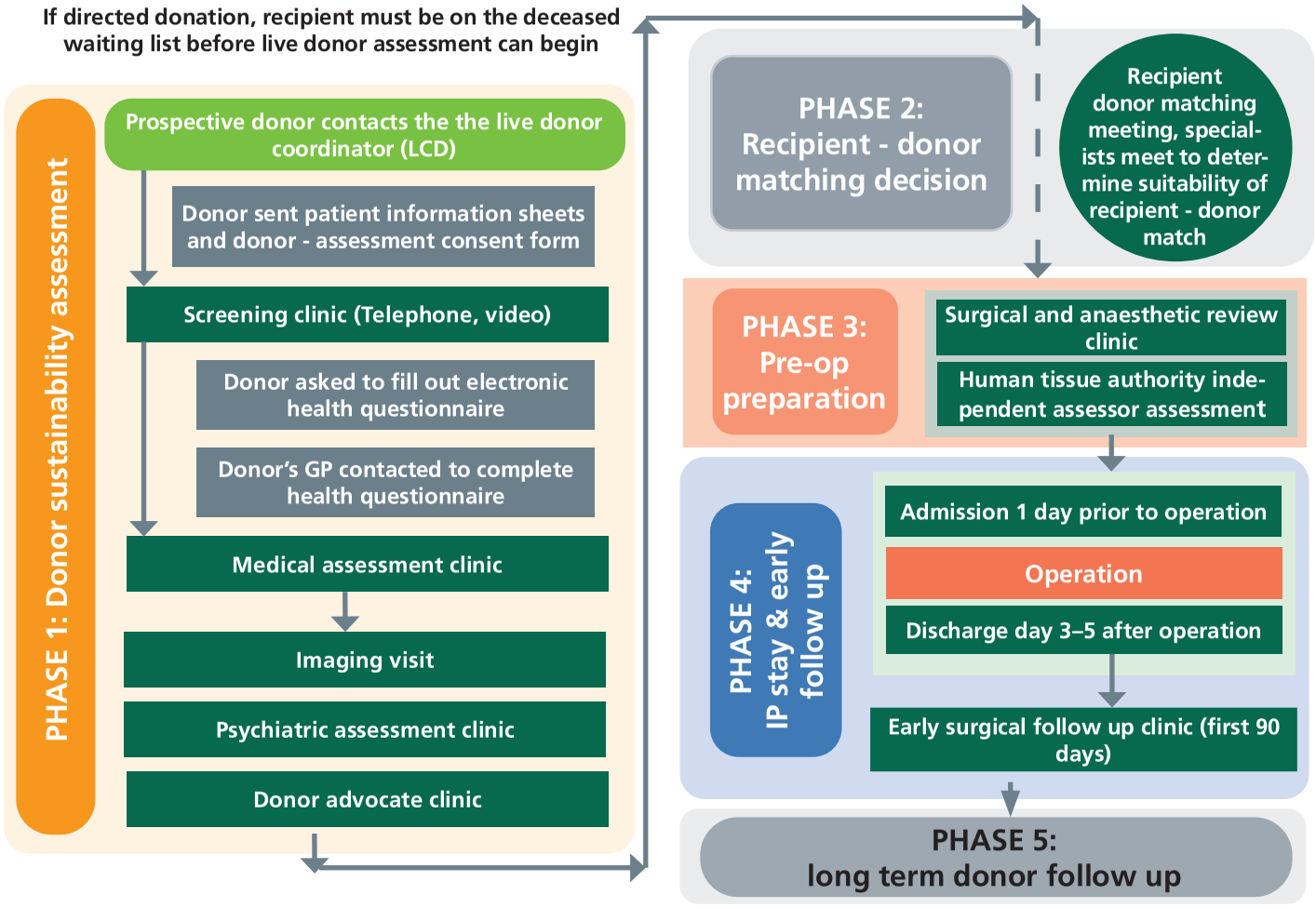
The living donor assessment process

The live donor pathway involves five stages.

- The first stage focuses on evaluating a volunteer's suitability to donate.
- The second stage is a decision-making stage for the assessing team
- The third stage is the pre-operative preparation phase, and usually marks the final 2–3 weeks before surgery.
- The fourth stage describes a donor's in-patient stay for surgery, and the early post-operative follow up with the surgical team

The fifth stage is longer term follow up for the donor which will in most cases be low intensity and infrequent (likely annual).

If directed donation, recipient must be on the deceased waiting list before live donor assessment can begin



Phase 1

After contacting the LDC, you will be sent some patient information (this document) and patient guidance from NHS Blood and Transplantation and NICE. You will also be sent a consent form to declare that you understand potential implications of starting the donor assessment process.

Once you have confirmed that you are willing to proceed, you will be invited to a **screening clinic** consultation with the LDC, which may be over the phone, or via video link. It will give you an opportunity to get to know your primary point of contact through the process and allow the LDC to get to know you too.

Following this you and your GP will be asked to complete and return a health questionnaire; this is to see whether you have any obvious contraindications to donation. This will be reviewed by the LDC before a decision is made on your suitability of proceeding to face-to-face consultations.

The first face-to-face consultation will be with the LDC and Consultant Hepatologist (medical liver specialist) in the **medical assessment clinic**. This meeting will give you an opportunity to meet members of the donor assessment team, discuss the content of this leaflet and talk about any concerns you may have. It will also give us an opportunity to get to know you in more detail. This will involve an in-depth medical consultation, physical assessment, blood and urine tests, and a specialised assessment of the health of your liver with an ultrasound probe (liver elastography), whereby we measure the stiffness and fat content of your liver. We will discuss your motivations to donate part of your liver, how this may impact your life in the short, medium, and longer term. A lot of information is covered at this meeting, and it can be overwhelming, so it is advisable that you bring a family member or friend with you.

Please remember, as you gain more knowledge about the process and what it involves, you may change your mind and withdraw consent to proceed at any time without any further explanation.

The blood tests will be taken at this stage, include an evaluation of how your liver and other parts of your body are functioning. We will also check for viruses that can be transmitted between the donor and recipient, including transmissible hepatitis viruses and HIV. You will be required to provide consent for these tests to be carried out, and you will be offered appropriate counselling if any of the tests come back with a positive result.

The blood tests may unearth unexpected findings including information about the biological relationship between you and blood-related family members. You will be required to let us know before we start the assessment process of whether you wish to be informed of a non-genetic relationship.

Very rarely, as part of the assessment process, we may find a previously undiagnosed illness: in this case you will be referred to an appropriate specialist.

If you are a woman of childbearing age, we will give you advice about what contraception is safe to use as a potential live organ donor.
If you smoke or drink alcohol, you will be given clear instructions on the safety of continuing to do so as a potential live donor.

Provided there are no disqualifying concerns raised about your candidacy to be a donor at this stage, you will be invited for three further visits to complete your assessment. These include an imaging visit, a psychiatric assessment clinic, and following those, you will be invited for a donor advocate clinic visit.

The **imaging visit** will include a chest radiograph (X-ray scan), a computer tomography of your abdomen (CT scan) and magnetic

resonance imaging of your liver (MRI scan). We will also an electrocardiogram (ECG) tracing of your heart, and an echocardiogram of your heart. Extra specialist tests may be required, depending on your initial medical assessments – we will explain these to you as and when they become relevant considerations.

The **psychosocial assessment clinic** will be with specialised psychiatric nurses who will delve deeper in to your motivations to donate, your psychological state, and whether there are any personality or psychiatric concerns that may affect your suitability to donate. They will also explore your family support and ensure you understand the process and have not been pressured or coerced into donating. The psychiatrist will help you consider the impact of becoming a donor on you and your relationship with your family. They will also help you to explore issues about unfavourable outcomes of surgery. It is important that all prospective donors understand that the long-term success of a transplant operation can never be guaranteed. This assessment may also include a **social worker assessment** if deemed appropriate and helpful.

Provided all is well with the above visits, you will be invited to meet an independent **donor advocate**. This will be a medical professional who is removed from the transplantation process and will provide an unbiased review of your case. The advocate will discuss aspects you will have already covered in prior consultations, to confirm your suitability to proceed and that you understand the implications of your choices.

Phase 2

Reports from the above assessment clinics will be collated and discussed at a multi-disciplinary team meeting. Everyone's perspective will be heard, and all your investigation results will be reviewed. At the end of this meeting, the donor assessment team will decide whether the process can continue, whether further tests are required, or whether you are unsuitable to be a donor.

If you are deemed unsuitable, (at any point in the process) you will

be invited to discuss this with the LDC and other members of the team if appropriate. Support services and specialised follow up will be provided, as necessary.

If you are deemed a suitable donor, you will be informed, and preparations for surgery will begin, including assigning a proposed date surgery. You will be sent documents in preparation for your consultation with the Human Tissue Authority Independent Assessor. Their job is to ensure that the donor is not forced to do something against their wishes, to ensure no reward has been sought or offered and to ensure that the donor has the capacity to make an informed decision.

You will not have to attend any appointments through phase 2.

Phase 3

In phase 3 we will invite you to **surgical and anaesthetic review clinic**. This will afford you the opportunity to ask the surgeon and anaesthetist any questions you may have about the detail of the proposed operation, and what your recovery may involve including provisions for pain control after your operation. They will confirm your suitability to proceed and discuss the potential complications of surgery in some detail with you. You will be required to sign a surgical consent form as part of this process.

You will also meet with the **Human Tissue Authority Independent Assessor**. As stated above, the role of the Independent Assessor is to ensure the donation is legal and conforms to the framework laid out in The Human Tissue Act of 2004. All donors and organ recipients are required to see an Independent Assessor who is trained and accredited by the Human Tissue Authority. The Independent Assessor interviews the donor and the recipient both separately and together and is independent of the healthcare teams who are involved with the medical parts of the process. Donors and recipients will be asked to bring along proof of their identity and proof of their relationship. Details of what to bring will be provided prior to your assessment.

Phase 4

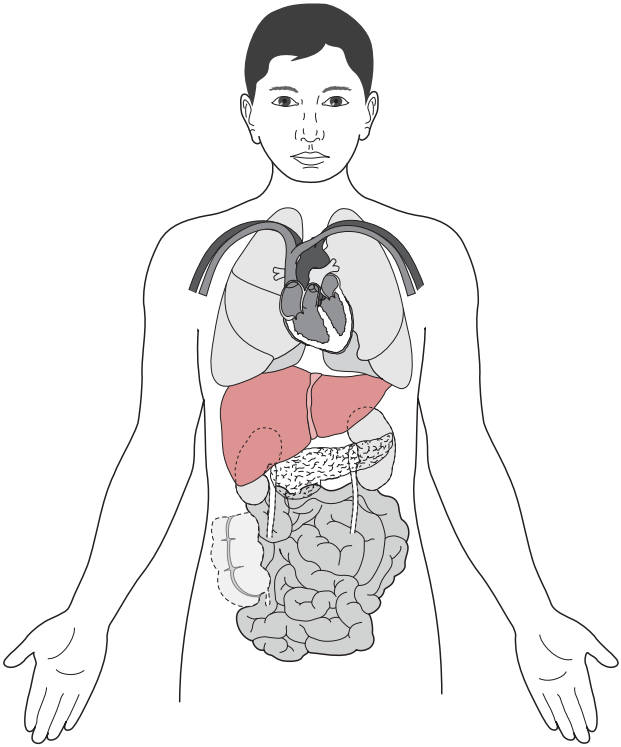
Your stay in the hospital will involve arriving the day before (or sometimes the morning of) the operation. It is likely that you will be discharged a few of days after your operation, and subsequently followed up in liver surgical clinic in the short term whilst you heal from your wound.

The living donor operation

The surgeon performing the operation will explain the procedure to you in detail; however, the basic outline of the procedure is defined below:

The liver is the largest organ in the body. It is located in the upper right side of the abdomen (from the waist, up and sheltered by the lower ribs and across to below the heart).

A team of surgeons, led by the Donor Consultant surgeon will undertake your operation after general anaesthesia is established.



The surgeons will make a wound (incision) from the bottom of the sternum to the umbilicus, sometimes this is extended to the right of the umbilicus.

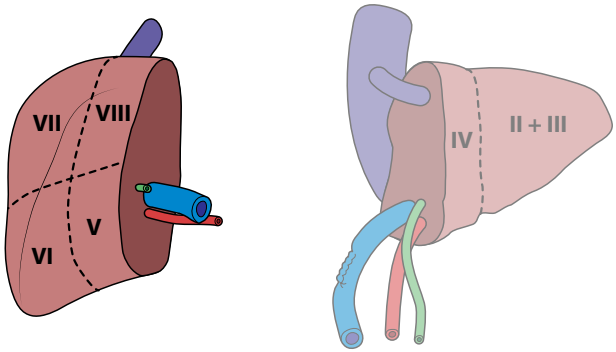
The removal of the donor liver can take up to 3 to 4 hours. It is possible to split the liver in different ways; the type of surgery depends upon whether the transplant recipient is an adult or child.

The blood vessels into and out of the liver, as well as the bile ducts will be carefully divided based on pre-operative planning. The part of the liver that will be donated is removed, and the remnant liver repaired in your body.

Right Hemihepatectomy (Right Liver Lobe)

The donor operation that removes segment 5,6,7 and 8 of the liver is known as a right hemihepatectomy, this operation removes approx. 60% to 70% of the entire liver. This is most common type of live donor hepatectomy in adult-to-adult live liver transplantation.

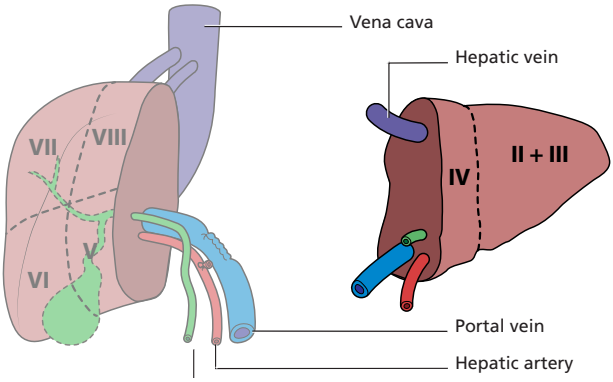
Right Lobe Donation



Left Hemihepatectomy

The donor operation that removes segments 2, 3 and 4 of the liver is known as the left hemihepatectomy, this operation removes approx. 40% of the entire liver. This type of donor operation is usually carried out when an adult donates to a child or an adult with a large liver donates to an adult.

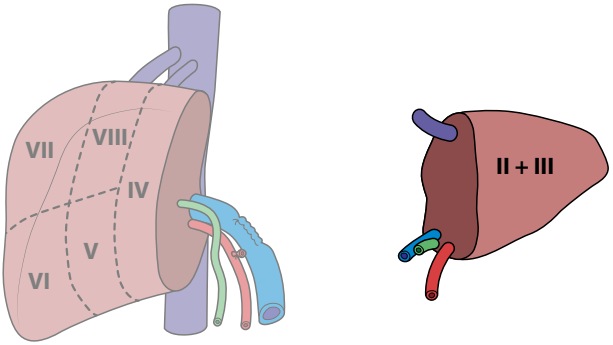
Left Lobe Donation



Left Lateral Sectionectomy

The donor operation that removes segments 2 and 3 of the liver is known as a left lateral sectionectomy. This operation removes approx. 20% of the entire liver. This type of donor operation is usually carried out when an adult donates to a small child.

Left Lateral Segment Donation



The donated segment of your liver is then transplanted into the recipient. This can also take around 3 to 4 hours.

Post-op care

You will be taken to intensive care in the hours following your operation. You will be attached to several monitoring devices, and you will have a plastic drain tube coming out of your abdomen. This is standard procedure, and the drain will only be in temporarily. You will be offered pain control and will be expertly looked after by a specialist liver intensive care nurse. You will be able to eat and drink as soon as you are awake and feel comfortable. Provided you are stable over the following hours, you will be transferred to the specialist liver surgical ward to continue your post-operative care and monitoring.

Some people may develop mild jaundice after surgery which normally resolves without any treatment. Occasionally this may persist, and an ultrasound scan and other tests will be done to rule out any complications.

Most donors are discharged from hospital between 7–10 days post-operatively. You will be followed up by the Liver Surgical Team with a telephone appointment after two weeks and a face-to-face clinic visit six weeks after being discharged. You will also be provided with an out of hours contact number should you feel unwell or be concerned about anything.

Phase 5

Phase 5 is long term follow up. By this point you would have already returned to normal life. Your abdominal scar will fade over time. A small number of donors may suffer long term scar pain which we can try to control with medication. We will be invested in your long-term wellbeing, so will continue to offer follow up annually. These consultations will likely be over the phone or via video consultation. We will cover not only your medical health, but also explore wider aspects of your wellbeing and health, to understand how the donation has impacted on your life from a wider perspective.

What next?

If you have any questions after reading this information leaflet or if you have read and understood the contents of this information leaflet and discussed it with your recipient and want to proceed further, you can:

- Fill out the health questionnaire and return it to the LDC. You can request a health questionnaire by using the contact details below
- You can get your blood group checked with your GP or contact the LDC to arrange
- Contact the Live Liver Donor Coordinator

Contact details

Liver Donor Coordinator
Telephone: **0121 371 4530**
Email: **liveliverdonor@uhb.nhs.uk**

Frequently asked questions (FAQs)

FAQs: General

Will the recipient be removed from the regular transplant waiting list if a potential donor is being assessed for possible donation?

No, the recipient will remain on the deceased donor waiting list while a potential donor is being assessed; the recipient will be removed from the list once he/she has been transplanted.

May I get my assessment done by my own doctor?

No, it is very important that the doctors at the Liver Unit, Queen Elizabeth Hospital carry out all the investigations and discussions with you as this process is so specialized.

What is the purpose of the assessment process?

The purpose of the assessment is to ensure that the potential donor is fit enough to donate part of their liver, that they are fully educated and informed.

Should the chances of success or failure of the transplant affect my decision to donate?

You are volunteering to donate part of your liver to save another person's life. Before you make this gift, it is important that you are aware that there is no guarantee that your sacrifice will save your recipient's life.

We will be discussing with you what outcome for the recipient we would expect and what possible additional complications, if any, may be associated with the recipient's particular disease.

Is the information shared by the donor with the Live team confidential?

Yes, any information between the donor and the live donor team is confidential and will not be passed onto the recipient.

FAQs: Assessment of the potential donor – directed donation

What is the first step I should take?

One of the most important steps when considering live donation is to talk to the recipient or the parent of the paediatric recipient, to find out whether they would consider you as a potential live donor.

What should I do next?

As you are reading this you may have been sent: NICE and NHSBT patient information sheets.

If you have not received these documents, please contact the LDC and they will send this information out to you.

When you visit your GP to discuss live donation it is essential that you have your blood group checked to ascertain that you have a compatible blood group.

Do I need to remain nil by mouth before my investigations?

For some investigations you will need to be nil by mouth, but you will be informed in plenty of time about this if it is needed.

How quickly will I know if I can be a donor?

The length of the assessment will vary. It is necessary to ensure that before the surgical procedure the live donor team are satisfied that you are medically fit, that you and your next of kin have a full understanding of the procedure and potential risks, you are offering to donate for the right reasons and that you also wish to continue. This process can take up to 12 weeks.

Can I change my mind?

You can change your mind at any time up to the date of surgery, the reason for changing your mind would be kept confidential and only the live donor team will be aware of it.

The live donor team can also stop the assessment process at any stage, and you would be given a full explanation for this.

FAQs: The operation

Once the transplant is scheduled, will it definitely happen?

Unforeseen circumstances may require planned surgeries to be cancelled.

Do I need any special preparation prior to surgery?

A brief medical history will be taken to exclude active infections and identify any new problems. You will also have a physical examination and routine observations taken of temperature, pulse rate, blood pressure, weight, and a blood sample for blood cross matching. For females, a routine pregnancy test will also be performed. You will then be kept nil by mouth for 6 hours prior to surgery.

Should I stop smoking before my surgery?

It is advised to give up smoking at least two months prior to surgery: active smokers are often not suitable candidates as donors.

Should I stop drinking alcohol?

It is advised to stop taking alcohol for two months prior to surgery.

Should I stop taking my medication (s) including the oral contraceptive and HRT before the surgery?

It is advised to stop taking the oral contraceptive pill, any HRT at least two months prior to surgery; however, this should be discussed with the doctors beforehand.

Do I need any special diet before surgery?

You do not need any special diet prior to surgery.

How much time passes between removing the piece of liver from the donor and transplanting it into the recipient?

In most cases this will be within a few hours.

Will I require a blood transfusion during my operation and stay?
You may require a blood transfusion during this surgery.

Will my gallbladder be removed?
Your gallbladder may need to be removed, and this will be discussed with you during your surgical assessment. The gall bladder is not needed for your normal function. However, some people who have their gall bladder removed have periods of diarrhoea and cramping.

FAQs: Recovery after surgery
Where will the donor go after surgery?
The donor will also go back to Critical Care Area at Queen Elizabeth Hospital Birmingham after the procedure.

How long before my liver grows back to normal size?
The liver will start to re-grow (regenerate) in the first few weeks, but it may take several months for your liver to grow back to its normal size. It will be expected to function normally by the time you are discharged from hospital.

How big is the scar?
The cut is quite a large cut under the rib cage on the right side but also extended well over to the left side of the abdomen. This scarring will fade over time but will always be visible. A small proportion of donors may suffer long term scar related pain.

Will I have much pain after the surgery?
Pain is to be expected after this type of procedure. We will do everything we can to reduce your pain. There are several forms of pain relief we can offer e.g., epidural, patient-controlled analgesia. The anaesthetist will discuss this with you before surgery. How much pain you will get will vary between individuals and your pain thresh hold. Members of our pain control team will come to see you to assess your pain, the doctors will ensure you are prescribed pain killers.

Will pain medication be administered by injection or orally after the surgery?

Initially pain medication will be given either via an epidural or intra-venously once it is controlling your pain and you are comfortable; you will then be able to take oral pain killers.

Will I have any tubes or drains in me after the surgery?

You will also have a surgical drain called a stab drain which will be inserted on the right side of your abdomen at the end of the surgery. You will have a urinary catheter in to monitor your urine output and an arterial line which will be in your right or left artery at your wrist. This will mean the nurses can monitor your condition and take blood.

How long will I be in hospital?

You will remain in hospital until the doctors feel you are ready for discharge; this may be 5–10 days. Unexpected complications could delay your discharge.

Will I be in the same room as my recipient after the surgery?

Both you and your recipient will go to Critical Care after your surgery. For adults donating their liver to a child the adult surgery is done at the Queen Elizabeth Hospital and the child is transplanted at Birmingham Children's Hospital. This means that you will be cared for at different hospitals and not together.

If an adult is donating to another adult, you will both go back to Critical Care after the surgery but not necessarily be in beds next to each other. The same will apply on the ward area.

How soon will I be able to eat and drink after my surgery?

Normally the donor will be drinking within 24 hours and eating within 48 hours. You should be able to start eating and drinking as soon as you are awake and comfortable.

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

Live donation is not without potential risks. These include:

Biliary complications

Biliary leaks and strictures (narrowing) have about a 5%–14% risk when an adult is donating part of their liver to a child. This is about 22% when an adult is donating part of their liver to another adult. If a bile leak develops it may be necessary for the radiologists to insert a tube into the bile ducts this is done in the radiology department. This tube is passed through the surface of the skin. Narrowing of the bile ducts can also occur after this type of surgery. This may be corrected by an Endoscopic Retrograde Cholangiogram (and pancreatography) (ERCP) or percutaneous transhepatic biliary drainage (PTBD).

An ERCP is where an endoscope (a narrow tube with a camera a working channel at the end) is passed down the oesophagus, stomach, and duodenum. Once the biliary tree has been reached, treatment of the narrowing can be given.

A PTBD involved a drain being inserted into the bile ducts through the skin, so as to allow any treatments necessary.

Bleeding

Post-operative bleeding is a potential risk post-surgery. An abdominal drain will be placed on the right side of your wound which we would plan to remove after 48hours. You will be monitored very closely in ITU for signs of bleeding, treatment may require a blood transfusion or in some rare cases a return to theatre.

Infections

These can develop in the wound, lungs (pneumonia) or urine. A wound infection may require the wound to be re-opened, but any infection may need to be treated with antibiotics.

Deep Vein Thrombosis/ Pulmonary Embolus

Patients who have abdominal surgery are at risk of clots in their legs. These blood clots can break free and move through the heart and into the lungs. In the lungs, the clot may cause a serious problem called pulmonary embolus. We can minimise the risk by asking you to you to wear some tight stockings called TEDs for your surgery and the following days and we will give you daily injections of blood thinners whilst you are in hospital.

Portal Vein Thrombosis/Hepatic Artery Thrombosis

In very rare cases one or both main blood vessels supplying the remaining donor liver can clot and under these circumstances it is possible that the donors remaining liver will fail.

Small Bowel Obstruction

Any patient who has abdominal surgery will have scarring of the abdomen. This scarring may cause an obstruction of the bowels. An operation may be needed to fix this problem. Hernias can also cause bowel obstruction (see below).

Hernias

A hernia is a weakness in the muscles of the abdominal wall. If a hernia develops an operation may be needed to correct this. Late hernias can also develop through the diaphragm muscle. This is rare, and may present with abdominal pain, vomiting, an inability to pass stool or gas, or chest pain.

Liver failure and Transplantation

The liver that remains in the donor will grow back over a few weeks. A person who has a piece of their liver removed, can develop liver failure. In rare cases this could lead to the donor requiring to be put onto the liver transplant waiting for a liver transplant.

Death

There is also a small risk of death following a live liver donation. The rates quoted are based on international data. It is estimated that 1 in 200 people who donate the right (larger) portion of the liver, or 1 in 500 people who donate the left (smaller) portion of the liver may suffer complications that lead to death.

FAQs: Discharge

Will I need to come back to the hospital for check- ups?

Yes, you will have a telephone appointment at 2 weeks with the Liver Surgical Team and have a face-to-face appointment at 6 weeks. You will also have annual follow up with Queen Elizabeth Hospital.

How long will I be off work for?

You will be advised to be off work for at up 3 months post-surgery. The period will depend on the type of work that you do, heavy manual workers may need longer off. This needs to be fully established with your employer prior to becoming a donor.

Must I remain close by to the hospital after my surgery?

No, you will be able to return home. However, you need to have a carer who can be at home with you, especially if your recipient is still in hospital. It is very important to establish a plan for discharge that includes a carer for you and a carer for the recipient, as one carer will not be able to care for both of you.

Will I need to take any medications after I donation?

When you leave the hospital, you will need continue taking a drug to prevent ulcers forming called Lansoprazole (or omeprazole) for 2–4 weeks by mouth.

You will also need pain killers as required, like Paracetamol or Co-codamol or Tramadol, depending on the amount of pain that you have.

When will my stitches be removed?

Your stitches will be removed two weeks after your surgery. This can be done by your practice nurse within your GP surgery.

When can I restart my birth control pills?

You should wait for at least three months after your surgery before taking your contraceptive pill. In the meantime, other forms of birth control methods should be used, as pregnancy should be avoided for at least three months.

When will I be able to drive after my surgery?

You will not be allowed to drive for at least six weeks. When you do drive you need to be able to wear your safety belt, look over your shoulder into you blind spot and be able to do an emergency stop, if you cannot do any of these then you should not be driving. You need to inform your insurance company, but DVLA have no hard and fast rules about returning to driving.

When can I begin exercise?

Gentle exercise will be able to start within a few weeks of surgery. The level of this will be dictated by the symptoms (usually wound discomfort and tiredness) suffered by the donor.

Swimming is a very good way to start and can be commenced once the wound is completely healed.

When I can I have sexual intercourse?

You can resume sexual intercourse when you and your partner feel ready.

When can I go on holiday or fly?

Usually after two months, although holiday insurance may be more expensive until six months following surgery.

Will I be able to donate part of my liver again in the future to someone else?

No, you will not be able to donate a part of your liver again in the future.

Will I have a normal life after surgery?

After surgery we hope that you will be able to return to normal life after a period.

You will be unable to work for three months after the surgery. In a large centre in the US where this procedure is more common, half of the donors said they felt 100% in six weeks, three quarters said they felt 100% after three months and almost all said they feel 100% in six months.

There is little certainty about the longer-term survival and quality of life of patients who have undergone this procedure.

FAQ: Practical issues

There are practical and financial issues associated with live liver donation. This will include time away from work to attend for outpatient appointments and in hospital stays. Costs for travelling to and from the hospital and the associated expense need to be considered.

Will I be entitled to claim sick pay?

You will need to discuss this with your work and the social worker. Employers are not obliged to provide sick pay, so it is advisable for you to discuss this with them in advance. Most employers will understand so this should not present a problem.

Can I recover my travelling expenses?

Reimbursement of legitimate expenses incurred by the donor is allowed. Transport costs will be repaid in full on provision of receipts. Please contact the LDC, who will send you the necessary paperwork.

Will undergoing this surgery affect my 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.

Where can my family stay?

Your family will be able to stay in the hospital accommodation in Nuffield House. This is payable by whoever is using the room. The cost of a single room is £35.00 per night and £45.00 per night for a twin room. The cost is reviewed each year in April. Please let the LDC know if accommodation is required.

Spiritual and religious support

The hospital chaplains are available if needed during your stay. They offer support to people of all faiths and religions and can be contacted 24 hours a day. Please let us know if you would like to speak to somebody and we will arrange it for you.

Please use the space below to write down any questions you may have and bring this with you to your next appointment.

How did we do? ☺ 😐 ☹

If you have recently used our services we'd love to hear about your experience. Please scan the QR code or follow the link to share your feedback to help us improve our services. **Thank you.**
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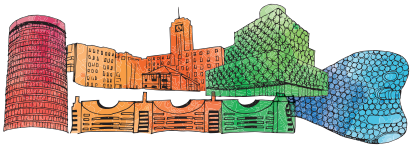

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Building healthier lives

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