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About Cleveland Clinic and the Transplant Center at Cleveland Clinic

Cleveland Clinic

At Cleveland Clinic, you can have confidence in your care. We are one of the world’s largest and busiest healthcare centers. We offer advanced treatment for many diseases and disorders of the body. We put patients first in everything we do. At Cleveland Clinic 1,700 physicians and scientists in 120 specialties and subspecialties — along with pediatrics at Cleveland Clinic Children’s Hospital — are present in one facility, making multidisciplinary consultation, diagnosis and treatment readily available.

Cleveland Clinic has been consistently ranked among the nation’s top hospitals in the “America’s Best Hospitals” report compiled annually by U.S. News & World Report.

The Transplant Center at Cleveland Clinic

Since 1963, when Cleveland Clinic performed the first kidney transplant in Ohio and became a recognized pioneer in the field of transplantation, we have been committed to expanding the staff, resources and technical support necessary to stay in the forefront of transplant technology. Cleveland Clinic offers one of the most successful and comprehensive programs available for organ, tissue and eye transplants.

To provide the highest quality care for patients facing transplantation and their families, we utilize a surgical-medical team approach. All Cleveland Clinic staff transplant physicians are board-certified in a related medical specialty, and all transplant surgeons are board-certified in a related surgical specialty or have the international equivalent of board certification.

Cleveland Clinic is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and meets the United Network for Organ Sharing (UNOS) standards as a center for heart, heart/lung, kidney, kidney/pancreas, liver, lung and pancreas transplants.

We also meet the standards set by the National Marrow Donor Program (NMDP) and the Foundation for the Accreditation of Cellular Therapy (FACT) as a center for bone marrow transplantation, as well as the Eye Bank Association of America (EBAA) standards for corneal transplants. Our bone and soft tissue transplant program meets standards set by the American Association of Tissue Banking, the FDA and the American Association of Orthopaedic Surgeons.

Cleveland Clinic is a Medicare-approved center for heart, heart/lung, kidney, kidney/pancreas, liver, lung and pancreas transplantation.

The Liver Transplant Program

Cleveland Clinic performed its first adult liver transplant on November 8, 1984. The first liver transplant on a child was performed on August 26, 1986. Since then, our program has grown steadily, with more than 800 liver transplants performed by the end of 2005.

The Cleveland Clinic liver transplant program is an essential component of a broad medical and surgical strategy to manage all patients with liver disease with the therapy most appropriate to that patient. Experts in all areas of liver disease participate in the evaluation, management, treatment and follow-up of these patients.

The Cleveland Clinic liver transplant program is a member of the Ohio Solid Organ Transplant Consortium (OSOTC) and the United Network for Organ Sharing (UNOS), meeting all their requirements for liver transplantation. The Centers for Medicare and Medicaid Services have certified Cleveland Clinic as a Medicare Center for liver transplantation, effective October 14, 2002. In addition, the OPTN/UNOS Board of Directors granted Cleveland Clinic full approval for live liver donation on June 30, 2006, based on the recommendation of the Membership and Professional Standards Committee (MPSC).

The Living Donor Committee

The Living Donor Committee consists of specialists from hepatology, nursing, ethics and social work who focus on protecting the safety and welfare of potential living organ donors. These living-donor advocates function separately from the organ-recipient group; they are independent, unbiased transplant professionals working on behalf of the donor.

Contact us

You can reach the Transplant Center at Cleveland Clinic by calling 800.223.2273, ext. 42394, or 216.444.2394.

To reach the Department Coordinator for the Liver Transplant Program, call 800.223.2273, ext. 48770, or 216.444.8770.

Visit us online at www.clevelandclinic.org/transplant.
Why living donor liver transplantation is done

Typically, organs for transplantation are obtained from deceased donors, after their families give permission. But there are not enough deceased donor organs available for everyone who needs a transplant and, as a result, the number of patients on the transplant waiting list continues to grow. Because of this organ shortage, patients waiting for a liver may die on the waiting list or become too sick to undergo a transplant. But if a patient can receive a piece of liver from a relative or friend, he or she need not wait for a deceased donor organ. Thus, living donor liver transplantation can be an important alternative for many patients.

What living donor liver transplantation is

In living donor liver transplantation, a piece of liver is surgically removed from a living person and transplanted into a recipient immediately after the recipient’s diseased liver has been entirely removed.

Living donor liver transplantation is possible because the liver — unlike any other organ in the body — has the ability to regenerate or regrow. Regeneration of the liver happens over a very short period — possibly days to weeks, and certainly within six to eight weeks. So when surgeons remove a piece of the donor’s liver, the part that remains in the donor, as well as the part that is transplanted into the recipient, grow back quickly to the original size of the liver.

More than a decade ago, surgeons around the world began to perform these procedures using adult donors for children who needed transplants. In addition, surgeons gained experience in splitting a single deceased donor liver into two pieces, for transplantation into two recipients. Cleveland Clinic surgeons have been at the forefront of these surgical advances. They also have pioneered the use of living donor transplants in adult recipients, safely removing the larger right lobe of the donor’s liver.

Overview of the procedure

In a typical living donor liver transplantation, about 40 to 60 percent of the donor’s liver is removed. The liver is divided into a right lobe and a left lobe. The anatomical division between the lobes permits surgeons to divide the liver into two distinct parts, which can function independently of each other. The right lobe comprises approximately 60 percent of the total liver volume, and the left lobe comprises approximately 40 percent. During the surgery, the donor’s gallbladder is removed. When the recipient is a small child, a piece of the donor’s left lobe, called the left lateral segment, is removed.

Advantages of the procedure

The main advantage of living donor liver transplantation is that when the recipient needs the transplant, he or she can receive it without having to wait on the United Network for Organ Sharing (UNOS) transplant waiting list. Patients who wait on the list may get much sicker while they wait, making them much weaker going into the surgery. Patients may become too sick while they wait and may then no longer be eligible for a transplant. Some die before an organ becomes available.

In addition, 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 transplant. If there were enough deceased donor organs available, we probably would not need to consider living donor liver transplant; however, there are other benefits to this procedure. The transplant can be scheduled electively. It is also possible that the quality of the liver may be better, as living donors are usually young, healthy adults who have undergone a thorough medical evaluation over several days or weeks. Also, because the operations on the donor and recipient occur at the same time, preservation time (when the liver is without blood) is minimal — minutes, not hours.
Candidates for living donor liver transplantation

Generally, candidates for living donor liver transplantation should be between the ages of 18 and 55 years. We prefer that donors be the same size or larger than the recipient, but donors can sometimes be smaller than the recipient. You must not be pregnant. You should not be overweight, although if you are overweight, you may still be considered a potential donor if you can lose weight. You should not have any major medical or psychiatric problems, including drug or alcohol dependence. You also must be able to understand the risks of this surgery and be able to comply with our instructions for short- and long-term follow-up medical care. You do not need to be a blood relative of the recipient to be a donor. Spouses, friends and even total strangers have donated parts of their livers. In reported studies, there does not appear to be a lower risk of rejection if the donor is a blood relative. The relationship between donor and recipient also does not appear to affect the amount of immunosuppressive medication the recipient will need. You would probably need to be identical twins for the relationship between the donor and recipient to make a difference.

The evaluation process

The decision to become a living donor begins with an evaluation. The purpose of the evaluation is to make sure that your liver is normal and of adequate size and that you do not have any medical or psychiatric illnesses that would make this procedure more risky or difficult for you. We also want to make sure you do not have any medical conditions that could be transmitted to the recipient. Finally, we want to make sure that you are becoming a donor voluntarily, and that no one is pressuring you to do this.

Because of the extent of the surgery, it is best that our team, as opposed to your own doctor, performs all tests and examinations. For insurance and billing reasons, it also is easier if the evaluation is done at Cleveland Clinic.

Step one

The first step is to know your blood type. This is a simple test that your doctor can do, or you can go to any blood donation center and they will check it for free. You must be either the same blood type as your recipient, or blood type “O.” Your Rh factor — positive (+) or negative (-) — does not affect your suitability to donate.

Once you know your blood type, call our transplant office at 216.444.8770 and advise the receptionist that you wish to discuss living donor transplantation. You will be put in touch with the transplant coordinator for the living donor transplant program. We will do a health screening over the phone, and you will have a chance to ask questions. We will also take detailed demographic information from you and schedule an appointment for you with one of our hepatologists, or liver specialists. At this appointment, the physician will take your full medical history, review a detailed health questionnaire and do a physical exam. The physician will then discuss living donor liver transplantation with you, including the potential risks and statistics on the procedure at our hospital, elsewhere in the United States and worldwide. You also will have extensive blood tests done at this visit. Two or three days later, we will review your test results with you. If everything is normal, we will schedule the second step of the evaluation.
Step two
The next step is to undergo a noninvasive study of your abdomen to measure the volume of your liver and to look at the liver’s blood supply. This study is called a spiral CT scan. The CT scan will give us a very detailed picture of your liver, from which we can determine whether or not you can be a donor. You will have a chest X-ray and you will meet with a social worker, a hepatologist and one of our transplant surgeons. Other tests or consultations also may be necessary, depending on your individual circumstances. A liver biopsy might be required. This would be scheduled on a different day.

The decision
Once you have completed all required tests, the transplant team will meet to review the test results and your recipient’s medical condition. The team includes physicians, surgeons, nurse coordinators, medical assistants, radiologists, social workers and any specialists who consulted on your evaluation. No one person makes the decision; the team decides. In our decision-making, we put the well-being of the donor ahead of anything else. The donor’s safety is paramount.

You usually will learn within two weeks of the last test if you can be a donor. Further medical tests are sometimes needed, however, which would delay your clearance for surgery. It is extremely important that you allow yourself as much time as necessary to digest the information you have been given. The decision to donate a piece of your liver is not one you should make lightly. You should consider it very carefully, and discuss it with your family.

Frequently asked questions

Evaluation visits
Q. Will my recipient be removed from the regular transplant waiting list if I am evaluated?
A. While a potential donor is being evaluated, no changes are made to the recipient’s status on the waiting list. In addition, recipients of a living donor transplant are not removed from the waiting list after their transplant, but made “inactive” for one year. If they need to be re-listed for a transplant during that time, they retain credit for their previous waiting time.

Q. Will my evaluation be covered by medical insurance?
A. You should not incur any expenses related to the evaluation, surgery, hospitalization or postoperative care. Your evaluation will be submitted directly to your recipient’s insurance carrier. Different insurance carriers handle the donor’s evaluation in different ways. The majority will approve a living donor evaluation once the recipient has been accepted as a candidate for liver transplantation. When we begin a donor evaluation, we will be in touch with the recipient’s insurance case manager to determine how we need to proceed.

There may be some expenses that are not covered, such as travel, housing and child care. Also, you may have higher life insurance premiums as a result of being a donor. The recipient’s insurance will only cover post-operative costs for a limited period of time. Late or lengthy complications could be the burden of the donor.

Q. Do I need to fast before my appointments?
A. You are advised not to eat three to four hours before your CT scan, but in general it is not necessary to fast before an appointment unless we specifically tell you to do so.

Q. Should my family come with me to appointments?
A. It is important to have your immediate family or next of kin come with you to at least some of the appointments, so they can participate in the process and understand what is involved before you decide to proceed. All these appointments offer the opportunity for you and your family members to ask questions and learn more about the procedure, so you can make an informed decision. Your designated next of kin or your designated healthcare proxy must participate in the evaluation process or attend the final appointments before the scheduled surgery.
Q. Should the cause of the recipient’s disease affect my decision to donate?
A. You are volunteering, with extraordinary generosity, to donate part of your liver in an attempt to save another person’s life. Before you make this gift, it is important that you understand the likelihood that your sacrifice will actually save your recipient’s life. Some diseases (such as hepatitis C and cancer of the liver) can recur after transplant. We will discuss the recipient’s medical condition with you, what we can expect from transplant, and what possible additional complications, if any, may be associated with the recipient’s particular disease. We expect that you will understand and respect the confidential nature of these discussions and will be sensitive to maintaining the recipient’s privacy in these circumstances. Your recipient will be aware that we need to have these discussions with you.

Q. What are the possible complications of the donor’s operations?
A. As with any surgery involving general anesthesia, there are possible complications of the anesthesia itself, including heart complications, stroke and blood clot formation in the legs or lungs. There also are risks of bleeding or of bile leaks after surgery that might require transfusion and/or re-operation. There also is a risk that the remaining portion of your liver will fail and you will need an urgent liver transplant yourself. There is even a risk that you might die. While these complications are very rare, the risks exist and we will discuss them with you in more detail during the evaluation. The most common complications of this surgery are small bile leaks from the remaining portion of your liver, minor wound infections and gastrointestinal upsets (such as constipation, indigestion, occasional nausea or diarrhea). These usually resolve after a couple of weeks.

Q. If I am cleared to be a donor, who decides when to do the transplant?
A. This decision is made jointly by the transplant team, by you and by the recipient. The transplant team, particularly the physicians involved directly in your recipient’s care, will determine as accurately as possible the best time to do the transplant, based on the recipient’s medical condition. Once we know this, we ask for your input as to what suits you best, within our limits. There may be specific weekdays when we can do living donor liver transplants. We need two operating rooms and two teams of surgeons, nurses and anesthesiologists, so the procedure takes a lot of coordination.

Q. Should I not drink alcohol?
A. If you are going to be a liver donor, you will have to stop drinking. If you have a history of alcohol use, it is very important that you tell our physicians. Alcohol use may not preclude you from being a donor, but you may need to undergo a liver biopsy to be sure your liver has not sustained any damage. Modest alcohol intake can be resumed two to three months after the operation.

Q. What if I am a smoker?
A. The Living Donor Committee is interested in minimizing the risk to you from the liver donation operation. Many experts, including our anesthesiologists, believe that smokers have a somewhat higher risk of post-operative complications. Therefore, we very much urge you to stop smoking for a period of at least one to two months prior to the operation. Those with a history of smoking within six months of the donor evaluation will undergo lung function studies.

Q. Should I stop taking my medication before the evaluation or the surgery?
A. You should not stop any prescription medication unless advised to do so by a physician. You should avoid aspirin or non-steroidal medications such as Advil or Motrin for seven days before a liver biopsy or surgery. These medications affect the ability of the blood to clot and put you at higher risk of bleeding complications. Instead, you may take Tylenol if needed. Women who take birth control pills or pills for hormone replacement therapy will be advised to stop taking them three months before the surgery because of the increased risk of blood clots during recovery from surgery.

Q. How long will I be off work?
A. The minimum amount of time you need to allow yourself to recover is four to six weeks. Because people recover differently, with varying degrees of fatigue and pain, you may need as long as eight to 12 weeks. We prefer that you be in a position — both financially and from a job security perspective — to be able to take 12 weeks, if you need that much time.

Q. Will I be entitled to disability pay?
A. If your job provides disability coverage, then you will most likely be covered. Because living donor liver transplantation is still relatively new, however, it is best that you discuss this with your benefits department before you decide to proceed.

Pre-surgery
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Q. Will I be entitled to disability pay?
A. If your job provides disability coverage, then you will most likely be covered. Because living donor liver transplantation is still relatively new, however, it is best that you discuss this with your benefits department before you decide to proceed.
Q. Once the transplant is scheduled, will it definitely happen?
A. Unfortunately, very little is written in stone when it comes to liver transplants. A number of things could happen that could change our plans. Your recipient’s condition might deteriorate to the point where he or she is too sick for a transplant. Or the recipient might develop an infection or some other condition that would need to be treated before the transplant could be done. Rarely, we may need to postpone the transplant at very short notice (sometimes hours before) if we have a number of deceased donor transplants that same day. (Because organs must be used within a short time, a deceased donor transplant would take precedence over a living donor transplant.) Also, if your recipient has liver cancer, we will do an “exploratory laparotomy” on the morning of the transplant before we begin the donor’s surgery. Your recipient would be brought to the operating room first and we would begin the operation by examining his or her abdomen for any signs of the cancer having spread. If the cancer has spread, we would not proceed with the transplant. Finally, there is always a chance a deceased donor organ transplant might become available during the reevaluation phase.

Surgery
Q. Do I need to do any special preparation prior to surgery?
A. The medical evaluation we perform on potential living donors is extremely thorough. Once you have completed your evaluation and we decide to proceed, there is not much additional testing to be done. We will want you to donate a unit of your blood within two to four weeks before your surgery. We may also need to repeat some of your blood tests, if they were done more than 30 days before your surgery date. You will need to give a sample of your blood to our blood bank within 72 hours of the surgery. We will probably have you and your recipient and your immediate families come in two or three days before the surgery for a final review of everything, for any minor tests that may be needed, and to answer any remaining questions you may have.

Q. Do I need any special diet before surgery?
A. No. You can eat and drink normally until midnight before the surgery. There is no need to take laxatives or enemas. If you regularly take any medications, we will instruct you about these when you come in for the final appointment before surgery. You should not drink alcohol for three months preceding the surgery. Remember, if you are taking oral contraceptive pills or hormone replacement therapy, you must discontinue them three months before the surgery. Do not take any aspirin, Advil or Motrin (non-steroidal) medication within seven days of your surgery.

Q. Will I be admitted the night before surgery?
A. Yes. You and your recipient will be admitted to the hospital the afternoon or evening before surgery.

Q. What should I bring with me to the hospital?
A. Bring only minimal belongings, with no valuables. Leave all jewelry at home or give it to your family for safekeeping. You may want to bring a basic toiletry bag and ask your family to hold it for you.

Q. Will I require a blood transfusion during my surgery?
A. A blood transfusion during this surgery is very unusual, although it may be necessary. As a precaution, we will use a “cell saver” and if you do need a transfusion, we can then use your own blood, so you will not be exposed to the risks of a transfusion from someone else.
Q. **How big is the incision?**
A. The incision is a large one and resembles a reversed “L” or an upside-down “Y.” It is the same for the donor and recipient. It is called the “Mercedes” incision.

Q. **Will I have a scar after the incision heals?**
A. In most cases, the incision heals quickly, leaving a fine scar that fades over time, but most likely will always be visible. If a wound infection develops, you may be left with a wider scar that will be more obvious. Occasionally, people develop what is called granulation tissue. This is over-growing or over-healing of the skin, and it results in a raised scar. This can be corrected by plastic surgery if it bothers you, but it is unlikely that your recipient’s insurance would cover cosmetic surgery.

**Post-surgery**

Q. **How long will I be in the hospital?**
A. The average hospital stay for donors is four to six days.

Q. **Will I be in the same room as my recipient after the surgery?**
A. No. The recipient goes to the Intensive Care Unit for one to two days before being transferred to the transplant floor.

Q. **Will I be in the Intensive Care Unit after my surgery?**
A. After your surgery, you will be taken to the surgical intensive care unit (SICU) for close observation by the nursing and medical staff. You will most likely remain in the SICU overnight, until you have completely awakened from the anesthesia. Once we see that everything is stable and that you do not have any bleeding or other complications, you will be transferred to the VIP unit.

Q. **How soon will I be able to eat and drink after my surgery?**
A. As soon as your intestines start to work again after the surgery, you will be able to begin drinking and eating. We will know it is safe for you to begin taking sips of water when you are passing gas. If you do not have nausea or vomiting with the sips of water, you will be able to progress to clear fluids, a soft diet, and then a regular diet within the next two days. Very occasionally, some individuals do not return to normal eating habits this quickly. The less pain medication used, the faster the bowel returns to normal and the diet resumes.

Q. **Will I have any tubes or drains in me after the surgery?**
A. You will have one or two intravenous lines in you during and after the surgery so we can give you fluids to keep you hydrated and also to give you medicines. One of these lines may be used to administer your pain medications after the surgery. You also will have a catheter (drainage tube) in your bladder so we can monitor how your kidneys are working during and after the surgery. Having the catheter in your bladder also means that you will not need to get up to go to the bathroom immediately after your surgery. You also may have one or two small drainage tubes in your abdomen to drain any blood or bile that might ooze after the surgery. Most of these tubes and intravenous lines will be removed within two to three days.

Q. **Will I get an injection of pain medication after the surgery?**
A. We use a variety of methods to give pain medication. Sometimes, the anesthesiologist inserts an epidural catheter, which permits numbing medication to be administered directly into the spinal cord to prevent pain. You also may have what is called PCA (Patient-Controlled Analgesia). With PCA, you will have an intravenous line attached to a computer-controlled pump. You press a button whenever you need pain medication, and the medicine is immediately administered directly into your vein. It is important to realize that you cannot “overdose” with this system, as a computer controls the amount of medicine you can give yourself. Once you are eating normally, we will switch you to a pill for pain medication.
Recovery from surgery

Q. Will I need to come back to the hospital for check-ups?
A. This procedure is major surgery, and we need to monitor you very closely at first to make sure everything is OK. You must come back for a check-up and to have your staples removed 10 days after your surgery. You probably will need another check-up at one month after your surgery, and you will have a final check-up about three months after your surgery. At that time, you will have a CT scan done to check your liver size, some basic blood tests and a physical exam by one of the hepatologists. You may need other appointments as well, depending on how you are feeling. You should have an annual physical exam with your primary care physician after being a living liver donor.

Q. Must I remain close to the hospital after my surgery?
A. You do need to remain close to Cleveland Clinic for at least two to three weeks after your surgery. You also need to be able to return here to Cleveland Clinic if you experience any problems during your recovery. If you are from out of town or out of state, you may stay at our nearby transplant hospitality unit. It will be important that you have a relative or friend stay with you, especially immediately after you leave the hospital.

Q. Will I need a nurse to take care of me when I leave the hospital?
A. Although this is a very big operation and you will be extremely tired and weak, you most likely will not need any professional nursing care at home. You will need a friend or family member to do your food shopping, perhaps cook your meals for you, and just generally be available should you run into any difficulties. It also is nice to have some company when you first come home from the hospital. You should have someone available to take you to and from the hospital for your check-up.

Q. Will I need to take any medications after I donate part of my liver?
A. You will not need any medications except for some pain medication. If you were to develop a wound infection, you might need to take antibiotics.

Q. When will my sutures or staples be removed?
A. You will need to make an appointment to return to the outpatient office approximately 10 days after your surgery to have your staples removed.

Q. Will I have much pain after surgery?
A. Unfortunately, you will have significant pain after this surgery. We will give you pain medication, but you still will be very uncomfortable for at least the first week or so. You will have less pain as each day goes by, but most donors tell us that they have a significant amount of discomfort for two to four weeks after the surgery. Most pain medication is broken down (metabolized) by the liver. Because you have a significantly smaller amount of liver volume right after your surgery, we will monitor you very carefully to make sure we are not giving you too much medication, which could have serious side effects. Most pain medication makes you drowsy and can affect your breathing and bowel function. We will try to get the right balance of pain medication to make you comfortable but not drowsy, so you can do your deep breathing exercises, coughing and walking. We commonly use an epidural inserted before surgery to administer pain medication after the surgery. The anesthesiologist will discuss this with you the morning of the surgery. Before you leave the hospital, you will get a prescription for pain medication to take at home.

Q. When can I begin to exercise?
A. As soon as you wake up from anesthesia, you will begin “exercising.” You will need to take deep breaths and cough to make sure you are getting air into all the cells of your lungs. This will help prevent pneumonia. You also will begin to exercise the muscles of your legs by flexing and relaxing them periodically. You will be helped out of bed within 24 to 48 hours of your surgery and will begin walking. We cannot stress enough how important walking is to your recovery. Each day you should be pushing yourself a little bit more. By walking as soon after your surgery as possible, you will help to prevent such complications as blood clots, pneumonia and muscle wasting. You are encouraged to continue a program of daily walking when you go home. Remember, the goal is to be back to normal health within two to three months.
Life after the donation

Q. Will I have a normal life after surgery?
A. We expect that you will return to a totally normal life within three months after your surgery, provided you do not experience any complications. We do not expect you to have any long-term complications, but as this procedure is still relatively new, we cannot yet give you any statistics on the long-term follow-up of donors who have undergone this surgery.

Q. How long before my liver grows back to normal size?
A. The liver begins to regenerate almost immediately. Probably, most of the regeneration occurs in the first two weeks after surgery. By three months, your liver most likely is back to normal size or near normal size.

Q. When can I engage in sexual intercourse?
A. You probably will want to refrain from sexual intercourse for a couple of weeks, until you have less discomfort and are feeling stronger. This decision will be based, for the most part, on how you are feeling.

Q. If I want to start a family, how long should I wait after surgery to get pregnant?
A. There is not a definite answer on this, but we recommend that you do not become pregnant for at least three to six months after surgery.

Q. When can I restart my birth control pills or replacement therapy?
A. We advise you to wait a minimum of three months after surgery.

Q. When will I be able to drive after my surgery?
A. We advise you not to drive for at least the first two to three weeks after surgery. You must be physically and mentally strong, with normal reflexes, and not experiencing any abdominal pain or discomfort before you decide to drive. You also should not be taking any narcotic medication such as Percocet or Tylenol with codeine, as these can affect your mental alertness.

Q. When can I lift weights, jog, swim, etc.?
A. You will need to avoid any heavy lifting for the first four weeks, until your abdomen has completely healed. You should not lift any weights greater than 15 to 20 pounds. After six to eight weeks, if you are feeling well and are not having any complications, you may begin to return to your normal activities, such as swimming, jogging, aerobics, cycling, etc. Begin slowly and build up gradually. Be very cautious with abdominal exercises; begin slowly with a few repetitions and build up your strength and stamina.

Q. When can I go on vacation or fly?
A. You should not plan any vacations or trips outside the United States for at least four weeks and preferably eight to 12 weeks after your surgery. If you wish to return to your home in the United States and you have a physician knowledgeable about living donor liver transplantation, you may be able to do so two to four weeks after the surgery, depending on how you feel and how you are recovering. Remember, if we have any concerns about any possible complications, we will want you to return to Cleveland Clinic for evaluation and treatment. It should not be a problem for you to take trips or vacations after eight to 12 weeks.

Q. Would I be able to donate part of my liver again in the future to someone else?
A. No. Once you donate a portion of your liver, you cannot do so again in the future.

Resources on the Web

Cleveland Clinic Transplant Program
www.clevelandclinic.org/transplant

American Liver Foundation
www.liverfoundation.org

United Network for Organ Sharing (UNOS)
www.unos.org
Procedure for Evaluation as a Potential Living Donor

- Your recipient should be in the process of, or have completed, an evaluation for a liver transplant.

- All potential donors should confirm their blood type.

- All potential donors should read a copy of our educational material on living donor transplantation.

- All potential donors should contact the Living Donor Liver Transplant Coordinator (216.444.8770) and complete a brief health questionnaire.

- If multiple donors are available, the team can help in selecting the most likely candidates.

- The potential donor will be contacted and scheduled for an initial appointment with one of our hepatologists for a full medical history review and physical exam. Extensive blood testing will be done on this visit.

- Within two to three working days after this visit, we expect to have all the results of your blood tests. If they are normal, and if the hepatologist feels you may be a suitable candidate, we will contact you to schedule the second part of your evaluation. This consists of a CT scan, a chest X-ray and appointments with a clinical social worker, a transplant surgeon, a cardiologist and perhaps a psychiatrist or specialist, as indicated by your medical history.

- Within one to two weeks after you complete the second part of your evaluation, we will make a decision on your candidacy as a living donor. We may at this time decide that additional tests or a liver biopsy are necessary.

- Once you have been cleared as a donor, we will discuss the timing of the transplant with you and the recipient.

- In most cases, we expect eight weeks to elapse between the beginning of a living donor evaluation and establishment of a date for surgery. In rare circumstances, a much faster evaluation can be done, but the longer time frame is deliberately used to allow you — the donor — ample time to consider and reconsider your decision.
The Cleveland Clinic Foundation is an independent, not-for-profit, multispecialty academic medical center. It is dedicated to providing quality specialized care and includes an outpatient clinic, a hospital with more than 1,000 available beds, an education division and a research institute.

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