

## **Q&A Summary**

### **Live-Donor Liver Transplantation: A Life-Saving Option for End-Stage Liver Disease**

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#### **Available On-Demand:**

[optumhealtheducation.com/live-donor-liver-tx-2019](https://www.optumhealtheducation.com/live-donor-liver-tx-2019)

#### **COST/INSURANCE**

1. If a patient requiring transplant has a qualified living donor, does that bypass any waiting list?

**Answer:** Patients who have identified a living donor must still undergo a pretransplant evaluation to ensure that a transplant is the best possible treatment option for them and be placed on the transplant waiting list. However, patients who have identified a living donor need not remain on the waiting list and can have their transplant as soon as the evaluation is completed for the donor. For more information, visit <https://www.upmc.com/services/transplant/liver/process>.

2. Are there costs for the donor? Does insurance cover living donation?

**Answer:** In most cases the donor's medical costs are covered by the recipient's insurance, including the donor evaluation, the surgery itself and all routine follow-up care. Some costs, though, are not covered by insurance, including travel and lost wages. Donors often fund-raise to cover these costs, and some nonprofit organizations provide grants to donors, like the Living Donor Assistance Center. On the transplant team, a social worker and financial advisor help donors navigate their financial concerns. For more information, visit [LifeChangingLiver.com](http://LifeChangingLiver.com).

#### **DONOR-RELATED QUESTIONS**

3. How long does it take the liver to recover or rejuvenate?

**Answer:** While recovery times may vary after a living-donor liver transplant, most donors are able to return to their pre-donation level of health within a few months. The liver will regenerate in both the donor and the recipient in about three months.

4. Does the donor have to be a blood relative? Can the donor be a matched unrelated donor? What is the breakdown of related vs. unrelated?

**Answer:** Living donors do not have to be related to the recipient. Potential donors can be anyone who meets the appropriate qualifications and has an unselfish desire to help. Donors can be family members, friends, spouses, coworkers and neighbors.

5. What are the criteria for a living-liver donor (age, weight, medical history, etc.)?

**Answer:** At UPMC, we carefully evaluate each candidate who wishes to become a living donor to make sure it is safe for them to donate and confirm they are the best medical match for the recipient. A healthy donor must:

- Be between the ages of 18 and 55
- Be in good physical and mental health
- Have a BMI less than or equal to 32
- Not engage in active ongoing drug or substance use
- Have an unselfish desire to contribute to another person's life in a healthy way

- Be in general good health with no history of:
    - Liver disease, including cirrhosis and hepatitis
    - Significant diseases involving the other organs: lung, kidney and heart
    - Pulmonary hypertension
    - HIV
    - Active malignant cancers
6. How big of a role does the Living-Donor Advocate play? Do you find they are more incorporated into a liver team than you might see with other organs?

**Answer:** Your Living-Donor Advocate plays a significant role throughout the living-donation process. He or she will make sure all your questions are answered, explain the benefits and risks of living-donor liver transplant, and voice your concerns to the liver transplant team. A Living-Donor Advocate is assigned to any living donor who is cleared to become a living donor.

***To learn more about becoming a living-liver donor, visit [UPMC.com/LivingDonor](http://UPMC.com/LivingDonor).***

#### **LIVER TRANSPLANT GENERAL**

7. During the presentation, you mentioned that organ availability differs from region to region. What factors contribute to this?

**Answer:** The United States is divided into eleven geographic zones to help regulate transplantation and organ allocation. Each transplant center is part of one of those eleven zones. When a donor liver becomes available in one of the eleven zones, people on the waiting list within that region are screened to determine who is the best match. Age, blood type, MELD score, waiting list and the distance between donor and recipient are all contributing factors.

8. Are liver transplants performed on patients with an underlying alcohol abuse condition or past issue?

**Answer:** Yes, patients with past alcohol abuse issues are considered for a liver transplant if they meet all of the criteria for a liver transplant. Candidates for liver transplant must demonstrate that they are committed to being free of alcohol and have no current ongoing substance abuse issues. Our team will perform an extensive pretransplant evaluation to ensure that a liver transplant is the best treatment option.

#### **POSTTRANSPLANT/GENERAL**

9. What is your postop immunosuppression regimen, and does it differ from deceased-donor transplant?

**Answer:** All liver transplant recipients must start lifelong antirejection drugs immediately following a transplant. At UPMC, we are studying the use of donor-derived dendritic cells to induce immune tolerance with a goal of someday removing long-term immunosuppression from transplant patients. Our current immunosuppression regimens for living- and deceased-donor transplant are very similar, except that living-donor transplant recipients generally need lower amounts of immunosuppression compared to deceased-donor transplant recipients.

10. Does the donated liver segment regenerate within the recipient as well as the donor?

**Answer:** Yes, the liver regenerates in both the donor and the recipient within a few months after surgery.

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