INCLUSION CRITERIA – LIVER TRANSPLANT

Pre-Liver Transplant Evaluation Protocol

All patients referred for Liver Transplant Evaluation will be reviewed by the transplant nurse coordinator. Following are the CRITERIA for the selection of potential liver transplantation candidates:

- Presence of end-stage disease with objective evidence of advanced physical incapacitation causing deterioration of the quality of life to an unacceptable level due to documented, isolated liver disease
- A limited life expectancy due to liver dysfunction
- Previous medical therapy has been optimized and no other therapy other than transplantation offers realistic expectation of functional improvement and extension of life
- Expected compliance with medical regimes
- Adequate psychosocial support system to aid the patient prior to and during the surgery and to promoted adherence to required post-transplant treatment regimes
- Acceptable surgical risks

Specific manifestations include:

- Malnutrition with progressive protein-calorie deficiency; Wasting and fatigue (Albumin <3.1)
- Uncorrectable coagulopathy (INR>1.5, Fibrinogen <150 mg/dl)
- Recurrent and uncontrollable hepatic encephalopathy
- Refractory ascites
- Spontaneous bacterial peritonitis
- Development of hepatorenal syndrome
- Development of fulminant hepatic fatigue
- Refractory, life-threatening variceal hemorrhage
- Severe progressive metabolic bone disease, especially with spontaneous fractures
• Recurrent episodes of biliary sepsis <5 cm but unrespectable primary hepatic tumors confined to the liver

The following factors exert an adverse influence on the outcome of liver transplantation and therefore constitute **CONTRAINDICATIONS** to surgery:

- Extrahepatic malignancy
- Uncontrollable systemic sepsis
- Active alcoholism or drug abuse; previous alcohol or drug abuse with less than 6 months of abstinence
- Irreversible advanced cardiac, pulmonary or other organ disease
- Symptomatic coronary, peripheral, or cerebral vascular disease
- Irreversible terminal state
- Severe pulmonary hypertension (mean arterial pressure > 35 mmHg)
- Uncontrolled/untreated acquired immunodeficiency syndrome (HIV/AIDS infection)

**Relative contraindications include:**

- Advanced age (>65 years)
- History of behavior pattern or psychiatric illness considered likely to interfere significantly with compliance
- Inadequate social support system
- Stage IV coma
- Active peptic ulcer disease
- Severe renal dysfunction not explained by underlying hepatic failure
- Resistant, insulin-requiring diabetes mellitus with evidence of target organ disease (retinopathy, nephropathy, or neuropathy)
- Asymptomatic but severe peripheral or cerebral vascular disease
- Current or recent history of diverticulitis
- Previous malignancy with potential for recurrence (there must be a disease-free interval of five years)
- Prior extensive right upper quadrant abdominal surgery
- Severe portal venous thrombosis
- Systemic amyloidosis
- Morbid obesity
Patient selection in the presence of alcoholism or drug abuse:

Vanderbilt Liver Transplant Program’s policy states that in the case of patients in whom the etiology of the liver disease is related to alcohol or drug abuse, the following criteria of substance abuse rehabilitation must be met:

- The patient needs to have been abstinent for at least six months.
- The patient is required to have been through a rehabilitation program and to be participating in an ongoing support program.
- An adequate social support system must be present in the patient’s life.

Ideally, we also prefer that the patient has a professional activity to return to with plans to return to that activity within six months of transplantation. All patients with a history of alcohol and drug abuse are carefully monitored by a psychiatry consultation, the liver transplant social worker, and the transplant coordinator.