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transplants."*

## **Facts on Liver Transplantation**

**American Liver Foundation**

This pamphlet will answer some of the most commonly asked questions about liver transplantation.

**1. What diseases are treated by liver transplantation?**

Many diseases are capable of interfering with the liver's function sufficiently to threaten the life of the patient. Most are potentially treatable by liver transplantation.

**2. Which liver diseases are the most common?**

In adults, cirrhosis, the death of liver cells due to a variety of causes, is one of the most common reasons for liver transplantation. In children, the disease most often treated by liver transplantation is biliary atresia, a failure of the bile ducts to develop normally to drain bile from the liver.

**3. What about alcohol-related liver disease?**

Most people who develop cirrhosis of the liver due to excessive use of alcohol do not need a liver transplant. Abstinence from alcohol and treatment of complications will usually allow them to live for prolonged periods without a transplant. For patients with advanced liver disease where prolonged abstinence and medical treatment fails to restore health, transplantation is a consideration.

**4. What about cancer of the liver?**

Most cancers of the liver begin somewhere else in the body and spread to the liver. These are not curable with a liver transplant. Likewise, the tumors which start in the liver have usually spread to other organs by the time they are detected, and are rarely cured by liver transplantation. Transplantation at an early stage of liver cancer may result in long-term survival for some patients.

**5. Are there alternative treatments for liver disease?**

There are effective medicines for some liver diseases, while for others only treatment for complications is available. Treatment of complications may be all that is required if the liver is not failing. Frequently, medical treatment delays, but does not eliminate, the need for transplantation.

**6. Is liver transplantation a treatment of last resort, when everything else has failed?**

Yes and no. If medical treatment is likely to allow prolonged survival with good quality of life, transplantation would be reserved for the future. However, ideally the surgery is undertaken before the terminal stage of the disease, when the person is too ill to withstand major surgery and will not survive until a suitable donor is available.

**7. How is the decision made to transplant?**

This is a decision made in consultation with all individuals involved in the patient's care, including the patient and/or family. The patient and family's input is vital and they must clearly understand the risks involved with the procedure.

**8. What are the major risks?**

Before surgery, the risks are mainly the development of some acute complication of the disease which might render the patient unacceptable for surgery. With transplantation, there are risks common to all forms of major surgery, as well as technical difficulties in removing the diseased liver and implanting the donor liver. One of the major risks for the patient is not having any liver function for a brief period. Immediately after surgery, bleeding, poor function of the grafted liver, and infections are major risks. The patient is carefully monitored for several weeks for signs of rejection of the liver.