

Liver Transplant FAQs

What are the most common liver diseases?

More than 100,000 people in the D.C. metro area have a serious liver condition; some 81,000 of those have hepatitis C. Besides chronic viral hepatitis B and C, other serious liver conditions include drug-induced liver injury, alcoholic liver disease, chronic cholestatic syndromes, and liver and bile duct tumors.

What kinds of treatments are available?

Many patients benefit from medications to manage their liver disease. For patients with viral hepatitis, antiviral medications can keep the disease at bay. For patients with high blood pressure in the arteries to their liver, known as portal hypertension, surgery is an option to relieve excess pressure. For liver cancer patients, a range of surgery, radiation and chemotherapy options are available.

When is liver transplantation an option?

For many patients with end-stage liver disease, transplantation is an option. The decision to transplant is based on the patient's medical condition and quality of life.

How long is the wait for a liver transplant?

In the Washington, D.C. area, the waiting time for a donor liver is on average is six months long. The actual waiting time depends on the number of people on the transplant list and most importantly, the patient's overall health. A patient who is more ill will automatically move higher on the list to receive their transplant faster.

What are my other transplant options? (Living donor liver transplantation)

Living donor liver transplantation is another option for patients who need a liver transplant. In this kind of transplant, a healthy person (family member, friend or co-worker) donates a portion of his or her liver to the transplant patient.

Doctors remove a portion of the donor's liver, remove the recipient's damaged liver and attach the healthy partial liver in its place, where it begins to regenerate to normal size. The donor's liver quickly regenerates, too, and continues to function normally. Both procedures are performed at the same time in two adjacent operating rooms.

What are the advantages of living donor liver transplants?

This kind of surgery can be scheduled, and can be performed before the transplant recipient becomes extremely ill. The donor is thoroughly evaluated and their liver is known to be excellent in quality. These factors may lead to fewer complications, faster recovery and good long-term results. This is a very safe procedure for donors.

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What is the success rate of liver transplants?

Nationwide, liver transplants are effective about 85 percent of the time, whether a donor organ or living donor is used.

What can I expect during a liver transplant?

Evaluation: patients undergo a series of tests to determine if they are a candidate for liver transplantation.

Donor: the transplant program coordinates with the local and national transplant lists to find a donor organ. Organ allocation is based on medical urgency, time on the waiting list and blood type compatibility. Living donors also must undergo evaluation, and must have compatible blood types.

Surgery: the transplant surgeon removes the donor organ (or portion of healthy liver for a living donor), removes the recipient's damaged liver and then attaches the donor liver.

Recovery: most liver recipients spend several weeks in the hospital; living liver donors spend about one week in the hospital. Doctors monitor liver recipients closely for signs of organ rejection, infection or other complications.

How do you prevent organ rejection?

Luckily, a number of very effective medications are available to prevent organ rejection. These medications suppress the immune system, which inhibits rejection of foreign tissue. After a liver transplant, recipients must take medications daily for the rest of their lives. Once the first few months after transplant have passed, the medications are a relatively low dose and easy to take.

For more information contact our Hepatology/Transplant navigator at **202-444-0766**.

