This leaflet provides information for potential donors, people waiting for a liver transplant at Addenbrooke’s Hospital and their families.

**Why consider living donor liver transplantation?**

Adults on the liver transplant waiting lists in the United Kingdom currently wait up to a year or more for a liver transplant. Unfortunately, about 10 to 15% of these will die before a liver becomes available.

Cambridge University Hospital’s Transplant Programme encourages patients and their families to consider the opportunity of living donor liver transplantation. We consider this to be an important opportunity to help meet the national organ shortage.

**Advantages of living donor transplantation:**

- The opportunity for a family member or friend.
- To ‘give the gift of life’.
- A high-quality organ.
- Planned controlled surgery.
- May shorten the time the recipient has to wait for a transplant.

**Risks**

As with any operation under general anaesthetic, there are possible complications. While these complications are rare, risks do exist and we will discuss them with you in more detail throughout the assessment process.

**Some complications that can arise are:**

- Problems with the anaesthetic, wound infections, chest infection and blood clots in legs or lungs.
- Bleeding.
- Bile leakage.
- Psychological stress.
- Death (1 in 200).

If you are interested in receiving more information regarding live donation, we would be pleased to send you any additional information and answer any questions you may have.

You can call the living liver donor transplant coordinator at Addenbrooke’s Hospital:

Tine Hansen (Living Donor Liver Coordinator)  
Transplant Coordinator Office  
Box 210  
Addenbrooke’s Hospital  
Hills Road  
Cambridge  
CB2 0QQ

Telephone: 01223 216672 or via the Addenbrooke’s switch board on 01223 245151 and ask them to bleep the transplant coordinator.
In order to establish if you can be a living donor, there are many tests that must be done. For example, blood tests, chest x-ray, MRI scan, CT scan and ultrasound.

You will have several meetings with members of the Transplant Team. This includes surgeons, physician, social worker, psychologist, who will help to determine your suitability for living donation and ensure that this is the right decision for you and your family.

As a result of these tests, you may be told that your liver is not suitable for live donation for medical or anatomical reasons. This happens in about half of all cases.

It is important to know you have the right to withdraw your offer at any stage. Equally the Transplant Team may decide that it is not appropriate to proceed with liver donation.

Who can be a donor?

To be a donor there are some basic criteria that must be met:

- Age between 18 and 55.
- Not overweight (BMI less than 30).
- No major medical or psychiatric illness.
- Be able to understand the potential risks and complications of the surgery.
- Compatible blood group with the recipient.
- Be emotionally or genetically related to the recipient.
- Be freely willing to donate.

Living donation is not suitable for all patients. Some patients and their families/partners may decide that living donation is not the right choice for them because of the risk involved or for personal or medical reasons.

Who can be a recipient?

Live donor liver transplantation involves transplanting a small part of the liver. For some patients this might not be sufficient and therefore this procedure will not be suitable for them.

The operation

Surgery to donate liver lasts about five to seven hours. The surgeons remove about half your liver, which is then transplanted into the recipient. Within 6-12 weeks the liver will grow to approximately 90% of its original size and its function returns to normal.

Most donors spend between 7 and 10 days in hospital recovering before they are ready to be discharged. Donors can usually return to work after 6-12 weeks.

The workup process

The living donor liver coordinator will provide information about living donation and organise the workup process. It is difficult to predict how long the workup process will take; it will depend on the extent of investigations needed.