

Liver Transplant Program

INTRODUCTION AND PHILOSOPHY

Over twenty years of pioneering work of an experimental and clinical nature by Drs. Moore, Starzl, Calne and others, led the National Institute of Health (NIH) Consensus Development Conference of 1983 to declare liver transplantation “a therapeutic modality in selected patients with end stage liver failure.” This determination by a multidisciplinary team of scientists was made after a dramatic improvement in the results of orthotopic liver transplantation occurred following the introduction of Cyclosporine as an immunosuppressive agent. The latter coupled with certain technological refinements and accumulated clinical experience has lead to success rates exceeding 75% patient survival at 1-2 years.

The skills, resources, and institutional support needed for liver transplantation have been outlined by the NIH Consensus Development Conference in its 1984 report. This report points out that "...liver transplant recipients are seriously ill before surgery, the transplant effort is prodigious, and the postoperative intensive care interval, averaging two weeks, is punctuated by complications and frequent need for reoperation." In this context, experts in Transplant Hepatology, Pediatrics, Infectious Disease, and Nephrology with dialysis capability, Pulmonary Medicine with Respiratory Therapy support, Pathology, Immunology, Pharmacotherapy, and Anesthesiology are needed to compliment the qualified Transplant Surgical Team. Extensive Blood Bank support to provide the needed blood components is mandatory. Similarly, sophisticated Microbiology, Clinical Chemistry, and Radiology assistance are required. Emotional support for patient and family warrants Psychiatry participation. Availability of effective Social Services to assist patients and family is indispensable. The report further states that the transplant surgeon must be trained specifically for liver grafting and must assemble and train the surgical team to function whenever a donor organ is available. Institutional commitment to the program mandates that Operating Room, Recovery Room, and Laboratory and Blood Bank support exist at all times. Allocation of Intensive Care and General Surgical Beds is important.

Recruitment of a core of specialized nurses and technicians to staff these areas is necessary. Access to tissue typing capability, ongoing research programs in liver disease and organ preservation, transplantation immunology and available hemoperfusion and microsurgical techniques are desirable attributes to a transplantation effort. Participation of the donor procurement program and network is essential "... in addition, institutions conducting liver transplantation are obligated to prospectively collect and share data in a coordinated systematic

and comprehensive manner ...”. UT Southwestern fulfills all of the above requirements. Thus, it represents an ideal institution for the development and support of a successful liver transplant program. It has the full complement of multidisciplinary teams and services required for liver transplantation, a long and successful tradition in renal transplantation, and successful programs in heart, lung, and pancreas transplantation.

The University of Texas Southwestern Liver Transplant Service is a multidisciplinary team dedicated to performing outstanding transplant care with compassion, integrity and respect for individual patient dignity. We are committed to improving our expertise through innovative research and continuous education in order to give patients with organ failure due to liver disease an opportunity to pursue a higher quality of life. In order to meet this mission statement, the liver team is composed of transplant surgeons, transplant hepatologists, infectious disease specialists, nephrologists, intensivists, nurse coordinators, patient care coordinators, dietitians, social workers, pharmacists, financial counselors, pathologists, and administrative assistants with the one goal to provide outstanding liver transplant care for the individual. This team is committed to making the option of liver transplant available to all people in Texas and the surrounding areas.

In addition to treating everyone as an individual, we are also committed to improving our expertise through innovative research. Our research is in the area of hepatitis C treatment, acute liver failure, liver fibrosis, fatty liver disease, and primary biliary cirrhosis. All this innovative research will allow better individual treatment of the patients with end-stage liver disease.

Education in the medical community is a fundamental role of the University of Texas Southwestern. The liver transplant team has a major commitment to education of the house staff and medical students at the University of Texas Southwestern. This knowledge base is extended into the surrounding medical community through CME courses and invited speaker programs at neighboring hospitals.

This focus with a team approach, individual care, innovative research, and continuous education allows us to give the best opportunity to patients with end-stage liver failure the ability to pursue a higher quality of life. Our final charge is to provide this excellent care in the most efficient and cost-effective manner possible. We continually strive to meet and exceed these goals.