Donor selection with liver disease

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Hepatobiliary | Surgery

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The speaker describes their high-volume living donor liver transplant programme's shift to robotic surgery and strict donor selection criteria, reporting lower morbidity and shorter hospital stays with minimally invasive techniques while maintaining conservative thresholds for donor acceptance.

KEY POINTS

- The speaker's centre now performs all donor hepatectomies robotically, with none of the team having seen an open donor procedure in years; the speaker reported significantly lower complication rates, ICU stay, and hospital length of stay compared to open and laparoscopic approaches, with at least equivalent recipient and graft survival.
- The centre has performed more than 100 robotic liver transplants since starting two years ago, now covering the full spectrum of complexity including acute liver failure, retransplantation, portal vein thrombosis, and both living and deceased donor recipients.
- The speaker's centre biopsies all right lobe and full left lobe living donors, does not accept donors with more than 5 percent steatosis for right lobe or more than 50 percent for left lobe donation, and rejects donors with hepatitis B, hepatitis C, HIV, homozygous liver diseases, MDR3 heterozygous status, and type 2 diabetes.
- Whole genome sequencing costs 200 US dollars at the speaker's centre and is used liberally when metabolic or genetic disease is suspected; the speaker gave an example of genetic testing identifying a donor who developed liver disease three years later and is now listed for transplant.
- The speaker accepts heterozygous carriers with normal phenotype for Wilson disease, urea cycle disorders, and organic acidemias, and accepts benign focal liver lesions that can be resected on the back table, thalassemia minor, sickle cell trait, and Gilbert syndrome.

– The speaker's hepatology team achieves liver defatting through lifestyle modification, diet, and medication, reporting reduction of macrosteatosis from 45 percent to near zero over several months, and the speaker stated that liver living donation is safer than kidney donation based on their centre's experience.

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