

Patient Information

Written in collaboration with Liver Transplant Colleagues in the United Kingdom (UK)

10th February 2021

V2

Liver Transplant Patient Information

We know this remains a worrying time for anyone waiting for a liver transplant. This information is to provide you with a background on the impact of COVID-19 across the UK, and an update on liver transplant services.

The situation is constantly changing and is under close review. We will update this information as the situation changes.

With a great team effort across the NHS, deceased organ donation and transplant activity continued for the most urgent patients during the first and second wave of COVID-19. However, the increased numbers of COVID-19 cases are causing a lot of pressure on the whole NHS, especially Critical Care/ Intensive Care Unit (ICU) bed capacity, and this has impacted donation and transplantation activity. This means that at the moment, only some liver transplant centres can accept organ offers and transplant their clinically urgent patients.

In order to increase the likelihood of a transplant operation going ahead, and to ensure that as many patients as possible with the greatest need get their liver transplant, it has been agreed that at any given time **a minimum of three transplant centres in England will be protected to carry out clinically urgent liver transplants**. The liver transplant centres are working closely together, along with NHSBT and NHS England to make this happen.



Questions and Answers

How does this affect clinically urgent patients on the liver transplant waiting list?

If you have been identified as clinically urgent by your transplant team, you will remain on the waiting list at your usual transplant centre.

However, if your centre is completely closed for liver transplantation, you will be given the option to be relisted at one of the three **'protected liver transplant centres'**. Your team will be in touch to discuss this option with you so you can make an informed decision. If you agree to this, it means that if a liver becomes available for you, you will have your transplant at the new centre.

If your usual centre remains open with limited capacity, you will be given the option of having one of the protected centres as a 'back-up' centre. This means that if a liver becomes available for you and your usual transplant centre does not have capacity to perform your transplant at that time, it will take place at the back-up transplant centre, with your agreement.

Although these options mean you might not have your transplant at the centre where you have had your liver transplant assessment and where you know the team, importantly, it will mean that there will be less chance of your transplant being delayed because of the COVID-19 burden at your usual transplant centre.

Transplant centres have formed a network and will work closely together to ensure that patients who are clinically urgent get their transplant at a **'protected liver transplant centre'**.

Whilst Edinburgh are not currently part of the network they have been closely collaborating with the liver community UK wide. The unit in Edinburgh have no capacity issues at the current time and are able to transplant patients as usual, however, should this change, the unit will advise on an alternative provision for liver transplant

We understand that this may be a worry for you and your family, but we assure you that your safety is priority and all transplant centres operate to the same high standards of safety and quality of care across the UK. It's important to know that

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these options will be offered to you, but you do not have to accept if you do not wish to do so.

I have been informed that I am not clinically urgent, does this mean I won't get my liver transplant?

At the moment, patients on the liver transplant waiting list who are deemed as clinically urgent are being prioritised to receive their liver transplants. This is because the current pressure on the NHS, especially Critical Care/ Intensive Care Unit (ICU) bed capacity, means that fewer transplants are taking place. Even though you have not been classed as clinically urgent, there is a small chance that you might still receive a call for your liver transplant if circumstances allow. It is important to know the status of **ALL** patients on the liver transplant waiting list is being reviewed on a weekly basis.

Clinically Urgent Patients Only

What happens if a liver is allocated for me?

If your usual transplant centre is completely closed and you have agreed to be relisted at a protected centre, the allocated liver will be offered to the centre where you have been relisted. The usual process will then take place.

If your usual transplant centre is open for liver transplantation, the allocated liver will be offered to your transplant centre in the usual way. The clinical team will review the organ offer as per standard practice across all liver centres. If your centre and the surgeon believes that this is a suitable organ offer for you and there is an ICU bed available, you will have your transplant at your usual transplant centre.

If the clinical team reviews the organ offer and the surgeon believes that this is a suitable organ offer for you but there is no ICU bed available at your usual transplant centre, you will have the opportunity to have your transplant at the agreed back-up centre.

Should you decide **not** to have your transplant at the back-up centre, the liver will be offered to the next suitable patient on the waiting list.

How will I get to the new transplant centre when the call comes?

Once a liver has been accepted for you by the clinical team, you will be contacted by the liver transplant coordinator at the centre where you will have your transplant. They will arrange transport for you and explain everything you need to know when they contact you.

You may wish to make your own way to the hospital but if it is not your own home unit then you may wish to be driven to the hospital by the transport provider.

What will happen if I get a call and then find out the liver is not suitable once I have already travelled to the new centre?

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As with all organ offers, the final decision about organ suitability is only made when the liver arrives at the centre and is inspected by the Consultant Surgeon.

Sometimes, the liver is deemed unsuitable and the transplant cannot go ahead. In some cases, you will find out after you have started the journey to the transplant centre or after your arrival. This sometimes does happen, but it is always in your interest not to proceed with the operation.

If this happens, the new centre will arrange transport for you to get back home again.

How will the new centre know about my liver condition?

The new centre will have all of your information prior to the transplant taking place. With your agreement, all of your information including scans, x-rays and test results will be shared with the new transplant centre. A Multi-Disciplinary-Team (MDT) meeting will take place with the team from your usual transplant centre and the new centre. This MDT will ensure that all information specific to you has been discussed and shared so that the new centre knows everything they need to know about you.

What other information will be given to the new centre about me?

Other shared information will include how to contact you and your next of kin, telephone numbers and transport arrangements if required. This is to ensure that your arrival at the new transplant centre is timely and seamless.

How long will I be at the new transplant centre?

After your transplant, you will be offered the opportunity to transfer back to your usual transplant centre as soon as it is safe to do so, likely after you have been discharged home. This will be a joint decision between your usual centre and the new centre and depends entirely on your individual circumstances and recovery.

This will be decided on a patient by patient basis and will be based on how you are after your operation, the bed status at your centre and importantly it will be based on you and if you are well enough to go home or whether you need a couple of days more in hospital back at your own centre.

When will my care be transferred to my usual centre?

As soon as you have been transferred back under the care of the team at your usual transplant centre or discharged home, with your agreement your ongoing care and follow up will revert back to your usual centre and team. The team will make this decision with you.

All information in relation to your transplant and your recovery will be shared with your clinical team via an MDT meeting, so that your care and follow-up is seamless.

Where will I attend my Out-Patient appointments?

All follow up and out-patient appointments will be carried out at your usual transplant centre as per standard practice.

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Can I choose an alternative transplant hospital myself?

The purpose of securing liver transplant services at three protected transplant centres is to minimise the risk of transplants not going ahead because of the burden of COVID-19. Where possible, the transplant will take place at your usual transplant centre. However, the resources available to carry out the transplant will ultimately dictate which centre is used.

Can my next-of-kin accompany me to the new transplant centre if I get called in for transplant?

Visiting is currently tightly restricted across the NHS and therefore being accompanied is not guaranteed. Your next-of-kin will be kept regularly informed about your transplant and recovery.

Can my family visit while I am in hospital for my transplant?

As above, visiting restrictions are currently in place across the entire NHS to safeguard patients and staff. Your next-of-kin will be kept regularly informed about your transplant and recovery.

Do the Consultant Surgeons all have similar skills across the liver transplant units?

Liver transplantation is a highly specialised area of practice. All Consultant Surgeons are fully trained to the same high standard across the UK. Individual surgeons' outcomes are all monitored at their respective centre.

Individual units are monitored regularly, and the evidence confirms equivalent outcomes across all centres.