

# INF1729/1 – Adult-to-Adult Living Donor Liver Transplant (LDLT): Local & Proctor Team Responsibilities



Blood and Transplant  
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This document describes the roles and responsibilities that sit with the delivery of adult-to-adult living donor liver transplantation (LDLT) within the new UK programme based on a proctor model. All the practice recommendations here are aligned with existing guidance from the British Association for the Study of the Liver (BASL)/British Transplantation Society (BTS)/British Liver Transplant Group (BLTG) in BASL on adult liver transplantation (LT) and in particular LDLT.

Relevant groups referred to:

1. Local LT multi-disciplinary team (MDT)
2. Local LDLT MDT
3. Local Trust clinical governance
4. Local Executive
5. Proctor LDLT MDT
6. Local orthotopic liver transplant (OLT) MDT

<b>STEP - 1: Approval within the Local centre</b>	
Approved local recipient protocol according to BTS/BASL UK LDLT Guidelines <a href="https://bts.org.uk/guidelines-standards/">https://bts.org.uk/guidelines-standards/</a>	Local LT MDT, Local LDLT MDT, Local Trust Clinical Governance
Approval & Development of Local LDLT donor protocol according to BTS/BASL LT Guidance	Local LT MDT & Proctor LDLT MDT, Local Trust Clinical Governance
Ensure local Medical Director governance approval secured for LDLT with proctor team via New Interventional Procedures process including sign off of: Disaster Plan & Communication strategy	Local LT & LDLT MDT & Local Trust Executive
<b>STEP 0: Listing of potential recipient and identification of suitability for LDLT</b>	
Work up according to local assessment protocol & BTS/BASL LT Guidance	Local LT MDT
Meets approved listing criteria for OLT	Local LT MDT
Approval of LT MDT at listing centre	Local LT MDT
Verification of suitability for LDLT	Local LDLT MDT & Proctor LDLT MDT
<b>STEP 1: Potential LD Screening (as per BTS/BASL UK LDLT Guidelines)</b>	

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Blood and Transplant  
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Living Liver Donor Transplant Coordinator Assessment	Local LDLT MDT
Health Check Questionnaire + GP check	Local LDLT MDT
Donor Consent for LD Assessment	Local LDLT MDT
<b>STEP 2: Potential LD Screening Bloods</b>	
FBC, LFT, Coagulation profile, Renal profile, U&E	Local LDLT MDT
Pregnancy test	Local LDLT MDT
Serology Hepatitis B, C, HIV, HTLV	Local LDLT MDT
Group & Save	Local LDLT MDT
Consider Fibroscan and CAP for screening of steatosis – if clinically indicated	Local LDLT MDT & Proctor LDLT MDT
Chest X-Ray	Local LDLT MDT
<b>Decision Point – Progress to Further LD Evaluation</b>	<b>Local LDLT MDT</b>
<b>STEP 3: Potential LD Further Blood testing</b>	
Chemistry, Lipid profile, Tissue Typing	Local LDLT MDT
Immunoglobulin: IgA IgG IgM, ANA, ASM, AMA, (ANCA, ACE, Lupus Anti-coagulant)	Local LDLT MDT
Thyroid function tests: TSH, fT3, fT4	Local LDLT MDT
Iron Study: Transferrin, Ferritin, a-1-Antitrypsin, Caeruloplasmin	Local LDLT MDT
Coagulation factors V, VII and VIII, Protein S, Protein C, APCR APCRAPCRAPCR Additional virology: CMV, EBV, HSV	Local LDLT MDT
Depending on the recipient diagnosis- we would recommend genetic screening if deemed necessary	Local LDLT MDT
Pulmonary function test or HRCT	Local LDLT MDT
1° Hepatitis B vaccination (if applicable, as per centre policy)	Local LDLT MDT
<b>Decision Point: Terminate or proceed LD assessment</b>	<b>Local LDLT MDT &amp; Proctor LDLT MDT</b>

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**INF1729/1 – Adult-to-Adult Living Donor Liver  
Transplant (LDLT): Local & Proctor Team  
Responsibilities**



Blood and Transplant  
Effective date:29/04/2024

<b>STEP 4a: Potential LD Psychosocial Screening</b>	
Donor and Recipient psychosocial assessment	Local LDLT MDT
Social worker assessment	Local LDLT MDT
<b>STEP 4b: Decision Point – Progress to Further LD Evaluation</b>	
Notification to NHSBT	Proctor LDLT MDT
<b>STEP 5: Potential LD Imaging</b>	
<b>CT Liver with Contrast (Multiphase living donor protocol)</b> (Liver US prior to CT optional) Description of vascular anatomy Liver volumetry	Local LDLT MDT
<b>MRCP</b> <b>Description of bile duct anatomy:</b>	Local LDLT MDT
<b>Steatosis assessment</b> MR assessment is gold standard (PDFF or spectroscopy) CT LAI if MR unavailable Estimated steatosis:	Local LDLT MDT
2° Hepatitis B vaccination (if applicable, as per centre policy)	Local LDLT MDT
Local review of imaging	Local LDLT MDT
Joint MDT review of imaging and volumetry assessment	Local LDLT MDT & Proctor LDLT MDT
<b>Decision point: Outcome</b> 1. Terminate LD assessment 2. Proceed +/- recording decision on additional evaluation - Liver biopsy	<b>Local LDLT MDT &amp; Proctor LDLT MDT</b>
<b>STEP 6: Potential LD Medical Consultations</b>	
Assessment by Donor Advocate Hepatologist	Local LDLT MDT

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Blood and Transplant  
Effective date:29/04/2024

Medical history, physical examination	
Assessment by Donor Transplant Surgeon	Local LDLT MDT
Assessment by Donor Consultant Anaesthetist	Local LDLT MDT
<b>Decision Point: Terminate or proceed LD assessment</b>	<b>Local LDLT MDT &amp; Proctor LDLT MDT</b>
<b>STEP 7: Potential LD Enhanced assessment</b>	
Exercise Tolerance Test	Local LDLT MDT
Echocardiography	Local LDLT MDT
Living Liver Donor Coordinator review	Local LDLT MDT
Informed consent for liver biopsy, if required	Local LDLT MDT
Presented to the multidisciplinary team meeting	Local LDLT MDT & Proctor LDLT MDT
<b>Decision Point: Terminate or proceed LD assessment</b>	<b>Local LDLT MDT &amp; Proctor LDLT MDT</b>
<b>STEP 8: Potential LD Invasive assessment</b>	
Imaging guided Liver biopsy (if indicated) with Hepatologist consultation	Local LDLT MDT
Selected consultations – Cardiology, Pulmonology (if indicated)	Local LDLT MDT
Gynaecology consultation (in Females, if applicable Pap smear, ultrasound of breasts	Local LDLT MDT
3 <sup>o</sup> Hepatitis B vaccination (if applicable, as per centre policy)	Local LDLT MDT
<b>Decision Point: Terminate or proceed LD assessment</b>	<b>Local LDLT MDT &amp; Proctor LDLT MDT</b>
<b>STEP 9: Review and Approval by Donor Advocate Team</b>	
Donor Advocate Physician assessment	Local LDLT MDT
<b>STEP 10: Local and Proctor Centre MDT Reviews</b>	
<b>Presented to the local OLT MDT meeting: Final decision on graft selection</b>	<b>Local LDLT MDT &amp; Proctor LDLT MDT</b>
<b>Presented to the Proctor Centres MDT: Confirmation of decision on graft selection</b>	<b>Local LDLT MDT &amp; Proctor LDLT MDT</b>
<b>Step 11: Independent assessor and HTA approval</b>	

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Transplant (LDLT): Local & Proctor Team  
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Blood and Transplant  
Effective date:29/04/2024

Approval of Independent Assessor and Human Tissue Authority		Local LDLT MDT
<b>Step 12: Final Steps</b>		
Presented to the multidisciplinary team meeting for final approval		Local LT & LDLT MDT & Proctor LDLT MDT
Operation Date Set		Local LDLT MDT & Proctor LDLT MDT
Notification to NHSBT		Proctor LDLT MDT
Consent to be obtained by Local Donor Transplant Surgeon		Local LDLT MDT
<b>Step 13: Day of Surgery</b>		
LDLT undertaken		Local LDLT MDT & Proctor LDLT MDT
Notification of NHSBT		Proctor LDLT MDT
<b>Step 14: In patient stay</b>		
Clinical reviews		Local LDLT MDT in liaison with Proctor LDLT MDT
Notification of NHSBT		Proctor LDLT MDT
Submission of paperwork to LDLT registry and HTA A and B forms		Local LDLT MDT

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## FINAL CHECKLIST FOR ADULT-TO-ADULT LDLT (A-A LDLT) TO BE SIGNED OFF BY MEDICAL DIRECTOR OTDT AND/OR DEPUTY

Requirement	Rationale	Provided By Whom
1. UK Professional Registration (GMC/NMC etc.) for all members of proctor team (PT)	To confirm credentials of each member of the proctor team (PT)	Proctor LDLT MDT
2. Proctor team sign off by OTDT- NHSBT Medical Director	Provide assurance that PT has the appropriate credentials	OTDT Medical Director
3. Evidence of Trust approval and local governance arrangements to support A-A LDLT in centre using a PT	Confirm local Trust approval and governance arrangements in place	Local hospital LDLT MDT
4. Evidence that an approved clinical protocol for donor assessment, surgery, management, recovery and follow-up has been followed, according to UK best practice guidelines (including Human Tissue Authority (HTA) approval to proceed)	Ensure standardisation and adherence to evidence-based best practice for donor management	Local LDLT MDT & Proctor LDLT MDT
5. Evidence that an approved clinical protocol for recipient assessment, surgery, management, recovery and follow-up has been followed, according to UK best practice guidelines (to include consideration of offers from deceased donors prior to scheduled transplant proceeding)	Ensure standardisation and adherence to evidence-based best practice for recipient management	Local LDLT MDT & Proctor LDLT MDT
6. Evidence that PT has signed off the clinical assessments for both donor and recipient and have approved donor and recipient procedures to 'go' (e.g., 'go/no go' MDT with PT and local team)	Meet agreed governance arrangements for UK A-A LDLT programme, provide assurance to wider clinical community and encourage confidence in operational model	Local LDLT MDT & Proctor LDLT MDT
7. Evidence of a 'disaster plan' in the event of a poor outcome for donor, recipient or transplant	Limit damage for individual donors and recipients and negative impact on further development of UK A-A LDLT programme	Local LDLT MDT & Proctor LDLT MDT

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**Blood and Transplant**  
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8. Approved communication plan between all parties involved i.e., donor, recipient, PT, local transplant centre and NHSBT, irrespective of outcome	Ensure that communications within the wider transplant community, in the media and on social media are accurate, effective and avoid unintended consequences	Local LDLT MDT & Proctor LDLT MDT
9. Contracts in place for proctor team to undertake clinical activity in the local hospital	To allow visiting clinicians from within the proctor team to work at the local hospital	Local LDLT MDT