

# INF1729/2 – Adult-to-Adult Living Donor Liver Transplant (LDLT): Local & Proctor Team Responsibilities



Blood and Transplant  
Effective date: 31/10/2025

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<br><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:<br>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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|---|--|
| 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: Minimum Investigations Required in the Donor</b>   |  |
| <b>Blood Tests:</b>   |  |
| Group & Save<br>FBC, LFT, Coagulation profile, Renal profile<br>TSH and T4, Lipid profile, HbA1c, Corrected calcium and bone profile<br>Ferritin, Iron Studies, A1AT, Liver Auto Antibodies, ANA, Immunoglobulins, Serology for Hepatitis B including core antibody, C, E(RNA), HIV, HTLV, CMV, EBV, HSV, <b>HHV8</b><br>Toxoplasma, syphilis | Local LDLT MDT                               |
| <b>Others:</b>  |  |
| Urine dipstick analysis and protein:creatinine ratio  | Local LDLT MDT                               |
| MRSA screening; CPE   | Local LDLT MDT                               |
| Chest X-ray, ECG  | Local LDLT MDT                               |
| Pregnancy test  | Local LDLT MDT                               |
| Cervical smear (if not done) in line with national screening  | Local LDLT MDT                               |
| <b>Decision Point – Progress to Further LD Evaluation</b>   | <b>Local LDLT MDT</b>                        |
| <b>STEP 3: Further LD evaluation as necessary</b>   |  |
| Family history of clotting disorder-Thrombophilia screen & additional investigation guided by local haematologist.  | Local LDLT MDT                               |
| Consider Fibroscan and CAP for screening of steatosis – if clinically indicated   | Local LDLT MDT                               |
| ECHO, PFTs at the discretion of anaesthetist (and/or in Females aged over 55 and Males aged over 45)  | 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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| <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><br>(Liver US prior to CT optional)<br>Description of vascular anatomy<br>Liver volumetry- MeVis or local volumetry (if agreed with LDLT Proctor Team) | Local LDLT MDT                               |
| <b>MRCP</b><br><b>Description of bile duct anatomy:</b>  | Local LDLT MDT                               |
| <b>Steatosis assessment</b><br>MR assessment is gold standard (PDFF or spectroscopy)<br>CT LAI if MR unavailable<br>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><br>1. Terminate LD assessment<br>2. Proceed +/- recording decision on additional evaluation<br>- 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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| 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 (if recommended following completion of steps 2,3,5 &amp; 6)</b>           |  |
| Cardiopulmonary exercise testing (CPEX)  | Local LDLT MDT                               |
| High-resolution computed tomography (HRCT)   | Local LDLT MDT                               |
| Liver biopsy (if needed following hepatology consultation)   | Local LDLT MDT                               |
| Further specialist opinion, (e.g.;gynaecology)   | Local LDLT MDT                               |
| Further genetic assessment of the donor if indicated (e.g. by recipient's diagnosis; donor medical +/- family history) | Local LDLT MDT                               |
| Human Leucocyte Antigen (HLA) testing if indicated   | 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: Review and Approval by Donor Advocate Team</b>  |  |
| Donor Advocate Physician assessment  | Local LDLT MDT                               |
| <b>STEP 9: 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 10: Independent assessor and HTA approval</b>  |  |
| Approval of Independent Assessor and Human Tissue Authority  | Local LDLT MDT                               |
| <b>Step 11: Final Steps</b>  |  |

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| <b>Presented to the multidisciplinary team meeting for final approval</b>                            | <b>Local LT &amp; LDLT MDT &amp; Proctor LDLT MDT</b> |
|--|---|
| Submission of completed checklist and supporting evidence to OTDT Medical Director (MD) for sign-off | Local LDLT MDT, Proctor LDLT MDT, OTDT MD & AMD       |
| Operation Date Set   | Local LDLT MDT & Proctor LDLT MDT                     |
| Notification to NHSBT of date of surgery   | Proctor LDLT MDT                                      |
| Donor and recipient consent for surgery 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 to 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 |
| 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                    |

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