What difference could LDLT make to your programme?

Past, present and future

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UK Living Donor Transplant (LDLT) Network 3rd Meeting 21st September 2026

The Past

- Edinburgh has assessed 137 potential donors since August 2007
  - Carried out 4 LDLT from 2008-2016
    - Wife to Husband (2008)
    - Mother to daughter (2011)
    - Daughter to father - (L) lobe re transplanted (HAT) (2011)
    - Sister to brother (2016)
    - 1 LDLT abandoned intraoperatively (donor variant biliary anatomy) (2016)
- Suspended the programme during COVID

The present
Why do we need LDLT ?

- Increasing waiting list numbers

  Current list: 76 patients; pre-COVID: 48 (Highest in the UK for this period)

- Deaths and removals from the waiting list

  12% died within 6 months (annual report 24/25) (Highest in the UK for this period)

- Waiting list time (Variants and PSC)

  VS patients >1500 days waiting

- Nationwide reduction in DBD donors

  Last 2 months only attended one DBD all others DCD

- Geography and access to liver pool

  Flight availability and airport logistics



How have we engaged with the Proctor Team?

- Changed over time
- When to refer
- Whose donor is it anyway?
- Protect our assessment process
  - Background work to establish service
  - DAT team
- Adapt protocol

Assessments since the proctor team has been established

- Edinburgh assessed 20 LDLT pairs since September 2024
- Not all donors were referred to the proctor team due to
  - Donor medical contraindications – 5
  - Put on hold by recipient - 3
  - Early transplant for the recipient -2
  - Donor withdrawing from the process - 1
- 4 donors have gone to full proctor team MDT
- 5 donors / recipients have been referred for advice only

Adapt engagement with proctor team to suit needs

- Full MDT discussion for real potential donors (n=4)
- Advice only
  - Early ‘get out’ for potential donor or recipient (n=5)
- Back-up for difficult decisions

Embedded Proctor Team into practice



Tell patients about LDLT along with all other TX options



Give them information pack at listing

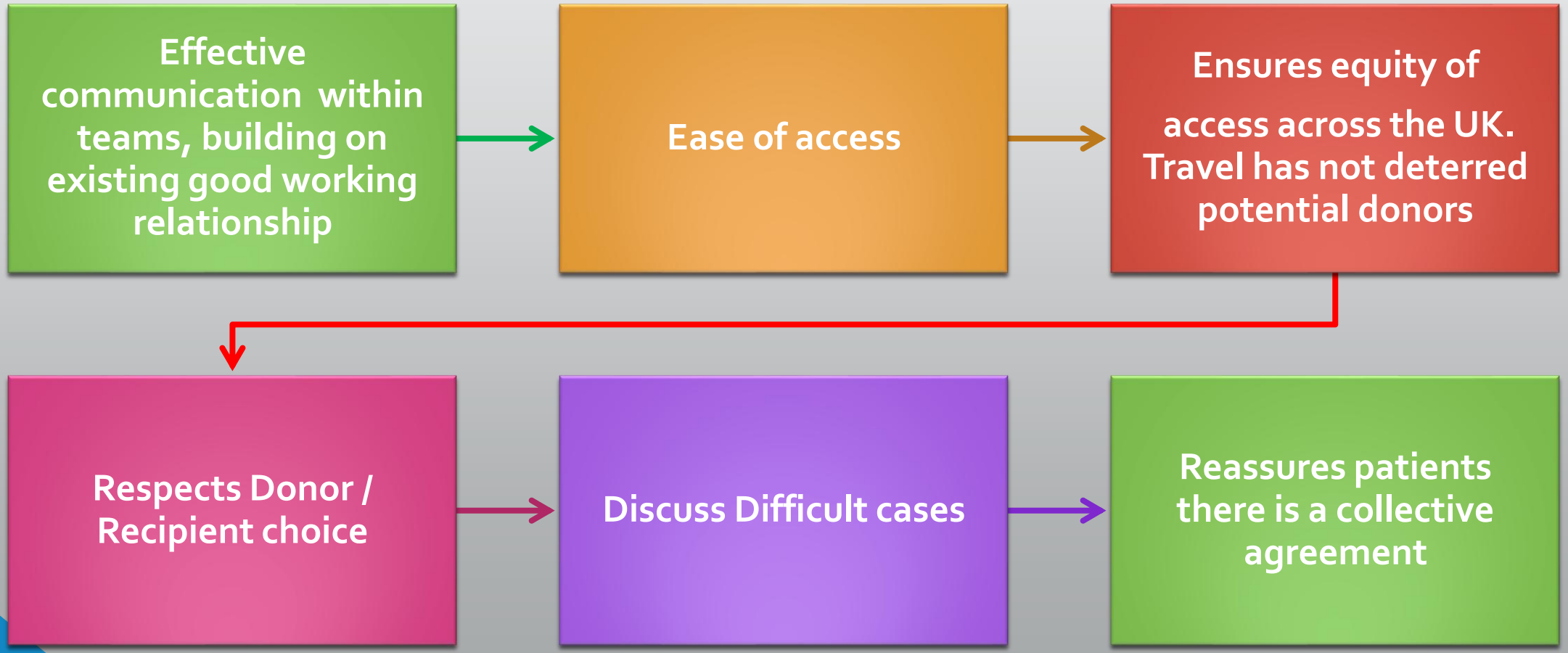


Provide them with written NHSBT information regarding Proctor Team



Offer NearMe or telephone calls if further discussions with family or friend required

Future with Proctor Team



Future of LDLT in Edinburgh

- Maintain a robust assessment process
- Continue to offer patients a choice
- Maintain ease of access by providing a local assessment process
- Maintain links with proctor team
- Collaborate with national approach
- Surgical desire / resources to re-establish surgery in Edinburgh ?

In summary

- Edinburgh will continue to offer LDLT to all suitable patient maintaining equity of access
- Continue to provide an assessment service within Scotland
- Future considerations for discussion within the Edinburgh Team
  - We are concerned about the safety of maintaining skill set with low numbers and no paediatric service?
  - We think it is preferable for the surgery to take place in a centre with higher volumes of LDLT and an established paediatric service?
- Edinburgh has had a positive experience in engaging with the proctor team and looks forward to continued collaboration between units

With thanks from LDLT Transplant Edinburgh

- Ms Adair Consultant Transplant Surgeon
- Mr Sherif Consultant Transplant Surgeon
- Dr Williams Consultant Hepatologist
- Dr Cameron Consultant Anaesthetist
- Mr Stutchfield Consultant Surgeon
- Wendy Herries Transplant Coordinator