UK LDLT Network Meeting 2026

Centre Perspectives: What difference could LDLT make to King's programme?

"as a Proctored LDLT Centre"

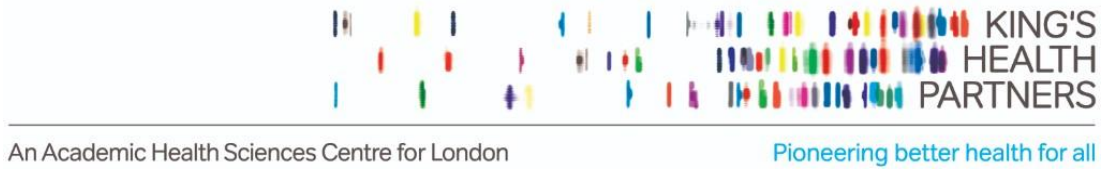
Abdul Rahman Hakeem FRCS, PhD, FEBS, SERF (USA), FACS

Consultant Liver Transplant Surgeon

Education Lead for Liver Transplant Surgery

Chair – UK Liver Transplant Collaborative

Chair – ILTS Vanguard Committee



MRC Centre for Transplantation

KING'S College LONDON

NHS
King's College Hospital
NHS Foundation Trust

Home / Made in Chelsea: Sam Vanderpump's Story / Watch: Episode 1

Made in Chelsea: Sam Vanderpump's Story

Episode 1

Sam confronts his life-changing diagnosis of end-stage liver disease at the age of 28. A transplant is the only solution. And Sam and model Alice Yaxley get married and prepare for parenthood.

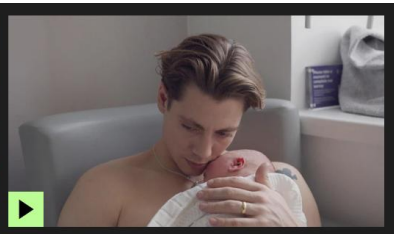


Episode 1

Sam confronts his life-changing diagnosis. A liver transplant is the only solution.

G HD

First shown: Tue 28 Apr 2026 | 47 mins



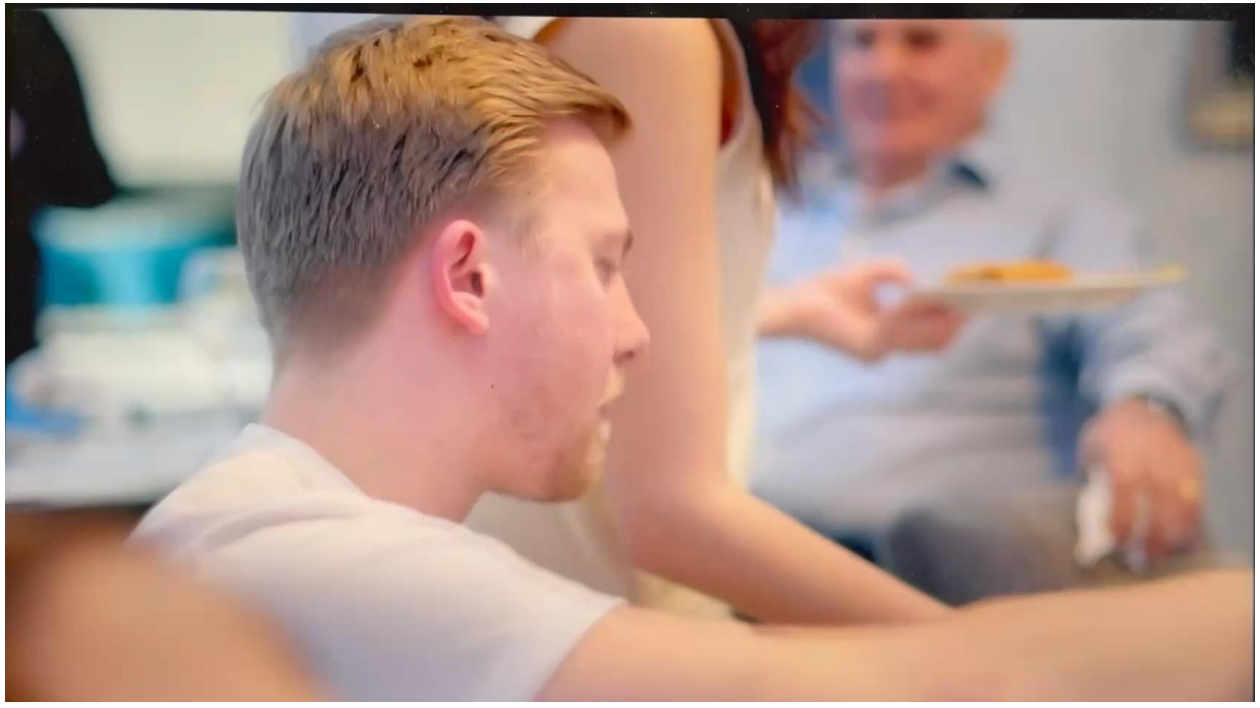
Episode 2

Sam and Alice welcome baby Marmaduke, while Sam struggles with the idea of a living donor

G HD

First shown: Wed 29 Apr 2026 | 47 mins





Made in Chelsea's Sam Vanderpump champions organ donation following news of his need for a transplant

18 November 2025

E4's Made in Chelsea star Sam Vanderpump has turned his personal health battle into a mission to help others. Thousands of people in the UK are currently waiting for an organ transplant, and the 28-year-old entrepreneur and reality TV favourite has vowed to raise awareness for organ donation after receiving devastating news that he himself will need a life-saving liver transplant.

This week on Made in Chelsea, viewers saw Sam hosting a special gala event attended by castmates and friends to support the newly re-launched NHS Blood and Transplant (NHSBT) Charity, which supports the NHS's life-saving blood, organ, stem cell and tissue donation work – of which Sam is now an ambassador.



The gala gave Sam the chance to highlight the urgent need for more people to join the NHS Organ Donor Register, show his support for the charity, and motivate his family and friends to do the same. It also provided much-needed focus and positivity at a challenging time in his life.

Born with liver and kidney disease, Sam lived largely symptom-free until December 2024, when a bout of flu triggered life-threatening organ failure caused by sepsis.

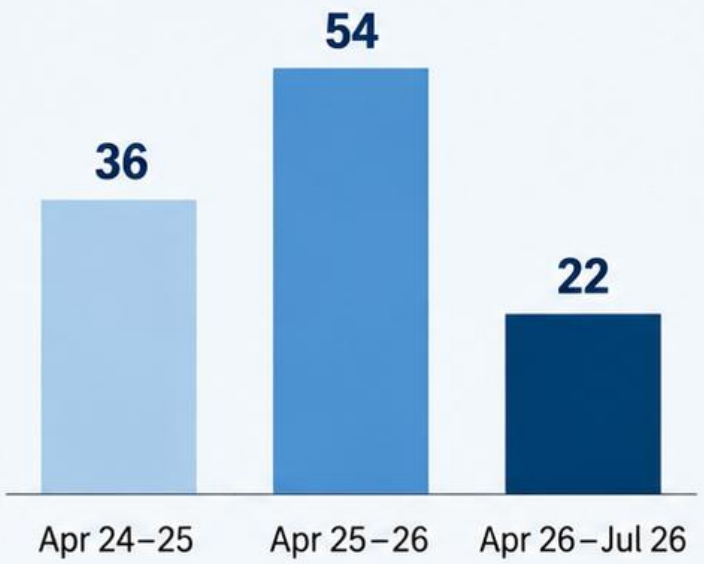
"I thought I was going to die," said Sam. "My body was shutting down, and it was terrifying. You never think something as simple as the flu could



Restarting Adult-to-Adult LDLT at King's

Programme restarted April 2025

Adult enquiries



2025

- **10** donors assessed
- **4** transplanted
- **1** recipient from another centre (listed in Birmingham, referred via proctor team)

2026

- **10** donors assessed
- **2** transplanted
- **2** recipients from other centres
  - 1 listed in Birmingham
  - 1 listed in Ireland

  (both referred via proctor team)

Reassuring Early Outcomes Build Confidence

Tx.No	Donor age	Donor relation	Donor remnant	Donor complications	Recipient age	Recipient aetiology	Final GRWR	Surgical complexity	Recipient complications
1 (Apr 2025)	49	Sister-in-law	39%	Incisional hernia needing repair	38	PSC (UKELD 49)	1.00	Previous hepjej for bile duct rupture, **two ducts**	None
2 (May 2025)	30	Brother	60%	None	33	PSC (UKELD 53)	**0.74** (estimated 0.9)	Left lobe graft, portal flow modulation (splenic artery ligation)	None
3 (Sep 2025)	36	Husband	30%	None	35	BSEP Deficiency, previous lap chole (UKELD 52)	1.28	Shunt ligation (increased pressures from 3 to 13mmHg)	Extension of shunt thrombus to splenic vein (6 mo anticoagulation)
4 (Dec 2025)	23	Stepbrother	35%	None	30	PSC (UKELD 54)	0.88	Four veins needing reconstruction and **two ducts**	Posterior bile duct leak needing ERCP and stent
5 (June 2026)	49	Family Friend	37%	None	38	PSC + previous subtotal colectomy (UKELD 49)	1.10	Grade 2 PVT, four veins needing reconstruction	None
6 (July 2026)	20	Son	67%	None	54	Hepatic Epithelioid Haemangioendothelioma (UKELD 45)	0.87 (estimated 1.02)	Left lobe graft, **two ducts**	None

What has helped?

- Proctor programme
- Local HPB expertise and volume
- Adult-to-Adult LDLT experience
- Hepatology engagement
- Coordinator expertise
- Increasing waiting list

NHS
Blood and Transplant

To: Liver Transplant Centre Directors

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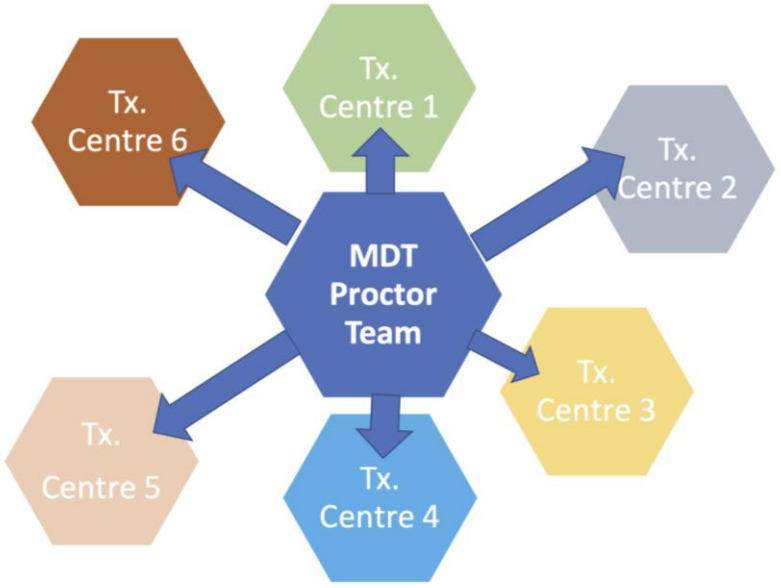
Ref: DMM/LB/tm/2023/10/01

5th October 2023

Dear All,

Re: Confirmation of Funding Decision for Living Donor Liver Transplantation (LDLT) Proctor Team

We are pleased to confirm that NHS England has agreed to provide £150K to establish the Proctor Team to support the development of Adult-to-Adult Living Donor Liver Transplantation (A-A LDLT).





What is the risk of donor death?

Ann Surg. 2025 Oct 1;282(4):650-657. doi: 10.1097/SLA.0000000000006895. Epub 2025 Aug 7.

Over 30 Years of Living Liver Donation in North America: Mortality Associated With Donation

Elizabeth A King [1], Roberto Hernandez-Alejandro [2], Juliet Emamaullee [3], David Al-Adra [4], Matthew M Byrne [2], Nazia Selzner [5], Blaire Anderson [6], Elizabeth A Pomfret [7], Kim M Olthoff [8]

Affiliations + expand

PMID: 40772632 DOI: 10.1097/SLA.0000000000006895

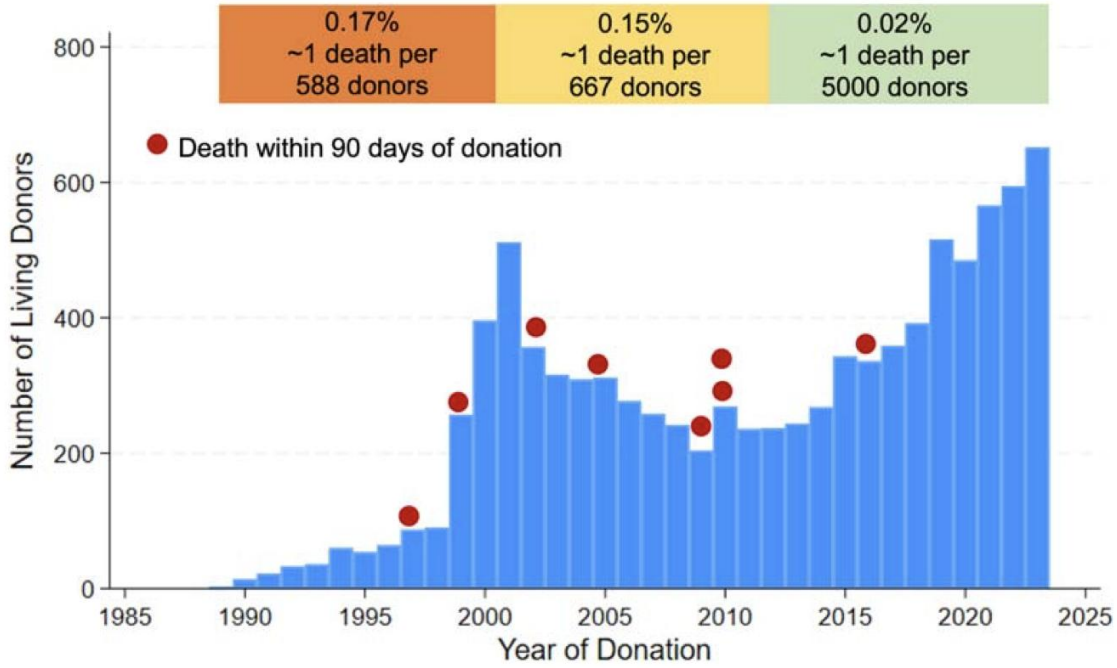
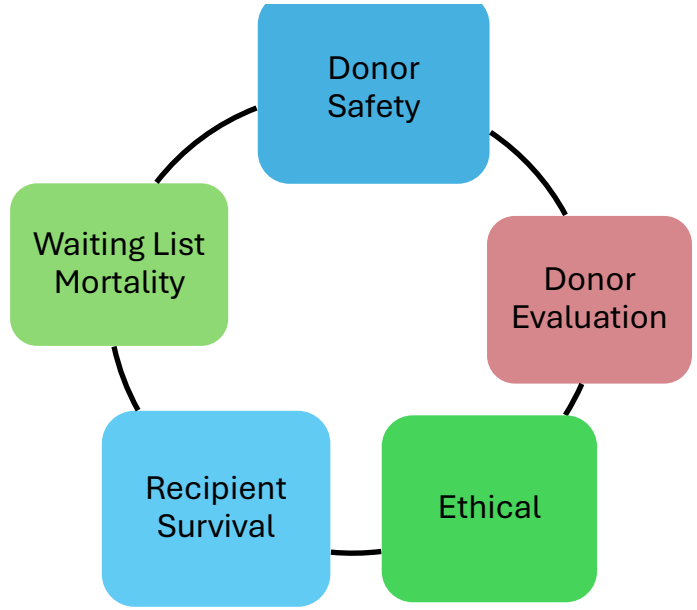


TABLE 3. Cause of Death for Living Liver Donors in the United States

Time From Donation	Cause of Death (n)
Perioperative/postoperative	
Intraoperative	Cardiovascular arrest (2)
Within 7 days	Anoxic brain injury (1), Intra-abdominal infection (1)
Within 90 days	Liver failure (1)
Between 90 days and 5 years	
90 days–1 year	Suicide (1), drug overdose (1)
1–2 years	Trauma (3), suicide (2), cancer (1), drug overdose (1)
2–5 years	Cancer (1)
Beyond 5 years	Cancer (1)

"Perioperative/postoperative death following living donor hepatectomy is rare in North America, with~1 death per 5000 donors"



King, Ann Surg. 2025

LDLT vs. DDLT

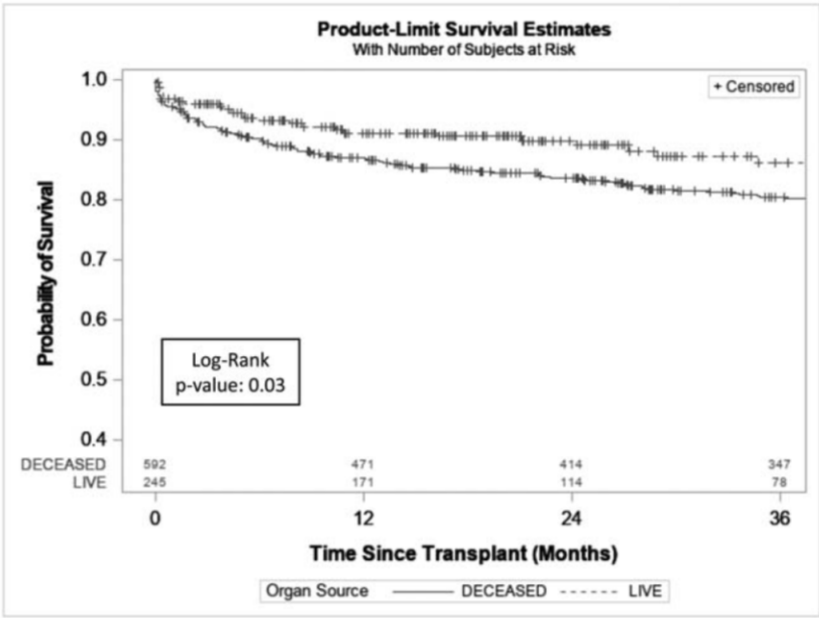
ASA PAPER

Adult Living Donor Versus Deceased Donor Liver Transplant (LDLT Versus DDLT) at a Single Center

Time to Change Our Paradigm for Liver Transplant

Abhinav Humar, MD, Swaytha Ganesh, MD,† Dana Jorgensen, PhD, MPH,* Amit Tevar, MD,* Armando Ganoza, MD,* Michele Molinari, MD,* and Christopher Hughes, MD**

2009-2019, LDLT (N=245) vs. DDLT (N=592)



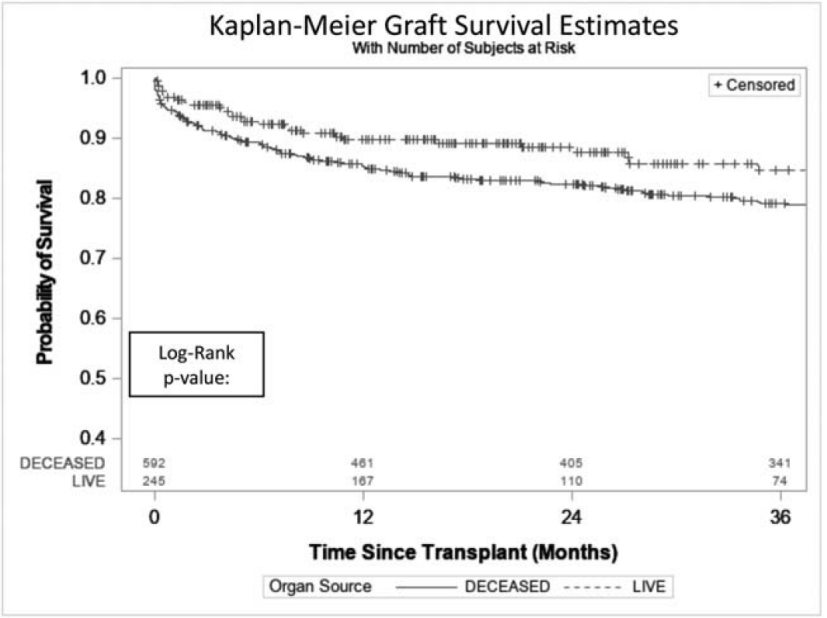


TABLE 4. Cost and Utilization Comparison of LDLT vs DDLT Done in 2017. Includes All Costs and Utilizations From 6 Months Before Transplant to 1-Year Posttransplant

Variable	LDLT N = 60	DDLT N = 52
Pretransplant average number of radiology scans	2.6	3.4
Posttransplant average number of radiology scans	8.6	12.0
Posttransplant average number of emergency room visits	0.5	0.7
Posttransplant average number of GI or other invasive procedures (outpatient)	0.2	0.7
Total Number of outpatient labs	25% Lower	—
Total pretransplant costs (6 mo)	23.5% Lower	—
Total inpatient perioperative costs	31.7% Lower	—
Total posttansplant costs (1 y)	26.0% Lower	—
Total inpatient and outpatient pre and posttansplant costs	29.5% Lower	—

GI indicates gastrointestinal.

Reduced waiting time
Better long-term graft and patient survival
Optimise outcomes

Day-time operating
Sustainability of careers!
NHS resources

Humar, Ann Surg. 2019

LDLT vs. DDLT Outcomes

Received: 11 September 2020 | Revised: 1 December 2020 | Accepted: 1 December 2020
DOI: 10.1111/ajt.16440

ORIGINAL ARTICLE

AJT

Meta-analysis and meta-regression of outcomes for adult living donor liver transplantation versus deceased donor liver transplantation

Arianna Barbetta[1,2] | Mayada Aljehani[3] | Michelle Kim[1,2] | Christine Tien[2] | Aaron Ahearn[1,2] | Hannah Schilperoort[4] | Linda Sher[1,2] | Juliet Emamaullee[1,2]

LDLT vs DDLT: Meta-analysis

19 international studies + U.S. SRTR registry;

4,571 LDLT vs 66,826 DDLT recipients.

- LDLT had superior patient survival (HR 0.83 at 1-yr; HR 0.87 at 5-yrs).
- Graft survival comparable between LDLT and DDLT at 1, 3, and 5 years.
- LDLT: lower MELD at transplant, shorter wait time, reduced waitlist mortality.
- Higher biliary complication risk (OR 2.1), but similar hepatic artery thrombosis, infections, and LOS.
- Lower rejection risk in LDLT (OR 0.72)

Barbetta, AJT 2020

LDLT Survival Benefit

Research

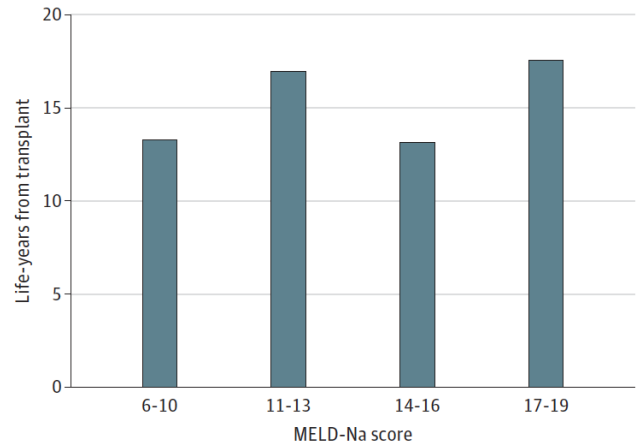
JAMA Surgery | Original Investigation

Survival Benefit of Living-Donor Liver Transplant

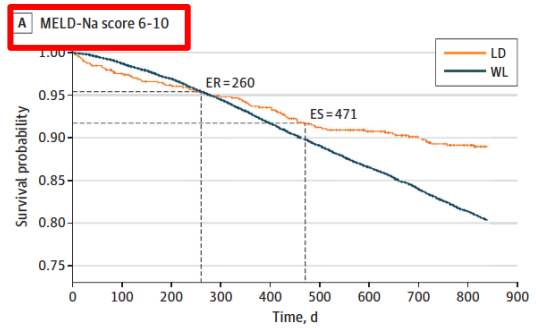
Whitney E. Jackson, MD; John S. Malamon, PhD; Bruce Kaplan, MD; Jessica L. Saben, PhD; Jesse D. Schold, PhD; James J. Pomposelli, MD, PhD; Elizabeth A. Pomfret, MD, PhD

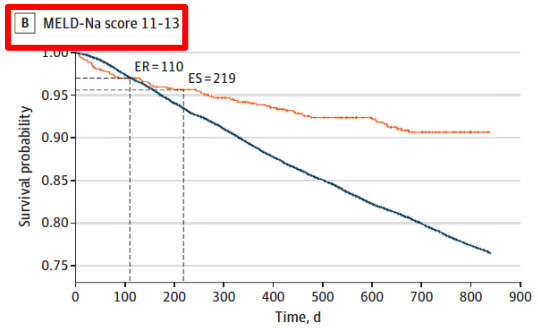
2012-2021, LDLT (N=2820) vs. Wait list (N=116,455)

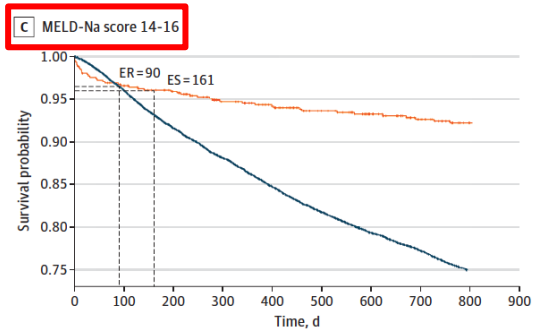
Figure 3. Life-Years Saved After Living-Donor Liver Transplant

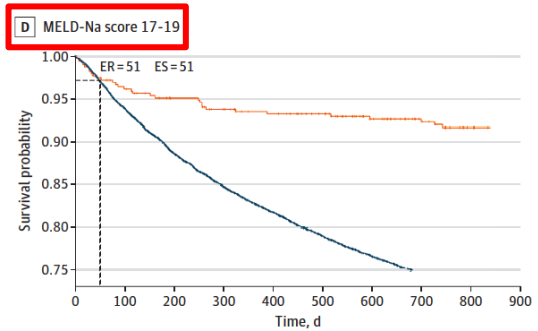


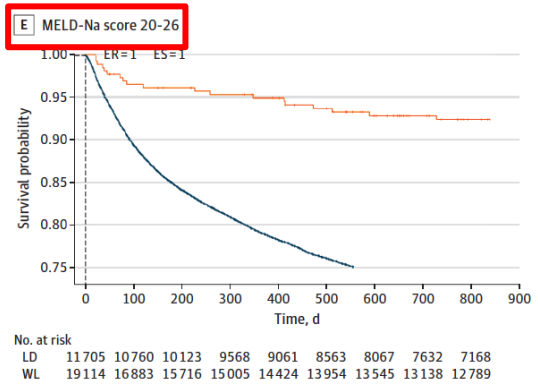
LDLT recipients gained an additional 13 to 17 years of life!











- **66% lower mortality** than remaining on the waiting list
- **Survival benefit begins at MELD-Na ≥11**
- **Benefit observed across all MELD-Na categories**

Jackson, JAMA Surg. 2022

What changed for us?

- LDLT became part of the routine transplant conversation

- Moving from *“When will a liver become available?”* to *“What are all the routes available to you?”*

- *Changing the patient and family conversation:*
  - Introduce LDLT early
  - Explain donor risks honestly
  - Explain DDLT national status and graft situation openly
  - Avoid creating pressure on families
  - Independent donor assessment

"The biggest change wasn't in the operating theatre. It was in the conversation before the operation”

The impact of the proctoring model

- **Clinic / MDT**
  Occasional LDLT discussion → Routine consideration
- **Referral**
  Ad hoc → Defined pathway
- **Donor pathway**
  Developing → Standardised
- **Surgeons**
  Uncertainty → Structured decision-making
- **Institution**
  Restarting a service → Building capability

..changes behaviour before numbers become large

..proctoring can accelerate programme development

Model of reflection

NHS Blood and Transplant

Structured case debrief after every LDLT

What went well (Continue to do)	What would you want to change (Improve/mitigate for the future)	What lessons have you learned
• Focus on processes, behaviours or actions that contributed to a good outcome/high performance/achieved your aims • What do you want to keep doing the same way because they work? • What is working well that could support the team and increase performance/ improve outcomes? • What could make us more efficient?	• What challenges did you face and how could you mitigate against these or take action to improve in future? • What behaviours, processes or actions would you like to adjust, streamline or reduce? • Are there any opportunities to increase efficiency or address areas that did not work as you wanted them to?	• Positive reflection on what actions, behaviours or processes will be kept the same, changed or improved • Recognise your achievements, acknowledge the challenges and how you managed them and identify how to sustain future success • What aspects of your experience/knowledge gained could be useful for others/shared?

Expanding LDLT: FTWG (LAG initiative)

- To assess whether it is ethically acceptable for LDLT to have different indications from DDLT, including whether this approach has been established elsewhere.

- If appropriate, to consider how LDLT indications could be expanded, including:
  - Low MELD/UKELD patients who may benefit from LDLT despite not meeting current listing criteria.
  - HCC and non-HCC cancer patients who may benefit from transplantation but are currently outside UK DDLT criteria.

Where next?

Embed

Make LDLT a routine part of transplant decision-making

Expand

Increase appropriate referrals and earlier consideration

Strengthen

Continue to refine donor and recipient pathways

Sustain

Build long-term institutional expertise and capability

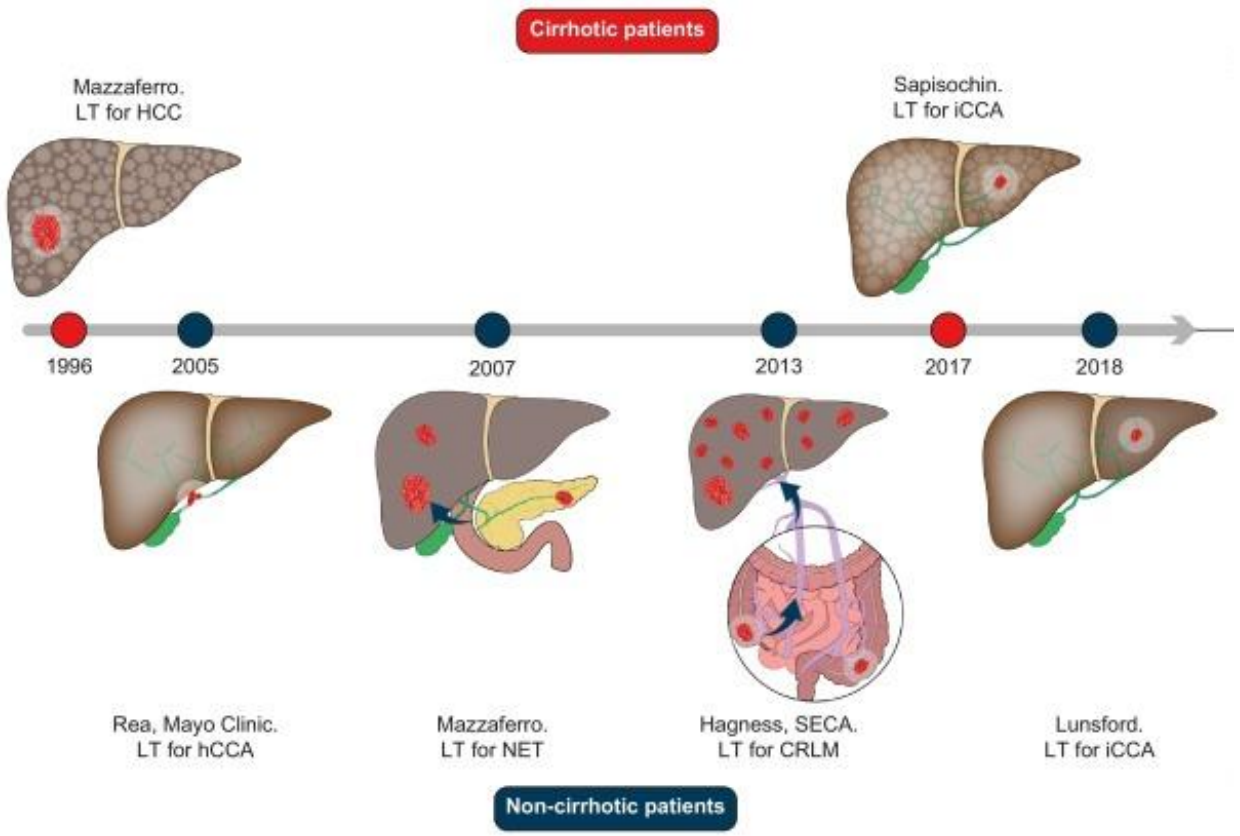
Convert

Minimise loss of opportunities once donors complete assessment

Impact

Increase the contribution of LDLT to the waiting-list programme

Transplant Oncology



Hepatocellular Carcinoma (advanced)
Colorectal Liver Metastases
Hilar Cholangiocarcinoma
Intrahepatic Cholangiocarcinoma
Neuroendocrine Tumours







Leeds: Regraft with LDLT (18-year-old son as the donor)

**Images used with patients' permission*

Take-home messages



1. Proctoring enabled us to restart safely and confidently.

2. The biggest change has been organisational — not just technical.

3. LDLT is becoming part of routine transplant decision-making at King's.

LDLT is not simply another operation. It changes the conversation, the pathway and the possibilities available to patients.