Liver Transplantation Guidelines

Living Donor

<table>
<thead>
<tr>
<th>Transplant Team</th>
<th>Pager</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greg DEMBO</td>
<td>995-2181</td>
<td><a href="mailto:gdembo@u.washington.edu">gdembo@u.washington.edu</a></td>
</tr>
<tr>
<td>Ken MARTAY</td>
<td>680-0592</td>
<td><a href="mailto:kmartay@u.washington.edu">kmartay@u.washington.edu</a></td>
</tr>
<tr>
<td>Youri VATER</td>
<td>991-8596</td>
<td><a href="mailto:yvater@u.washington.edu">yvater@u.washington.edu</a></td>
</tr>
<tr>
<td>Alex VITIN</td>
<td>540-3202</td>
<td><a href="mailto:vitin@u.washington.edu">vitin@u.washington.edu</a></td>
</tr>
</tbody>
</table>

Liver Transplantation (Donor) CPT Code : 00770

Please note that these guidelines may need modification according to the patient’s condition, surgical protocol, and clinical studies in progress. Please check with the attending anesthesiologist assigned to the case.

General Information

Patients presenting as donors for liver transplantation are healthy, ASA 1-2, and aged 18-55 years. The patient has usually been seen in the anesthetic Pre-Surgery-Clinic and got a standard anesthesia workup.

OR set-up

- General anesthesia cart
- **Blood products**: 2 units of autologous blood + 4 units of packed cells
- **Plasmalyte** is the preferred crystalloid i.v.-solution.
Preoperative patient management in the holding area

When the patient has arrived in the holding area, insert two 16 G peripheral IV’s and an arterial line. Give **Midazolam, 2 mg, i.v.**, to lower anxiety, and apply oxygen by nasal prongs or mask, and a pulse oximeter. Start antibiotics early because it takes antibiotics only 1 minute to be distributed throughout the blood circulation, but 30-60 minutes to diffuse to the skin!

The patient usually arrives in the holding area with the following medication:

- **Epidural anesthesia** if patient is a suitable candidate for it and will not refuse an epidural.
- **Ranitidine, 50 mg, i.v.;** dilute to 50 ml and give in the holding area

Preoperative patient management in the OR

- **Cefazolin, 2000 mg, i.v.;** re-dose every 3 hours.
- **Arterial line** to be inserted

Intraoperative patient management

- Standard monitoring with BIS monitor. A CVP line is not routinely required
- Cell saver will be utilized
- If blood transfusion is required, give autologous blood first. **Don’t give the donor his/her autologous blood back unless medically indicated.** Autologous blood, due to clerical and identification errors, carries the same risk of mismatch as bank blood!

Postoperative patient management

After surgery has finished, the patient will be extubated and transferred to PACU.
Liver Transplantation Guidelines

Living Donor

FLOW CHART

OR set-up

___ General anesthesia cart in OR

Blood products:

___ 2 units autologous blood in house

___ 4 units packed cells in house

Preoperative patient management in the holding area

___ Two 16 G peripheral IV's inserted

___ Midazolam, 2 mg, iv, given

___ Ranitidine, 50 mg, iv, diluted to 20-50 ml, given

___ Epidural inserted (if patient is a suitable candidate for it and will not refuse an epidural)

Preoperative patient management in the OR

___ Cefazolin, 2000 mg, iv, given

___ Arterial line inserted