

Patient information

Care after Liver Transplant

Digestive Diseases Care Group

Care after liver transplant

Today, the number of people surviving liver transplantation is higher than ever before and the vast majority now go on to lead an active life. Transplantation is still very complex and remains a treatment rather than a cure for your condition. Because of this it is not unusual for some people to find themselves readmitted to hospital during the first year.

Post liver transplant follow up and monitoring is important as there is a risk of complications. Some complications can develop slowly over several years or decades.

The powerful drugs that play such a big part in helping people survive and recover from transplantation can pose their own problems. Many of these can have side effects that affect some people more than others. It is therefore essential you attend your follow up clinic appointments, in most cases this will be for life.

For the first three months you will be followed up closely by your transplant centre, if all is well it is usually possible for your care to be transferred back to the referring centre.

Long-term complications following liver transplant

1. Biliary stricture

Patients whose bile duct is joined directly to the donor bile duct can sometimes develop a narrowing of the bile duct (stricture) at the site of the connection. This can be treated by placing a small plastic tube (stent) into the bile duct to keep it open. Occasionally however stents can become problematic and biliary surgery may be necessary. This surgery would be undertaken at your transplant centre.

2. Risks of cancer

Anti-rejection medication can increase the risk of developing some cancers, especially of the glands, the skin, gullet and bowel. You should ensure you monitor your body for these or other potential cancers and make use of health screening.

3. Lymphoproliferative disease

This is a rare cancer of the bone marrow which can occur due to your medication (approx 2% following liver transplant). It is diagnosed by blood and other tests and can be treated.

4. Kidney failure

Your kidney function is monitored each time you come to clinic. Your anti-rejection medication affects your kidneys and in the long term there is risk of severe kidney problems, possibly even kidney failure requiring dialysis or kidney transplantation. This can be minimised by close monitoring of blood levels of anti-rejection medication and adjustment to your medication if required. It is one of the reasons why you need to continue to attend the transplant outpatient clinic for the rest of your life. You must always check with the transplant team before starting new medications such as Ibuprofen as some medicines can affect your kidney function.

5. Cardiovascular disease

People who have had a liver transplant are more likely to be at risk of cardiovascular disease than the general population, and have a higher predicted risk of developing coronary heart disease (CHD). Immunosuppression medication used after transplantation can cause an increase in fluid retention and increased appetite. For this reason they are linked with the development of hypertension and hyperlipidemia (excessive blood fats), weight gain and type two diabetes. You will be required to undergo regular blood tests and blood pressure monitoring to assess your cardiovascular health when you attend clinic.

6. Recurrence of original disease

Liver transplant is not always a cure for your underlying disease. In some conditions it is possible your new liver will become damaged in the same way as your old liver was.

7. Rejection- acute or chronic

There are two types of rejection, acute and chronic.

Acute rejection is the body's normal reaction following a transplant. It happens in around 20% of patients and can occur as early as six days after transplant but can occur at any stage. Many patients are still in hospital when this happens. Some patients will have more than one episode of acute rejection. Symptoms of acute rejection can include high temperature, jaundice, diarrhoea, vomiting and feeling generally unwell. A blood test can determine if your symptoms are likely caused by rejection. Acute rejection is easily treated with extra steroid tablets.

Chronic rejection is seen in less than 3% of patients and generally occurs over a longer period of time and after the first three months. Sometimes a change in anti-rejection medication can control or even stop chronic rejection, however, sometimes another transplant is required.

8. Infection

Your immune system is reduced but not to the point that you will catch every infection that comes along. However, sometimes infections can be difficult to overcome and you are more likely to need antibiotics to help fight infection than someone who has not had a transplant.

Follow up appointments – Post Transplant Clinic

- You will be expected to attend the outpatient transplant clinic in the Royal Liverpool Hospital on a regular basis.
- You will be seen in clinic by one of the liver specialist team.
- Regular clinic attendance allows the doctors or nurse to see how well you are recovering, monitor your liver and kidney function and to look out for any signs of the above. They will also check the level of anti-rejection medication in your blood. It is also an opportunity to discuss any concerns or problems you may have.
- You will have blood taken (**remember not to take your immunosuppressive medication before you have your blood taken, even though it is an afternoon appointment**)
- You will be weighed and have your blood pressure checked.
- You **must bring a list of your medication** to every hospital appointment
- On occasion you may need further investigations such as imaging of your liver such as an ultrasound scan.

Feedback

Your feedback is important to us and helps us influence care in the future

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated

Further information

Contact Number: Hepatology Specialist Nurses

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