

Patients - Who?

- Acute liver disease
- Chronic
 - Biliary atresia.
 - α_1 anti-trypsin deficiency.
- Metabolic liver disease.
 - Hyper-oxaluria.
 - Crigler-Najjar syndrome.
 - Urea cycle defects.
- Liver tumors.
- Retransplantation

Graft Types:

1. Reduced liver graft. → (L) to child
2. Split liver graft. → (R) to adult
3. Living-related transplant.
 - (L) lobe resected

Pre-op Assessment:

- ↑ bilirubin.
Poor nutritional status
↓ albumin
- Predictors of poor outcome.

O/E: Sx of liver disease.

- Acute
• Appear healthy.
- Chronic
• Varices.
• Portal HPT.
• ↓ nutritional status.
- Syndrome
e.g. \heartsuit lesions e.g. Abgille

Pre-op Assessment for

Paeds Liver Transplant

→ NB: Remember Liver Fcs:

- Endocrine
- Metabolic
- Exocrine. → protein
- Synthetic. → clotting.
- Immune.

Respiratory DQ.

- Commonly → Arterial hypoxaemia
 - Due to:
 1. Mechanical.
 - Ascites.
 - Hepatosplen.
 - Pleural effusions.
 2. Chest infections.
 - poor gastric emptying.
 - ventilator → encephalopathy

Neurological

- Hepatic encephalopathy.
 - Multifactorial pathology

Renal

- Multiple causes of dysfx.
 - pre-renal azotemia.
 - sepsis w ATN.
 - immunosuppressive agents.
 - hepatorenal syndrome.

Cardiovascular

- Hyperdynamic circulation.
 - ↓ BP
 - ↑ CO
 - ↓ SVR
 - ↑ HR
 - ↑ SV
- Portopulmonary HPT.