

When to consider a referral for Elective Liver Transplantation

The National Liver Transplant Selection Criteria from NHS Blood & Transplant can be found at; https://nhsbtdeb.blob.core.windows.net/umbraco-assets-corp/15904/020519_liver-selection-policy-pol195.pdf

Consider referral when the expected one year survival from chronic liver disease is clearly less than that for transplant (95%).

It's better to refer early than leave it too late

1. Hepatocellular carcinoma

- Single tumour < 5 cms
- Up to 5 tumours all < 3 cms
- Tumour 5-7cms and no progression over 6 months with down staging
- Exclusions; AFP > 1000, tumour rupture, extra-hepatic spread

All cases outside criteria should still be referred to the HCC MDT for consideration of a specific down-staging protocol.

2. Chronic Liver disease

- At first decompensation – variceal haemorrhage, ascites, SBP, encephalopathy
- When Childs-Pugh Grade B; <https://www.thecalculator.co/health/Child-Pugh-Score-Calculator-for-prognosis-of-liver-disease-701.html>

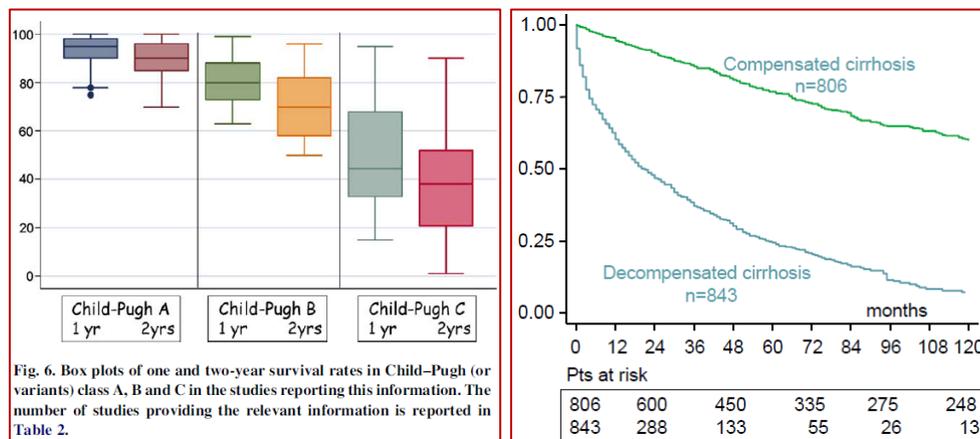


Fig. 6. Box plots of one and two-year survival rates in Child-Pugh (or variants) class A, B and C in the studies reporting this information. The number of studies providing the relevant information is reported in Table 2.

Survival by Childs-Pugh Grade

Survival with decompensated cirrhosis

- UKELD score ≥ 49 ; <https://www.odt.nhs.uk/transplantation/tools-policies-and-guidance/calculators/>

3. Other less common indications

- Diuretic resistant ascites, even when UKELD is low
- Chronic hepatic encephalopathy, even when UKELD is low
- Porto-pulmonary hypertension; mean PAP >25 mmHg, <50 mmHg; PVR >120 dynes/s/cm⁻⁵; PCWP <15 mmHg.
- Hepatopulmonary syndrome: Arterial pO₂ <7.8, alveolar arterial oxygen gradient >20 mmHg, calculated shunt fraction >8%

- Persistent and intractable pruritus
- Amyloidosis
- Homozygous familial hypercholesterolaemia
- Polycystic liver disease:
- Recurrent cholangitis
- Hepatic epithelioid haemangioendothelioma
- Glycogen storage disease
- Primary hyperoxaluria
- Ornithine transcarbamylase deficiency
- Maple syrup urine disease
- Porphyria

Urgent referral for in-patient assessment

Call on-call Consultant Hepatologist via switchboard – 01223 245 151

Liver Transplant Coordinators; 01223 216 672

Referral for elective liver transplant assessment

Letter or email to any Consultant Hepatologist at add-tr.Hepatology@nhs.net

Liver Transplant Coordinators; 01223 216 672

Referral for Hepatocellular Carcinoma

Please use referral proformas for the Addenbrookes HCC MDT;

<https://easternliver.net/guidelines/primary-liver-cancer/>

HCC Clinical Nurse Specialists; 01223 596322