

Living Donor Liver Program

Frequently Asked Questions (FAQs) for Potential Donors

If you are interested in becoming a living donor, please contact our Living Donor Liver Clinical Coordinator at 604-875-4111 extension 66523. They can answer your questions, and help you get started with the evaluation process if you choose to move ahead.

What is live donor liver transplantation?

Live donor liver transplantation occurs when a healthy individual donates a portion of their liver to a person with end-stage liver disease. The donor's remaining liver regenerates and within four to eight weeks after the surgery the remaining liver grows back.

Is it safe?

Living donor liver transplant has existed since 1989. Since then, thousands of transplants have occurred. The chance of dying from donating a liver is between one in 500 and one in 1000 (0.1 to 0.2%). In comparison, the chance of dying from donating a kidney is three in 10,000 (0.03%).

Who can be a living donor?

A live donor can be a relative, spouse or friend.

In addition, donors must:

- blood type compatible with the recipient
- between the ages of 19 and 55
- in good health and good physical condition, with a healthy weight
- free from coercion or pressure to donate

What would disqualify someone from becoming a donor?

- a history of active hepatitis B or C
- HIV infection
- current alcohol use disorder
- current substance use disorder
- a recent history of cancer (individuals with some skin cancers may proceed)
- a significant medical condition such as heart disease, kidney disease or diabetes

What are the advantages of a live donor liver transplant?

The main advantage is the shortened waiting time for the recipient along with the possibility to schedule the surgery before the recipient gets too ill. Most donors report a great sense of satisfaction following their donation.

What are some of the risks?

When someone donates organs, there are different kinds of medical risk:

- Immediate risk (during or right after the surgery)
- Short-term risks (in the year after the surgery)
- Lifetime risk (anytime during one's life)

As with any surgery involving general anesthesia, there are possible complications of the anesthesia itself, including heart complications, stroke and blood clot formation in the legs or lungs. There is also a very low risk that the remaining portion of the liver will fail, and the donor will need an urgent liver transplant themselves. The most common complications are small bile leaks from the remaining portion of the liver, wound infections, and hernias. Gastrointestinal upsets such as constipation, indigestion, nausea or diarrhea are common; however, usually resolve after a couple of weeks. While serious complications are very rare, the risks exist, and are discussed in more detail during the evaluation.

For the recipient, transplants are not always successful, and in a very small percentage of the cases, the recipient may need a second transplant.

When can the living donor process begin?

The donor evaluation can begin once a recipient is near completion of their evaluation.

What are the steps involved in evaluation?

Potential donors will be asked to complete a Medical History and Social Questionnaire, and to confirm their blood type to start the process. Following this, they will be asked to complete several different laboratory and imaging tests and meet with the transplant team. The health and safety of the donor is the most important guiding principle in the living donor program. Therefore, the evaluation is a step-by-step process which may be halted if it is determined that the donor is unable to donate, or if the donor or the donor team determine that donation is not in their best interest.

Can the donor change their mind during the evaluation period?

Yes. Throughout the evaluation, the donor will be asked if they wish to proceed. They can change their mind and withdraw from the program at any time without a reason. Their privacy and confidentiality will be respected.

How long will the evaluation take?

The duration of the evaluation varies and can depend on a number of factors including the health of the donor, the availability of the donor, and the resources available. The evaluation usually takes a minimum of three months. It is best not to rush it to ensure that the donor is well-informed, and the transplant team is confident in moving forward with the surgery.

Will the recipient be removed from the active transplant waiting list if a donor is evaluated?

The recipient will remain on the deceased donor list during the evaluation and up to the time of surgery.

What happens if the recipient's health deteriorates during the assessment process?

Although we understand the concern about a recipient's health, the donor's health is prioritized, and the pace of the work-up is determined by the time required to complete a thorough work-up. If the probability of recipient survival is less than 50%, the option of living donation for rapidly deteriorating recipients will not be offered.

Are there any financial considerations for the donor?

There is no financial compensation for donating a liver. The BC Medical Services Plan (MSP) covers the medical costs of the living donor assessment. As testing proceeds, the donor will have to make several trips to the hospital to complete testing and meet with the transplant team. Following surgery, the donor will need to stay in Vancouver for a few days. The donor may be eligible for the Living Organ Donor Expense Reimbursement Program (LODERP), which can help reimburse some of the expenses related to the assessment and donation. The donor social worker will provide more information on any available resources.

Should a liver donor stop smoking before surgery?

Even a light smoker should stop smoking before surgery. A heavy smoker may not be considered a suitable donor due to increased health risks. QuitNow.ca provides some useful resources to quit smoking.

Should a liver donor stop drinking alcohol before liver donation?

Liver donors should abstain from drinking for one month before surgery.

Should medications be stopped before donation?

One should never stop taking prescription medications unless advised to do so by a physician. Aspirin or non-steroidal over-the-counter medications such as Advil or Motrin should not be taken for seven days prior to surgery. This type of medication may increase the risk of bleeding. Tylenol can be used if needed. Anyone taking birth control pills or hormone replacement therapy will be advised to stop taking them one month before surgery because of the increased risk of blood clots during recovery from surgery.

Once scheduled, are the surgeries guaranteed to happen on the scheduled day?

Both the donor and recipient surgeries are scheduled on the same day at Vancouver General Hospital. The goal is to perform the surgeries at the scheduled date and time. However, some situations could arise that could mean the date is changed. The recipient's condition might deteriorate, or they may be ill with an infection. A donor could come down with a cold or flu which may cause a postponement of the surgery.

How long is the hospital stay for the donor?

The usual hospital stay is five to seven days but may be longer if there are any complications.

Are blood transfusions necessary during the surgery?

Blood transfusions during this surgery may be necessary but are not usual with living liver donation surgery. In the rare case of needing a blood transfusion, it's important to know that donated blood undergoes extensive testing for infectious diseases, including HIV and hepatitis viruses.

Do liver donors experience pain after the surgery?

It is normal to experience some pain or discomfort after surgery, however, there are a variety of methods to minimize post-operative pain including intravenous, epidural and oral medication with a goal to keep the donor as comfortable as possible.

Is other medication needed after liver donation?

Normally, donors would only require pain medication for a short period of time following surgery.

After surgery, when can a donor start to drink and eat?

Typically, donors will start having sips of water in the recovery room. The diet will gradually be expanded, and a normal diet resumed in four to five days.

Do donors need to stay in the Lower Mainland after surgery?

If a donor is from out-of-town, they may need to stay close by for a few days after the surgery to make sure they're able to travel safely. Clearance to travel should be obtained from the transplant team.

What type of follow-up care is needed after surgery?

Donors may be discharged with a tube in their abdomen that will need to be removed within several weeks. At three months, donors will be provided with requisitions for blood tests and imaging of the liver. Following this, annual bloodwork is required. This is to ensure that there are no delayed complications (such as bile duct narrowing) as a result of the surgery. After five years, stable patients may be referred back to their primary care physician.

How long will a liver donor need to be off work?

Donors will need a minimum of four to six weeks to recover from the donor surgery. Some donors require a few months before they feel ready to return to work, even if there are no complications.

When can donors begin to exercise and get back to normal routines?

As soon as someone wakes up from the anesthesia, exercise begins with deep breaths to make sure air enters into all areas of the lungs. This will help prevent pneumonia. Donors will start to flex and relax their leg muscles and will be helped out of bed within 24–48 hours after surgery. Walking as soon as possible after surgery will help prevent complications such as blood clots, pneumonia and loss of muscle. A program of daily walking is encouraged on discharge.

Heavy lifting (no weight greater than ten pounds, or about one grocery bag) should be avoided for the first six weeks, until the abdomen has completely healed. After six weeks, most donors may begin to return to their normal activities and start a more rigorous exercise regime, beginning slowly and building up gradually. Caution should be taken with activities that strain abdominal muscles. The goal is to be back to normal health within two to three months.

When are donors able to drive again?

Driving is not advised for at least the first three to four weeks following surgery. A donor must be physically and mentally strong, with normal reflexes, and free from any abdominal pain or discomfort before resuming driving. Anyone taking narcotic pain medications such as Tylenol #3 should not drive.

When can sexual activity be resumed?

Sexual activity can be resumed when it feels comfortable to do so.

How long after surgery should a donor wait to get pregnant?

There is no definite answer, but it's recommended that pregnancy is avoided for at least three to six months. One should always check with their health care provider before becoming pregnant after living donor liver surgery.

Is it safe to drink alcohol after liver donation?

After recovery is complete, a usual lifestyle may be resumed with no special considerations. Current [Canadian guidelines](#) recommend no more than two drinks or fewer per week to maintain a low risk of adverse health consequences.

How long after the surgery will it take before the liver functions normally again?

The remaining liver functions immediately after the surgery unless there are unforeseen complications. After four weeks, the liver will have grown back to almost its normal size.

Will a donor have a normal life after surgery?

Donors are expected to return to their previous state of health within three months after surgery, provided there were no complications.

How do I become a living donor?

To start the process, please call the Living Donor Liver Clinical Coordinator at 604-875-4111, extension 66523. They will ask you some questions over the phone and determine the next steps to help you on your journey.

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