

Abstract

Liver transplantation (LT) is a life-saving surgery for persons with acute and chronic liver diseases. In Malaysia, the major disorders that may result in indication for liver transplantation include acute, acute on chronic liver failure, chronic liver disease with advanced cirrhosis, hepatocellular carcinoma (HCC), and liver-based metabolic defects. In recent years, an extension of indications has been observed, this include MELD-exception criteria liver related diseases and HCC beyond Milan Criteria.

Patients who should undergo for LT need to be assessed based on 3 principles. First it is irreversible liver disease that is expected to be fatal without transplantation. This disease may be acute or chronic in nature. Secondly, they should have sufficient reserve to survive the operative and perioperative period. Thirdly, they should be expected to have significant survival and quality of life benefit from LT.

LT entails the physical and hemodynamic demands of a major surgery, a potentially protracted recovery period, the risks of chronic immunosuppression, and increased psychosocial stress. Thus, the evaluation process is designed to screen for patients who (1) are healthy enough to survive the operative and perioperative periods, (2) adherent with medical recommendations to ensure compliance with postoperative care including medications, (3) have a secure psychosocial support system and, (4) absence of absolute contraindications to LT. The transplant evaluation involves multidisciplinary expertise such as expert consultations from various specialities, extensive laboratory analysis, cardiopulmonary testing, malignancy screening, and a psychosocial assessment. There are few major practice guidelines (CPG) has been developed to assist physicians and other healthcare providers during the evaluation process of candidates for LT.