

OLT – QUICK GUIDE

This does not replace the Liver Transplant Protocol – please refer to this on the Intranet for comprehensive guidelines L:\Groups\Everyone\Transplant Intranet Site\Liver Transplant Protocol PDF 2008.pdf

1. **Take handover** from anaesthetist in the usual manner and examine the patient.
2. **Initial investigations** should include :
 - *CXR and 12 lead ECG*
 - *ABG*
 - *Extended biochem, FBC, Full coag*
 - *CHECK ALL RESULTS and write up on 24 hour chart*
3. **Airway and Breathing**
 - Patients arrive intubated and ventilated and remain so until gas exchange, circulation, renal function and graft function (usually defined by post operative Doppler USS) are stabilized and satisfactory. This is usually <24hrs. (*Often <12hrs*)
4. **Circulation**
 - *5% glucose at 1ml/Kg/hr*
 - *Aims : HR 60-120/min; MAP 70-100 mmHg; PWP (if used) 6-15 mmHg*
 - *Hct 0.25-0.3 to keep viscosity low and minimize the risk of hepatic artery thrombosis.*
 - *Treat hypotension with appropriate colloid in the first instance (eg 4% albumin or blood products)*
 - Evident bleeding (either as loss from drains or as transfusion requirement) of more than 200ml/hour should be replaced as required, coagulation should be aggressively corrected and the situation discussed within two hours with the Transplant Surgeon. Re-operation may be required. Sudden massive bleeding usually indicates vascular anastomotic failure and immediate re-operation is required
 - In the absence of bleeding, don't correct INR as this is a marker of hepatic function. If the INR rises to >2 then notify the surgeon
5. **Analgesia** in the form of *1mg prn of morphine/fentanyl plus propofol infusion on arrival*. Will be desedated once stabilised and weaned to a spontaneous mode of ventilation. Morphine/Fentanyl PCA once able to use. No NSAIDS are to be given to OLT patients.
6. **Medications**
 - **All patients**
 - *Vitamin K1 10mg by slow IV injection daily for three days.*
 - *Morphine 1mg IV prn*
 - *Folic acid 5mg IV daily*
 - *Omeprazole 20 mg 12 hourly N/G*
 - **Immunosuppression (see Section N for full protocol)**
FIRST LINE: TACROLIMUS AND CORTICOSTEROID
(a) CORTICOSTEROID
Methylprednisone IV given on induction and reperfusion

(iii) On return to DCCM:

Methylprednisone 20mg IV

(iv) From day one:

Standard Regimen:

Methylprednisone 20mg IV daily

convert to oral/NG Prednisone 20mg when eating

(b) TACROLIMUS

NO RENAL DYSFUNCTION

Initial Tacrolimus 0.0625 mg/kg bd NG

Start within 6 hours of theatre

convert to oral when eating

give at 10 am and 10 pm

Dose Adjustment

decrease dose in severe graft dysfunction

decrease dose in severe renal dysfn

increase dose 1.5 - 2 X adult dose if paediatric donor

Dose guided by Liver Transplant Specialist

***Alternative immunosuppression will be discussed with
Transplant Physician and DCCM Intensivist***

- **Antimicrobials (See Section O for full protocol)**
 - *IV antibiotics (Cr <120µmol/L)*
 - *Flucloxacillin 1g IV 6hrly total of 4 doses including induction (i.e X3 post-operative)*
 - *Gentamcin 4mg/Kg IV at induction only*
 - *IV antibiotics (Cr >120µmol/L)*
 - *Flucloxacillin 1g IV 6hrly total of 4 doses including induction*
 - *Aztreonam 1g IV 8hrly total 3 doses including induction*

Note – there is a different antibiotic protocol post transplant for Acute Liver Failure and re-operation

- **Antifungals (See Section O for full protocol)**
 - *Fluconazole 100mg NG Daily*
(for high risk patients Liposomal amphotericin may be used – Transplant physician will advise)
- **Antivirals (See Section O for full protocol)**
 - CMV depends on donor/recipient CMV status
 - HBV prophylaxis **See section K of protocol**

Doppler Ultrasound is usually requested by the Liver Transplant Fellow in the routine postoperative transplant cases.

In certain circumstances it will be requested by the DCCM registrar and in these cases it is imperative that the sonographer understands this is for a liver transplant Doppler (as there are specialist sonographers that deal with this)

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AVAILABLE ON THE INTRANET AND THE FULL PROTOCOL SHOULD BE REFERRED
TO WITH ANY QUERIES AND FOR FULL INFORMATION**