Live donor liver transplantation - adult outcomes: a systematic review


Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
The objective of this review was to assess the safety of live donor liver transplants (LDLT) for the donor and to determine if LDLT has comparable safety and efficacy outcomes to cadaveric liver transplantation (CLT) for adult recipients.

Authors' conclusions
Recipient outcomes are similar for adult-adult live donor (AA LDLT) and cadaver liver transplantation (CLT). There are small, but real, risks for live liver donors. Although live donor liver transplantation has the potential to help address the demand for livers, its current impact on waiting lists is relatively small.

On the basis of the evidence presented in this systematic review, the ASERNIP-S Review Group agreed on the following classifications and recommendations concerning the donor and recipient safety and recipient efficacy of live donor liver transplantation:

Classifications: Evidence rating - The available evidence was assessed as poor; however it is recognised that most of the evidence regarding the safety and efficacy of LDLT has to be derived from case series and registries. Even so, there are particular concerns about under-reporting of mortality and morbidity for both donors and recipients, which also contributes to the classification of poor.

Safety - Donors: There is some risk of mortality and morbidity for LDLT donors, and the long term risks are unknown. (Since there is no comparator (except not donating), safety can only be described in absolute terms.)

Efficacy - Donors: Not applicable, although clearly donors incur costs in terms of lost time and need for additional resources (financial and other).

Safety - Recipients: Cannot be determined.

Efficacy - Recipients: Cannot be determined.

The panel recommended that strict guidelines are necessary for the performance of AA LDLT, in particular with respect to the process of LDLT donor selection, and contraindications for donor selection, and to the process of listing potential LDLT recipients. The Transplantation Society of Australia and New Zealand has developed guidelines for the performance of AA LDLT, which can be accessed online at [http://www.racp.edu.au/tsanz](http://www.racp.edu.au/tsanz).

Additionally, the panel acknowledged the poor evidence available for LDLT, and suggested that all LDLT procedures need to be submitted to a registry, and that any centres not prepared to submit data should not be authorised to be transplant centres.

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[Health Technology Assessment (HTA) database](http://www.racp.edu.au/tsanz)
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Address for correspondence
ASERNIP-S PO Box 553, Stepney SA 5069 Australia Tel: +61 8 8363 7513; Fax: +61 8 8362 2077; Email: college.asernip@surgeons.org

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