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Expanded and marginal donors in liver transplantation: Need, use and results

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The use of marginal donors has become very common, in liver transplantation. The increase in the number of patients waiting in the list makes it necessary to consider all possible organs for these recipients, since they have no alternative therapies. With the growth of this field, our practice has demonstrated that previous donor selection criteria were too restrictive. The creation of a Donor Risk Index has gone a long way towards standardizing criteria, but a large latitude remains in the spectrum of acceptable donors. Clinical factors are still the main criteria for donor selection and can affect the outcome of transplantation. Major decision factors include some or all of the following: severe steatosis, long cold or warm ischemia times, intractable sepsis, some viral infections and extra-CNS malignancy. Other contributing factors also include old age, mild-moderate steatosis, long ICU stay, altered liver function tests, hypernatremia, hypotension and pressors, moderately prolonged ischemia and sex mismatching. As a consequence of increasing experience with use of marginal donors and a wider acceptance policy, an increasing number of usable livers without deleterious influences on graft and patients survival has been made available.

Biography

Cosme Manzarbeitia is a Transplant and HPB Surgeon, completed his Medical degree in 1982 from Universidad Autonoma de Madrid in Spain. His Post-doctoral training includes a Surgical Residency at North General Hospital (a Mount Sinai Medical Center training program), followed by an ASTS fellowship in Multi-organ Transplantation at the Mount Sinai Medical Center in New York City. He is certified by the American Board of Surgery. He has been involved in four major transplant program startups in three states, where he has also gathered ample experience in Hepato Pancreato Biliary Surgery.

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