Abstract:

Liver transplantation is successfully applied all over the world and in our country. Donation from deceased donors has not reached to the desirable level in Turkey similar to many middle and far east countries. Therefore, in our country, living donors have been frequently used for liver transplantation. Although Turkey is the leading country performing LDLT in Europe and one of the top three countries around the world, nation-wide standardization of LDLT protocols including donor and recipient evaluation and acceptance criteria, donor and recipient follow-up and reporting rules and routine periodic audits by ministry of health authorities have not been established. Therefore, we created a work group to conduct a study reviewing regulations of LDLT operation in Europe and US. Establishment and implementation of standardization of LDLT operation will serve improving the donor and recipient outcomes while preventing incomplete or incorrect practices. The guide prepared on this subject is presented in the appendix.

AIM:

Liver transplantation is the standard treatment option for patients with end stage liver disease, acute liver failure, and some genetic/metabolic liver diseases with excellent long term patient and graft survival. Liver transplantation is successfully applied all over the world and in our country. Donation from deceased donors has not reached to the desirable level in Turkey similar to many middle and far east countries. Therefore, in our country, living donors have been frequently used for liver transplantation. Nevertheless, we should state that, it is the primary wish of the group that wrote this article, that all public and private health institutions and organizations, transplant centers and non-governmental organizations should give all the efforts to increase the donation from deceased donor by establishing the necessary infrastructure and implementing public awareness activities. As summary, the aim of this work is establishment and implementation of nationwide standardization of living donor liver transplantation. This mandated approach by Ministry of
Health of Turkey improves the donor and recipient outcomes by collecting and reporting accurate donor/recipient data in a timely fashion. It also helps recognizing low performing centers. Thus, such centers would be scrutinized more frequently to improve their outcomes.

**DISCUSSION:**

Transplant from a living donor has many advantages for transplant candidates including shorter waiting time on the transplant list, very short ischemia time, better organ quality. Furthermore, compared with the deceased donors, transmission of donor-derived infections to the recipient is reduced to the lowest level of risk or eliminated entirely. From surgical teams and transplant centers point of view, LDLT is an elective operation and puts less pressure on the team in terms of man power and resource utilisations.

On the other hand, donor hepatectomy is a major surgery and carries potentially serious risks for living liver donors. As known, donors are healthy individuals without any disease, and they display a self-sacrificing and admirable behavior to give a gift of life to the patients waiting for liver transplantation by putting their own lives in danger. Thus, protecting donor rights, standardizing medical and psychological examinations of donor candidates, and preventing or minimizing complications and possible mortality in donors have been the main focus of LDLT in Europe and United States of America.

Although Turkey is the leading country performing LDLT in Europe and one of the top three countries around the world, nation-wide standardization of LDLT protocols including donor and recipient evaluation and acceptance criteria, donor and recipient follow-up and reporting rules and routine periodic audits by ministry of health authorities have not been established. Therefore, we created a work group to conduct a study reviewing regulations of LDLT operation in Europe and US. We found both UNOS and British Transplant LDLT operational rules adaptable to establish LDLT standards in Turkey (1,2).

Our task group consisted of surgeons, hepatologists, high level administratives and lawyers from transplant department of ministry of health worked to adapt these rules to Turkish law, culture, health system realities. While we are doing that, we also paid attention not be a major economical and manpower burden on centers performing LDLT in Turkey.

Establishment and implementation of standardization of LDLT operation will serve improving the donor and recipient outcomes while preventing incomplete or incorrect practices. Moreover, it will facilitate better and complete near real time data collection which is important for identifying centers with undesirable outcomes and initiate corrective action plans as well as improving national collaboration of clinical research projects on LDLT. The guide prepared on this subject is presented in the appendix.
REFERENCES:
