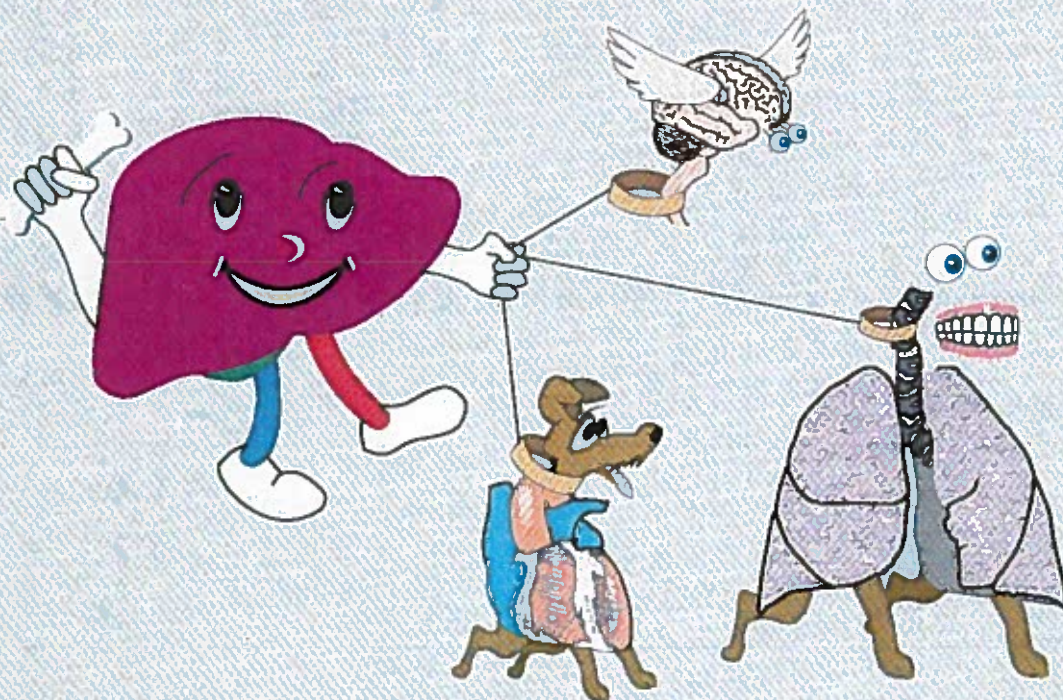


Hepatobiliary Survival Manual



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ORGANIZATION

University Hospital has a multidisciplinary team of health care providers who interact to form the Liver Transplant Team. Subspecialty participants include: Anesthesiology, Blood Bank, Hepatology, Psychiatry, Transplant Surgery and Social Work. Members of the Liver Transplant Team work together to identify appropriate candidates for liver transplantation, optimize care for patients prior to and after transplantation and perform transplants. The Department of Anesthesiology has faculty dedicated to the care of liver transplant patients. These faculty are members of the University Hospital Liver Transplant Team. Anesthesiology faculty responsibilities include the evaluation of patients for the Liver Transplant Selection Committee, the preoperative explanation of the risks and benefits of anesthesia care and intraoperative care.

It is anticipated that all residents in the Department of Anesthesiology will participate in the intraoperative care of liver transplant patients. Assignment of resident staff to a liver transplant will be at the discretion of the Charge Anesthesiologist after consultation with the attending anesthesiologist for each transplant. In the best judgment of the attending anesthesiologist, it is possible that call residents other than the C1 such as CV call or C2 residents may be asked to help care for a liver transplant recipient after regular work hours.

The anesthesia faculty recommend that residents at all levels of training familiarize themselves with the contents of the *Hepatobiliary Survival Manual* in preparation for the care of liver transplant recipients.

Assignments and Responsibilities

Preoperative consults for inpatients will be performed by the resident and attending together when possible. This is intended to be an educational experience and the resident is NOT responsible for submission of evaluation to the Liver Transplant Committee. A standard preoperative evaluation, however, must be performed on all patients admitted for liver transplant.

Postoperative visits and notes are the responsibility of the attending anesthesiologist. However, residents should perform postoperative visits documented by a note in the patient chart.

The Liver Transplant Selection Committee convenes Thursday at 0700h. This is a multi disciplinary committee and attendance by the transplant resident or at least part of the meeting is encouraged.

We will try to conform to the ABA suggested content for educational purposes. A list of topics is given below to act as a checklist during the rotation.

LIVER PHYSIOLOGY AND PATHOLOGY

1. Hepatic blood flow and autoregulation
2. Chronic end stage liver disease
3. Portal hypertension
4. Fulminant hepatic failure
5. Hepatorenal syndrome

RENAL PHYSIOLOGY AND PATHOLOGY

1. Renal blood flow and autoregulation
2. Chronic end stage renal disease
3. Acute renal failure
4. Hemodialysis

RELATED TOPICS

1. Interpretation of Liver Function Tests
2. Coagulation abnormalities
3. Blood transfusion
4. Pharmacokinetic and dynamic changes of end stage liver and renal disease
5. Differential diagnosis of postoperative hepatic dysfunction

SPECIALTY TOPICS

1. Rapid infusion systems
2. Introduction to Veno venous bypass circuits
3. Physiology of vena caval crossclamping