The Indian Express
World Liver Day: Life after liver transplant
Those who undergo liver transplant have many queries and worries, regarding their long term health, quality of life, longevity, possible complications, social and financial concerns. Here are some of them answered

Written by Dr Harikumar R Nair | New Delhi | April 19, 2021 9:10:49 am

Viruses like hepatitis B and C are blood-borne and may cause permanent liver damage like cirrhosis and liver cancer. Hence, these viral infections (B and C) must be diagnosed early and treated appropriately.

In the last decade or so, liver transplantation has become popular and successful in our country. Compared to other organ transplants (kidney, heart, lung, pancreas, intestine, face, hands), liver transplant has higher success rate, long term survival and needs the lowest quantum of medicines for follow up in the long run.

The path–resurrecting from the stage of End Stage Liver Disease (ESLD) to a new life through liver transplant with good quality of life–can be perilous, embedded with severe complications of ESLD, facing life- death situations often.

That said, there are also several misconceptions plaguing public imagination regarding liver transplantation. Those who undergo liver transplant have many queries and worries, regarding their long term health, quality of life, longevity, possible complications, social and financial concerns as well.

Here are some of them answered.

*What is the life span of a person who underwent liver transplant?*
Post a transplant, many ask questions regarding survival and longevity of life. After a successful surgery, those who undergo regular medical follow up will get a productive long term survival.
The nature of follow up matters a lot; there are many unscientific practices which preclude long term survival. Let us take it up in detail now- People have lived more than 40 years after liver transplantation in abroad. In our country this treatment modality has come into vogue approximately 20 years back. As mentioned before, leading a productive life in the society is the core concept behind giving a new liver. There is a popular misconception that even after transplantation life span is constricted and the quality of life may not be that great. This is totally wrong!

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After transplant the person can go back to his job, provided the job doesn’t have the risk of infections. Those who have a work from home arrangement, I have seen patients going back to work, working on their laptop from the second month after transplant. Those jobs requiring physical exertion can restart their work after six months. There are many who participated in sports; the Olympics gold medalist Chris Clugg is a wonderful example of the same. After transplant many lead a normal family life, women give birth to children.

For liver transplantation in the world over, 90 per cent success rate is quoted. The chance of a person living after transplant in the first year is 90 per cent, five years it is 85 per cent and 10 years it is somewhere between 60 to 75 per cent. Let not these statistical figures misguide into thinking that due to liver transplantation the lifespan has come down. In fact, a patient’s age at the time of transplant, the diseases which the patient had other than liver disease at the time of transplant are the additional factors other than success of transplant surgery which determine lifespan after liver transplantation.

Usually the average age group of somebody undergoing liver transplant would be between 50 to 60 years. At this age, all other diseases which can happen in a person who has not undergone transplant would happen in the transplanted patient as well. A scientific regular follow-up is extremely important to ensure long-term lifespan. Doing liver function test (LFT) once in a while is not the way when it comes to ensuring long lifespan. Long-term lifespan is actually not determined by liver health, instead on the health of other organ systems; let us see what this means.

Organ rejection is a problem and we tackle this problem by giving anti-rejection medicines. These medicines can induce diabetes, blood pressure, and high cholesterol. 30 to 40 per cent liver transplantation is done for a disease condition called Non Alcoholic Fatty Liver Disease (NAFLD). This condition has diabetes, high cholesterol and blood pressure disease associated with it. So, those who develop liver cirrhosis due to NAFLD and undergo liver transplant, obviously their diabetes, BP and cholesterol levels have to be controlled in a stringent manner. As mentioned, the rejection medicines can enhance these conditions. These conditions can promote ill-health of blood vessels culminating in heart attack and paralysis. Anti-rejection medicines very rarely induce certain cancers.