

# IMMEDIATE POST-TRANSPLANT CARE

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Following LT, patients are monitored in an intensive care unit (ICU) and maintained on a ventilator, usually for less than 24 hours. If haemodynamically stable and awake with good early liver graft function and renal function they are extubated. Spontaneous correction of lactic acidosis and correction of coagulopathy (falling international normalised ratio [INR]) and low serum transaminases are indicators of good early graft function. A Doppler ultrasound is also performed prior to extubation to assess the patency of blood supply to the liver. Most patients with an uncomplicated postoperative course get moved to the high-dependency unit or ward after 2 days. During the ICU stay, there is close management of fluid and electrolytes, which could be significantly abnormal as a result of the prolonged operation and massive fluid shifts. Following transfer to the transplant wards, the patient is closely monitored by the transplant surgical and medical - (hepatology) team, as well as by pharmacists, nutritionists and physiotherapists. The liver and kidney function, the coagulation parameters and full blood count are monitored daily. Doppler ultrasound scans are performed at regular intervals to ensure that the blood vessels are patent and there are no other abnormalities. Dosages of immunosuppressive agents are adjusted according to blood levels and organ function during this period. Antibacterial, antiviral and antifungal prophylaxis are given to prevent infections, including those from opportunistic organisms, such as cytomegalovirus (CMV) and *Pneumocystis carinii*. Factors determining graft function after LT

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Donor characteristics Advanced donor age DCD donors Steatotic livers Small graft size in LDLT ('small for size syndrome') Procurement-related factors Warm ischaemic time Type of preservation solution Cold ischaemic time Recipient-related factor High MELD or UKELD score Severe portal hypertension Technical factors relating to implantation Haemodynamic and metabolic stability Massive transfusion of blood and blood-related products Immunological factors

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