Liver transplantation is now the accepted standard of care for patients with end-stage liver diseases, acute liver failure and selected cases of hepatocellular carcinoma (primary liver cancer). The development of effective immunosuppressive drugs and the refinement of surgical techniques have led to remarkable improvements in the long-term success of liver transplant.

The National University Hospital (NUH) Liver Transplant Programme was established in 1990. It consists of both the paediatrics and adult liver transplant programme.

The NUH Liver Transplant team is made up of a multi-disciplinary group of specialists which includes surgeons, transplant hepatology physicians, paediatricians, anaesthetists, radiologists, intensive care specialists, transplant coordinators, nurses, social workers, dieticians, and many others. Our team approach is designed to provide comprehensive, dedicated and individualized care to our transplant patients. The transplant coordinators play a vital role as the direct and personal liaison between the transplant team and patients.
A variety of tests are carried out to confirm the diagnosis, assess extent and severity of the disease, and determine suitability for liver transplantation.

The patient and his/her family gets to know the team better and vice-versa.

The patient and family get the opportunity to ask questions and learn more about transplantation.

Once assessment is completed and the entire liver transplant team agrees that transplantation is the right choice of treatment, the patient will be put on the waiting list for transplantation. The length of the waiting period depends on the patient’s blood group, body size, and general medical condition. The average wait time for a Singaporean candidate is six months but often patients could wait longer.

A variety of liver diseases can lead to end-stage liver failure. Some of these causes include viruses (Hepatitis B and C), toxic drugs or chemicals, excessive use of alcohol, genetic and metabolic disorders, and conditions involving the bile ducts (biliary atresia, primary biliary cirrhosis and primary sclerosing – cholangitis).

Liver transplantation becomes a suitable option when the patient progresses to end-stage liver disease. The patient is then referred to the Liver Transplant Coordinator who will arrange for the patient to be assessed by the liver transplant team.

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