



Location

200 Henry Clay Ave.
New Orleans, LA 70118

Contact

Transfer Center (24/7 for immediate transfer needs)

Phone: 504.896.6673 or 855.CHNOLA1 (246.6521)

Dedicated Provider Referral Department

Phone: 504.894.6778

Fax: 504.896.2704

Email: CHNOconciierge@lcmchealth.org

Gastroenterology/Hepatology Department

Phone: 504.896.9534

Transplant Nurse Navigators (Nephrology Department)

Phone: 504.896.9238

Liver Transplant Program



Children's Hospital
New Orleans
LCMC Health



The Children's Hospital New Orleans Liver Transplant Team

cares for children with advanced stage liver disease through evaluation, surgery, post-transplant management of care, and transition to adult care. A liver transplant can cure or reduce symptoms of many liver diseases and is often the best option for children with severe liver disease or damage.

As the only freestanding pediatric liver transplant program in Louisiana, our team of providers excels at handling the toughest challenges in pediatric care. Our family centered approach means the family members and caregivers will play an active role in the child's care to achieve the best possible outcome.

A liver transplant may be indicated for the following pediatric conditions:



- Acute liver failure
- Alagille syndrome
- Alpha-1 antitrypsin deficiency
- Autoimmune hepatitis
- Biliary atresia
- Cirrhosis of the liver
- Cholestatic diseases
- Metabolic liver diseases
- Liver tumors and cancers
- Other liver diseases

A comprehensive, multidisciplinary approach is provided to our patients and their families.

The team includes the following pediatric providers:

- Hepatologists
- Transplant surgeons
- Anesthesiologists
- Child Life specialist
- Dietitians
- Infectious disease specialists
- Intensive care specialists
- Laboratory specialists
- Pharmacists
- Physical and occupational therapists
- Psychologists
- Registered nurses and nurse navigators
- Social workers

Our services:

At Children's Hospital our team offers the following types of transplant surgeries:

- Whole liver transplant – the patient receives a whole liver from a deceased donor
- Live donor liver transplant – the patient receives part of a liver from a living donor
- Split liver transplant – the patient receives one of two parts of a liver from a deceased donor and another patient receives the other part
- Segmental liver transplant – the patient receives a smaller, trimmed down liver from a deceased donor



Referral, evaluation, and waiting

If you are a referring provider looking for more information about the Liver Transplant Program at Children's Hospital or would like to refer a patient, please contact us at the numbers on the front of this brochure.

Evaluation process

If a child is being considered for a liver transplant, a comprehensive evaluation is needed to better prepare the child for surgery. The evaluation may be inpatient or outpatient, based on the child's medical condition, and will include the following:

- Complete review of clinical records
- Laboratory testing
- Radiology imaging – abdominal ultrasound, chest x-ray
- Cardiology testing – ECHO and EKG
- Liver biopsy
- Social services consultation
- Insurance approval
- Consultation with transplant program medical provider (hepatologist)
- Consultation with transplant program surgical provider
- Consultation with transplant program nurse navigator, dietitian, child life specialist, psychologist, and other specialists as needed

Waiting process

If a child is considered a good candidate for a liver transplant after the above thorough evaluation, the child is placed on a national transplant waiting list. Children who most urgently need a liver transplant are placed higher on the list than children who are more medically stable.

Some children may be on the list for only a few days while others may wait months or years. While on the waiting list, a child will continue to have close follow-up with the transplant team. The family will be contacted when a donor organ becomes available.

Preparing for transplant surgery

While preparing for surgery, it is very important for the family to communicate the following with the transplant coordinator:

- If the child's medical condition changes
- If the child is hospitalized for any reason
- If there is a change in address or phone numbers so that the team will be able to contact the family as soon as an organ becomes available
- If the child's insurance changes
- If there is a transportation issue, the team can help make other arrangements

Time for surgery

Once a donor liver becomes available, the transplant team will contact the family immediately. This call may come at any time, day or night, so it is important for the child's parents/caregiver to always keep a working phone near.



Once the child arrives at the hospital, the next steps will occur very quickly. The child will have a medical examination, more laboratory tests and X-rays, and an IV will be started. The parents/caregivers will sign all consents for surgery, including consents for the anesthesia. Once the transplant team evaluates and clears the child for surgery, the child will be escorted to the operating room. The family will be escorted to a designated area and the staff will provide updates as they become available. The length of surgery is usually 4–6 hours but could be as long as 8–10 hours.

Following surgery, the patient will be transferred to the Pediatric Intensive Care Unit (PICU) where the family will be able to visit with the child. As the child progresses in the recovery process, the child will be transferred to an acute care unit until stable for discharge to home. While on the acute care unit, the transplant team will assist with teaching the child and parents/caregivers all the skills needed to care for the child at home. The team will also instruct the child and family on what activities will be allowed after discharge. If any medical equipment and supplies are needed, they will be ordered at this time.

Life after liver transplant



Infection prevention

Just as important as keeping a child and family members healthy before transplant, it is important to keep a child and the family healthy following a transplant. The parents/caregiver will be instructed on signs and symptoms of an infection and when to contact the transplant team.

Activity restrictions

The transplant team will provide the child and family with any activity restrictions after discharge. It is usually advised for the child to not perform any strenuous activity or to lift anything greater than 5 pounds. The incision should be closely monitored for any signs of infection including redness, drainage, swelling or tenderness. The child should avoid swimming in lakes, oceans or swimming pools until the incision has healed completely.

The physical and occupational therapy departments will share any recommendations for exercises that should be continued at home after discharge.

Transplant medications

After a child has a liver transplant, several medications will be ordered to prevent rejection, infection, and other medical conditions. Though a rejection is more likely to occur in the first few weeks following transplant, an organ rejection can happen at any time. The transplant recipient will be on the anti-rejection medications for life.

The transplant team will discuss all potential side-effects and precautions associated with the medications. The team will instruct the parent/caregiver about when it is important to report any side effects to the team. No over-the-counter medications or food supplements should be started without discussing with the care team.

Living with a liver transplant

Living with a liver transplant is a lifelong process and it is important that the child maintains close contact with the transplant team. Medication compliance can be difficult, especially during the teenage years. Our support services can help these children and their families to find ways to best adapt to these requirements. The team will also help transition the child to an adult provider once it is appropriate and will collaborate with the adult team to help ensure success for the patient.



Meet the providers

Patricio Arias, MD (Pediatric Gastroenterology, Hepatology, and Nutrition)

Adarsh Vijay, MD (Transplant Surgery)

Hoonebae Jeon, MD (Transplant Surgery)

Jessica Zagory, MD (Pediatric Surgery)

Amy Creel, MD (Pediatric Critical Care Medicine)

Patrick McCarty, MD (Pediatric Anesthesiology)

Rebecca Wallace, PsyD (Pediatric Psychology)

Meet the support team

Evie Freiberg, RN, EMSHCM

(AVP, Hospital Operations, Transplant Administrator)

Courtne Breaux, RN (Clinical Director, Kidney and Liver Transplant)

Christy Gallois, RN (RN Navigator)

Beth Gilly, RN (RN Navigator)

Christy Shackelford, RN (RN Navigator)