

# 肝臟移植

## 簡介

肝臟移植是治療成人與兒童末期肝病最好的方法。肝臟移植手術是將有病的肝臟切除，植入健康的肝臟。手術成功率高，病人可重過正常生活。自從1991年至今，瑪麗醫院完成了400多例肝臟移植，手術成功率達84.6%。由於傳統思想的影響，部分香港市民仍未接受器官捐贈的觀念，造成屍肝短缺，輪候時間過長，以致嚴重影響肝臟移植的進展。誠然，當你需要一個新的肝臟時，愈早移植，成功率會愈高。

## 需要接受肝臟移植的最常見疾病

- ◆ B 型、C 型肝炎或其他病因造成的肝硬化
- ◆ 急性肝衰竭
- ◆ 代謝性疾病，如威爾遜病等
- ◆ 某些早期肝癌而肝功能差的病人
- ◆ 膽道閉鎖

## 進行肝臟移植的最佳時機

當你的肝臟嚴重受損，出現以下併發

症時，應考慮進行肝臟移植

- ◆ 肝昏迷
- ◆ 上消化道大量出血
- ◆ 腹水引起腹脹、踝關節水腫
- ◆ 腹水感染
- ◆ 出血傾向
- ◆ 黃膽
- ◆ 全身虛弱不適，影響生活質素
- ◆ 早期肝癌
- ◆ 小兒生長障礙

## 移植肝的來源

- ◆ 腦死亡捐體肝：腦死亡病人捐贈的肝臟
- ◆ 活體捐體肝：活人捐出的部分肝臟

## 腦死亡病人捐肝的準則

當你的名字列入腦死亡捐體肝輪候名單，將依照以下準則等候肝臟：

- ◆ 你的血型
- ◆ 你需要接受手術的緊急程度
- ◆ MELD/PELD 評分顯示你的肝病嚴重程度

重程度。MELD / PELD是成人 / 兒童終末期肝病評估模式的縮寫，是分配肝臟的評分系統

假如腦死亡病人捐贈肝臟，家屬必須簽署同意書。由於捐贈手術無法預知時間，因此，等候屍肝的病人需攜帶傳呼機或手提電話以便聯絡。接到通知後，務必在兩小時內到達醫院。

## 有關活體捐肝

活體捐肝最重要的原則是捐贈者必須絕對自願，無任何強迫因素、金錢及物質利益的驅使。根據接受者的體型和需要，捐贈者可以捐出左側肝段（25%）、左葉肝（35%）或右葉肝（65%）

## 活體捐贈的益處

- ◆ 在病情惡化前進行肝移植，成功率較高
- ◆ 避免等候期間死亡的危險
- ◆ 從活體取出的肝臟機能較好

## 肝臟移植手術的危險

肝臟移植手術有可能導致死亡。屍肝

移植手術併發症發生率約為15%至20%，活體肝移植則為30%。移植手術後，接受者需要長期服用免疫抑制劑。

常見的輕微併發症如傷口感染、肺感染、肺積水、糖尿病、高血壓等。

## 嚴重的併發症

- ◆ 肝動脈、肝靜脈或門靜脈栓塞
- ◆ 移植肝無功能
- ◆ 肝功能恢復遲緩
- ◆ 膽管併發症
- ◆ 腹腔內出血
- ◆ 膿毒症
- ◆ 腎衰竭
- ◆ 肝癌復發
- ◆ 肝炎復發或排斥導致肝衰竭

若需要更詳細的資料，請與肝病移植組林姑娘聯絡。  
電話：2855-3634

以上資料由瑪麗醫院香港大學肝臟移植組提供。



# 肝臟移植 LIVER TRANSPLANTATION



# LIVER TRANSPLANTATION

## Introduction

Liver transplantation is the ideal treatment for end-stage liver diseases. It is an operation in which the diseased liver is removed and a healthy liver is implanted. The success rate of liver transplantation is high, and the patients are able to live a normal life again after the operation. Since 1991, over 400 liver transplants have been performed in Queen Mary Hospital, with a success rate of 84.6%. Affected by the Chinese tradition, some of the people in Hong Kong have not accepted the idea of organ donation, leading to shortage of deceased donor liver grafts, lengthening the waiting time, and consequently death of about 20-30% of patients while waiting. When you need a new liver, the earlier the operation is done, the higher the success rate.

## Most Common Indications for Liver Transplantation

- ◆ Hepatitis B and C or other diseases that have led to cirrhosis
- ◆ Acute liver failure

- ◆ Metabolic diseases, e.g. Wilson's disease
- ◆ Early liver cancers associated with poor liver function
- ◆ Biliary atresia

## The Best Time for Liver Transplantation

You should consider liver transplantation when your liver is seriously damaged and complicated by the following problems:

- ◆ Liver coma
- ◆ Massive bleeding in the upper gastrointestinal tract
- ◆ Massive ascites
- ◆ Infection of ascites
- ◆ Bleeding tendency
- ◆ Jaundice
- ◆ Fatigue
- ◆ Early liver cancers
- ◆ Growth impairment in children

## Sources of Livers

- ◆ Brain-stem dead donor livers: livers donated by brain-stem dead patients

- ◆ Live donor livers: partial livers donated by living people

## About Brain-stem Dead Donor Liver Transplantation

As you are placed on the waiting list for brain-stem dead donor liver transplantation, your place on the waiting list will be based on the following criteria:

- ◆ Your blood type
- ◆ Your medical urgency
- ◆ MELD/PELD score that indicates the seriousness of your liver disease. MELD/PELD is the abbreviation for the Model for End-Stage Liver Disease and Pediatric End-Stage Liver Disease, which is the system for prioritizing patients waiting for liver transplants.

Liver donation of brain-stem dead patients requires consent from the patients' families. Because the donation cannot be predicted, a patient waiting for a liver transplant needs to carry a pager or mobile phone so that he/she can be reached by the transplant coordinator. As soon as he/she is told a liver is available, he/she must arrive at the hospital within two hours.

## About Live Donor Liver Transplantation

The most important criterion for live donor liver donation is: it should be totally voluntary and the decision is not made out of coercion or financial and materialistic gains. According to the need of the recipient, a donor can donate his/her left lateral segment of liver (25%), left liver (35%), or right liver (65%).

## Advantages of Live Donor Liver Donation

- ◆ A liver transplant is performed before the patient's condition deteriorates and the success rate is higher
- ◆ The risk of dying while waiting for a transplant is avoided
- ◆ The functions of a liver obtained from a live donor are better

## Risks of Liver Transplantation

Liver transplantation carries a risk of death. The postoperative complication rate of deceased donor liver transplantation is about 15-20%, and that of live donor liver transplantation is 30%.

After the operation, the recipient requires a life-long treatment with immunosuppressants.

Commonly seen mild complications include wound infection, lung infection, pleural effusion, diabetes, high blood pressure, etc.

## Serious Complications

- ◆ Thrombosis of the hepatic artery, hepatic vein or portal vein
- ◆ Non-function liver graft
- ◆ Delayed in liver function restoration
- ◆ Biliary tract complication
- ◆ Intra-abdominal bleeding
- ◆ Abscess
- ◆ Kidney failure
- ◆ Recurrence of liver cancer
- ◆ Recurrence of hepatitis or liver failure induced by rejection

For further information, please contact Ms. Lam of the Liver Transplant Team at- (852) 2855 -3634

Information provided by Department of Surgery, Queen Mary Hospital