

# ENSURING SAFETY IN THE LIVER DONOR WITH A PREVIOUS HEROIN ADDICTION

Erica Thomas, MS, RN, CCTC Mount Sinai Hospital, New York City



## Introduction

Donor safety continues to be the top priority when clearing live liver donors for surgery. A comprehensive medical and psychosocial evaluation is done with extensive guidelines from our regulatory agencies, but it is up to individual transplant programs to ensure donor safety.

When donors are considered at risk for poor psychosocial outcomes due to a remote history of substance abuse, the risks versus benefits must be weighed on a case-to-case basis and a safety plan must be identified prior to donation.



## Case Profile

A 53yo male presents to be a living liver donor to his three-month old daughter with biliary atresia and a failed kasai. The donor has a 20 year history of IV heroin, alcohol and cocaine abuse, but has been sober from all substances for 13 years with no relapses. The donor is active in Narcotics Anonymous, which he attends 3-4 meetings a week, has a sponsor, and currently works as a Residential Counselor and mentor for men who are addicts. There are no other potential donors for the baby and she does not have a high enough PELD to receive a deceased donor transplant.

## Flow of Events

### Standard Donor Evaluation Completed

- First step was assessment by the nurse coordinator and education about risk and benefits
- Psychosocial evaluation was then performed with the ILDA/SW and the living donor psychiatrist. They concluded that he demonstrated strong motivation to help his daughter, resilience, a solid network of friends, and absence of acute psychopathology. He had good insight into his addiction and team felt he could continue his evaluation.
- Medical evaluation completed and acceptable.
- Surgery was postponed for weight gain and growth in the transplant candidate

### Final Safety Measures :

- Prior to final clearance, the live donor team requested a meeting with the donor, his sponsor/caregiver and the team including the coordinator, social worker/ILDA, psychiatrist, surgeon, and the director of the living donor program to ensure a safe plan was in place to minimize risk of relapse.
- Topics reviewed included who would hold the pain medicine after donation, risk of relapse in the peri-operative period, especially if the child did poorly, and to make sure everyone was aware and agreeable to the plan.
- The donor met with a pain doctor specialist before donation who would follow him in-patient and monitor narcotic usage. The pain MD was fully informed of the circumstances in order to limit narcotic use while adequately controlling pain and assess for complications post-operatively.

## Considerations

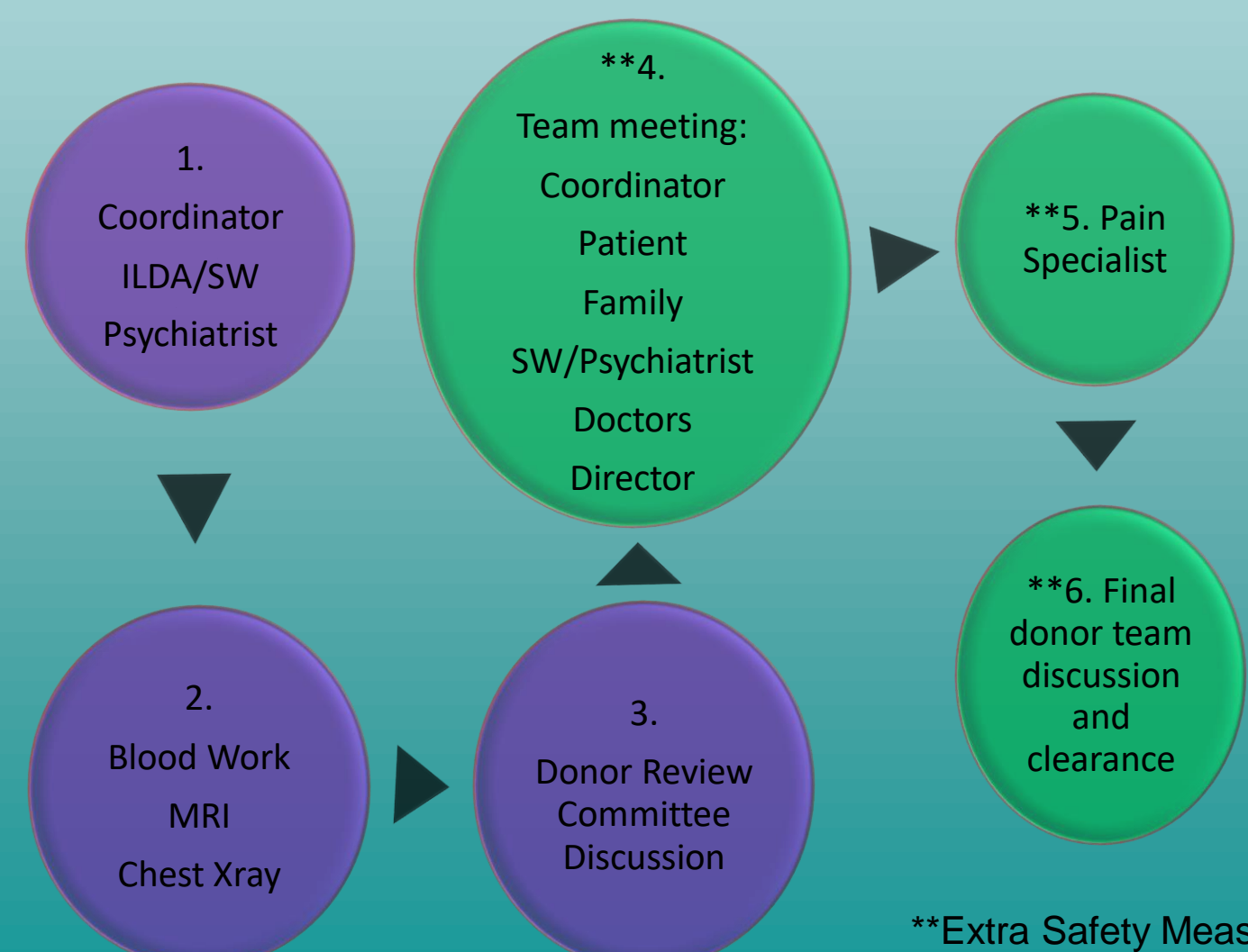
- Did donor have insight to substance use history?
- Were there any active psychosocial issues?
- Did donor have good support after donation?
- What plan was in place in case of relapse?
- Was his liver healthy enough for his daughter?

## Conclusion

While this donor was considered potentially at risk for poor psychosocially outcomes due to a history of substance abuse, our team was able to confidently clear the donor by putting a concrete safety plan in place. The result was a successful transplant and saving the life of his daughter.

## Outcomes

- The donor successfully donated his left lateral segment with no post op complications.
- He was prescribed Dilaudid 2mg pills that were held and distributed by his sponsor after discharge.
- He stayed in the Transplant Living Center near the hospital until he was off of narcotics.
- He did not require medication refills and was able to transition to NSAIDs after 1 week.
- The donor attended virtual NA meetings during the post operative period.
- He continues to follow up with the donor team
- His daughter is now 5 years old and doing great



\*\*Extra Safety Measures taken