Alcohol and the Liver

A Workbook on Alcohol Related Liver Disease and Liver Transplantation
This booklet has been written specifically for people who have been diagnosed with alcohol related liver disease and who are awaiting liver transplant.

It may also be of interest to people who have other liver diseases but for whom there have been concerns that alcohol may have contributed to their illness. Friends and family members of people with alcohol related liver disease may also find it useful.

It aims to provide information about alcohol related liver disease and to explain what you can expect and what will be expected of you while you are waiting for your transplant. We hope that it will answer some of your questions about your illness and the treatment you will receive. It should be used alongside other local resources, for example the Liver Transplant Handbooks provided by your transplant centre.

It also provides a number of practical exercises which are designed to support you in analysing the role that alcohol has played in your illness and developing the skills and insights that you will need to make the changes necessary for long term abstinence from alcohol. These exercises may form the basis of some of the work that you will do with the specialist alcohol worker while you are waiting for your transplant.

Alcohol and the Liver

What is alcohol related liver damage?

There is a section in your transplant handbook which explains in what the liver does and you may find it useful to read through this.

One of the main functions of your liver is to process substances which may be harmful, including alcohol, by breaking them down into products which can be easily removed from your body. Frequent alcohol consumption at more than the recommended levels can result in toxic harm to your liver. This can lead to your liver becoming damaged. Initially, fat deposits can develop. This is known as ‘fatty liver’. You will not generally have any symptoms of illness at this stage, and if you stop drinking it is likely that your liver will return to normal.

For people who continue to drink, however, further damage to liver cells can then result in your liver becoming fibrotic and eventually it may develop into cirrhosis. This means that healthy liver tissue has been replaced by scar tissue, and it can lead to loss of liver function. Ascites, where fluid accumulates in the abdomen is one common complication of cirrhosis, as are hepatic encephalopathy (when toxic substances are not eliminated properly from the body which can lead to confusion) and oesophageal varices (swollen veins in your gullet) which may cause bleeding. At this stage, if your liver function does not recover with abstaining from alcohol, you may require a transplant.

After you stop drinking, the health of your liver can continue to improve for up to 12 months. It may be that, with a period of abstinence, your liver recovers sufficiently that you no longer need a transplant. This is one of the reasons why it is normal for transplant units to require
that you have been abstinent from alcohol for at least a few months prior to being put on the waiting list for a liver transplant. If, however your liver does not recover sufficiently, you may need to be considered for a liver transplant.

In addition to the risk of developing cirrhosis, approximately 10% of people who drink alcohol at harmful levels will at some point develop alcoholic hepatitis. This is an acute medical condition, when your liver becomes inflamed as a result of alcohol use. The symptoms can include feeling very tired, with weight loss, fever, jaundice, (yellow skin), itching, right upper quadrant pain and liver enlargement. In severe cases, this can lead to death.

**What are the risks for developing alcohol related liver disease?**

Alcohol is the most common cause of liver damage in the developed world. It is toxic to the liver, and drinking more than recommended guidelines can result in liver disease. It appears to cause injury to the liver by blocking the normal metabolism of protein, fats, and carbohydrates. The more alcohol you drink, and the longer the time you have drunk alcohol for, the more the risk of liver disease increases. It is, however, important to remember that anyone drinking at above the recommended levels will be at additional risk of liver disease, and many people who develop alcohol related liver disease have not been alcohol dependent (sometimes known as ‘alcoholic’). Alcohol is directly responsible for about 5000 deaths per year in the UK, and is implicated in a further 40,000.

**What are the recommended safe limits for alcohol consumption?**

People who are diagnosed with alcohol related liver disease should avoid all alcohol. The current Department of Health guidelines are written for healthy people and recommend that men should drink no more than 3-4 units of alcohol per day, and women no more than 2-3. People should have at least one alcohol free day per week. These guidelines assume that you are healthy, and they are not written for people diagnosed with alcohol related liver disease or who are awaiting a liver transplant. Pregnant women are advised that it is safest to avoid alcohol altogether. Recent research indicates that those who are overweight are more at risk of developing liver disease and should keep their drinking within recommended levels. You should seek specific advice from your GP or liver specialist regarding alcohol consumption if you have another liver disease, or other medical conditions.

**Why are the recommended limits lower for women?**

Women’s bodies typically have about 10% more fat than men, and alcohol is not fat soluble, so blood alcohol concentration will be higher for the same amount of alcohol ingested. Women also on average tend to be smaller than men so there is a smaller amount of tissue to absorb the alcohol. Alcohol also tends to stay in the system longer in women as they tend to have lower levels of the enzyme which metabolises it. It is, however, important to remember that men, particularly young men, tend to drink more than women, although this pattern is starting to change over recent years. They may therefore be more at risk from acute alcohol related harm such as accidents and risk taking behaviour as well as from longer term damage to the liver.
Pattern of drinking
There is evidence to indicate that the risk of developing alcohol related liver disease is increased in people who drink every day rather than just on a few days every week, and in people who drink outside meal times rather than with food. It is, however, important to bear in mind that recommended safe levels of drinking are based on advised daily maximum amounts, and you should not save up your units to use all at once, as there are also a number of health risks associated with a ‘binge’ pattern of drinking.

How does alcohol affect other liver diseases?
Those who have been diagnosed with non-alcohol related liver disease should exercise caution in their use of alcohol and should not exceed the recommended daily limits. If your liver is already susceptible to damage from another liver disease, then drinking alcohol frequently can speed up the process of liver damage. It may be better to avoid alcohol completely, and specific advice can be obtained from your GP or liver specialist. People with Hepatitis ‘C’ are very strongly advised to avoid all alcohol as there is considerable evidence that drinking can make the progress of the disease much worse, and make treatment less effective.

Is there a genetic element to Alcohol Related Liver Disease?
There is some evidence that there is a genetic element which makes some individuals more susceptible than others to alcohol related liver damage. Excessive levels of drinking, however may still lead to liver damage regardless of genetic susceptibility. There may be few or no warning signs that you are damaging your liver by excessive drinking until your liver fails, and it is impossible to predict at what level of alcohol consumption this may happen to you. Whilst other people may drink much more than you seemingly without harm, this will not protect you from damaging your liver. It is worth remembering that alcohol affects everyone differently, and although people you know may seem to drink more than you with no ill effects, the effects of their drinking may not be seen by you.

How does body weight affect development of alcohol related liver damage?
There is evidence that having a raised body mass index (BMI) (being over the advised weight for your height) increases the risk of developing liver cirrhosis if you drink above recommended levels. Recent research suggests that being both overweight and drinking at above recommended levels increases your risk of developing liver disease by more than just the two individual risk factors added together. This may be because being overweight makes it more likely that you will already have a ‘fatty liver’, which can then lead on to the more rapid development of advanced liver disease.

Does it matter what I drank?
Some research indicates that drinking spirits rather than beer or wine increases the risk of having alcohol related liver damage. The most significant factors, however, in how likely you are to develop alcohol related liver disease are the amount and frequency of alcohol consumed, regardless of what type of alcoholic drink it is.

Nutrition
People who drink heavily often have a poor dietary intake. Alcohol itself contains a lot of calories but none of the essential elements of a healthy diet, so you may feel full but still be malnourished. Alcohol can also reduce the body’s ability to absorb essential vitamins from any food which is eaten.
This all means that heavy drinkers are at high risk of serious deficiencies. There is a considerable amount of evidence that people with liver disease who also have poor dietary intake do less well than those who have adequate nutrition. It is therefore particularly important that you ensure that you have a good varied diet. You may be prescribed ‘B’ vitamins, such as thiamine, as it is very likely that you will be deficient in these. You may be referred to a dietician as part of your treatment if this is a particular issue for you.

At this point, if you have access to a video camera, think about making a recording of yourself talking about how you feel about your liver disease, and your thoughts about the role that alcohol has played in your illness. This is a useful thing to do as it serves as a powerful reminder for you to play back in the future to remind you of how alcohol has affected you.

If you do not have a camera, use this page to make some notes instead.

A space for your notes
Exercise 1.

How did my previous drinking pattern compare with recommended levels?

A unit of alcohol comprises 10ml or 8g of pure alcohol (ethanol). This is about ½ pint of standard strength beer or lager, a small glass of wine or one pub measure of spirits.

Current recommended levels for healthy people are:

- Men should not regularly drink more than three to four units of alcohol per day.
- Women should not regularly drink more than two to three units of alcohol per day.

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2. How old was I when I first drank alcohol? At what age did I begin drinking in a way which damaged my health?
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3. How much did I drink in a typical day up until the point where I made a decision to stop?
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4. For how many years was I drinking more than the recommended levels?
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5. Had anyone (GP/friends/family) ever said to me that they thought I was drinking too much? If so, what sort of things did they say?
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6. How do I feel about that now? ..............................................................................
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7. What does my doctor say about drinking before my transplant? .................
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You will not generally be considered for a liver transplant unless your medical team are sure that you are no longer drinking any alcohol. This is usually referred to as being abstinent.

_There are several reasons for this:_
- To make sure that your damaged liver has time to heal itself in the absence of alcohol, and perhaps avoid the need for transplant.
- To make sure that you are prepared for life after transplant when you will need to remain abstinent from alcohol to avoid damaging your transplanted liver.
- To show the medical team caring for you that you are able to adhere to medical advice and treatment. This will be very important after your transplant when you will need to closely follow medical advice and will need to take complex medication regimes to ensure the ongoing health of your new liver.

During the time you are waiting for your transplant, you may be randomly tested for the presence of alcohol by blood or urine testing. This is to provide evidence of your abstinence.

**What about drinking shandy or low alcohol / alcohol free beers and wines? Can I carry on drinking these?**

You will be informed during your assessment period that you should not drink low alcohol or ‘alcohol free’ wines and beers either before or after your transplant. These products are usually made by brewing them in the same way as normal beers and wines, and then removing the alcohol. This means that there is likely to be some alcohol left in them, even if it is only a very small amount. When you are accepted onto the transplant waiting list, you will be expected to make a commitment to completely avoid all alcohol.

It is also possible that drinking alcohol free drinks can reinforce the behaviours that are associated with alcohol consumption. When this happens, it can lead to a desire to drink alcohol again, which could be a difficult emotion to manage for some people. It may also make it much more likely that other people will mistakenly give you alcohol if you are drinking something which resembles an alcoholic drink.

**What about alcohol in food?**

It is important that you avoid alcohol in all forms, including food. This covers such food items as sherry trifles, steak and ale pies and liqueur chocolates which contain alcohol, but also includes foods which may not so obviously contain alcohol, such as ready made sauces and gravies and pre-prepared supermarket meals. It is your responsibility to get used to reading food labels and avoiding anything which contains alcohol (which may also be labelled as ‘ethanol’). You will need to get used to asking the chef if an item contains alcohol if you eat in a restaurant. This is because although some alcohol may be evaporated in the cooking process, there may well be some traces left, and you have been asked to make a commitment to completely avoid all alcohol. You should also avoid buying products such as mouthwashes which contain alcohol. If you are not sure, ask the pharmacist.

**At this stage, could having one drink really do me any harm?**

*It is very important that you do not have any alcohol:*

- Due to the fragile state of your liver, even a very small amount of alcohol could cause very serious physical complications. This could include having a variceal bleed (bleeding from the blood vessels in your gut) or an
episode of liver decompensation (where you become unwell, possibly confused and may need hospital admission)

- If you have a drink, you may find that it knocks your confidence in your ability to remain abstinent from alcohol. At a time when you may be feeling anxious, with many hospital tests and appointments, it is best to try and keep control of the elements of your life that you can manage yourself.

- It is possible that having even one drink may trigger very strong cravings for alcohol or lead you to return to drinking alcohol in the way that originally led to your liver being irreparably damaged.

- Perhaps most importantly, if you drink alcohol after you have been assessed by the liver transplant team, they may decide not to continue to consider you for transplant. If you are found to be drinking any alcohol at all whilst you are waiting for your transplant, you will be removed from the waiting list. This is because donated livers are in very short supply, and the transplant team need to be sure that those who receive them will comply with treatment and have the best possible chance of survival after transplant. If you drink after you have been clearly advised not to do so, this questions your ability to comply with the treatment regime.

All of the above advice is part of a set of nationally agreed guidelines (The Liver Advisory Group Guidelines) that have been written to ensure that all patients who are being considered for liver transplant who have alcohol related liver disease are treated fairly and consistently throughout the UK.

You can look at a copy of the guidelines at:

I am sure that I will never drink again, so I don’t need any extra support.

At the moment, you may well not feel like drinking alcohol. This may be partly because you are very aware that you need to be abstinent from alcohol to qualify for a life saving transplant. It is also relatively easy for you not to drink when you are likely to be feeling very unwell as a result of your liver disease. You may not fully realise just how unwell you actually are until after your transplant, as liver disease tends to develop slowly over time, and you get used to feeling tired and lethargic.

It is not unusual for people to find that after transplant, as their lives and their bodies return to normal they start to think about having a drink. This is why the specialist alcohol nurse will continue to maintain contact with you after your transplant to ensure that you are suitably supported in dealing with those thoughts and remaining abstinent.
Exercise 2.

1. When did I stop drinking alcohol?

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2. Why did I stop drinking alcohol

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3. If you have stopped drinking in the past but returned to drinking after a while, what is different about this time compared with before?

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4. What other benefits have I noticed now I am no longer drinking? (For example, I get on better with my partner)

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5. Why do I want to stay abstinent from alcohol after my transplant?

Exercise 3.

Coping with cravings and urges to drink alcohol.

While you are waiting for your transplant, it may be that you do not think at all about having a drink, but after your transplant, you may start to have thoughts about alcohol. You may get these thoughts months or even years after you stopped drinking, and it is a good idea to have a plan ready in case you do. There are different ways to cope with cravings without giving in

Physical distraction

Doing something physically active such as going for a walk, gardening or housework may take your mind away from thinking about alcohol.

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Mental distraction
You could think about doing something which uses mental energy, such as doing a puzzle, watching TV, or reading something interesting, so that you are less likely to think about alcohol

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Emotional distraction
Doing something such as listening to music, having a long soak in a warm bath, or watching a film which may change your mood may distract you from thinking about alcohol

*If I experience a craving I could:*

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You may also find it helpful to talk to someone close to you to help you in understanding what lead to the craving and to support you in resisting it.

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Exercise 4.

Replacement drinks

What can I drink and enjoy instead of alcohol?

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When I am out in social situations....

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Exercise 5.

Try to imagine what your life will be like after you have had a liver transplant. You are starting to get back to normal. Which situations might you find yourself in where you would have had an alcoholic drink in the past? (For example attending a wedding)

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What could you do instead? What will you have to drink?

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What will you say when perhaps people try to pressure you to drink, e.g. ‘come on, you’re ok now, one won’t hurt, will it?’

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Exercise 6.
What did the doctor say?
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The three most important things I remember being told by my hepatologist before my transplant were:

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After the transplant, the three most important things I need to do to stay well are:

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After the transplant what are the three things you are most looking forward to doing?

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What are the results for people with alcohol related liver disease who undergo transplantation?

This section will provide information on the aspects of liver transplantation which apply specifically to alcohol related liver disease. Your transplant co-ordinator will be able to provide you with more general information about the overall risks and benefits of liver transplant. Your transplant booklet will also contain information about this.

Most people who are listed for liver transplant will have advanced liver disease, and will be at risk of dying from the complications of their illness if they do not receive a transplant. Currently between 10 -14% of people who are listed for transplant will die while they are waiting for their new liver. This figure is similar, whatever the underlying cause of your disease. Recent research indicates that people with alcohol related liver disease have similar survival rates after transplantation to people with other types of liver disease.

Outcomes for people with alcohol related liver disease are also similar in terms of life expectancy and improvement in quality of life to those transplanted for other reasons. The majority of people receiving a liver transplant are able to return to active and productive lives after their surgery. People who are transplanted for alcohol related liver disease actually have fewer complications overall after surgery and a lower level of their original disease returning than those who are transplanted for almost all other reasons. In American studies, liver failure caused by rejection occurred less often amongst patients with alcohol related liver disease than with other liver diseases. When the usual measures of success for liver transplantation, for example graft survival, rejection rates and infection rates, are considered, alcohol related liver disease is a good indication for liver transplant.

Following transplantation for alcohol related liver disease, the rate of recurrence of disease is low, and compares well with other reasons for transplantation.

Continued abstinence from alcohol is the cornerstone of therapy for people transplanted for this indication.

It is difficult to say exactly what level of alcohol use after transplant is required for an individual to suffer irreversible damage in their transplanted liver, but one research study showed that all patients in the study who returned to drinking harmfully were dead within 12 years of transplant.

You may think that you will be able to just have a very occasional drink, but there is always a high risk that if you have drunk at levels which have irreparably damaged your liver in the past, your drinking may reach these levels again. If your transplanted liver becomes damaged as a result of your alcohol use after transplant, you will not be eligible for consideration for a second transplant. This is why all people who are transplanted for alcohol related disease are explicitly advised that they should never drink any alcohol again.

It is also important to remember that your transplanted liver may not break alcohol down as effectively and is prone to become damaged by alcohol more easily than your ‘native’ liver. Following transplant, it is possible to have alcohol related liver damage in your transplanted liver from relatively small amounts of alcohol, i.e. much less alcohol than you may have drunk before.
Also, it has been shown that people who return to harmful drinking can miss taking their immunosuppression medication (anti rejection tablets) and so risk rejection or other problems with liver function in their transplanted liver.

Complications

The side effects and complications that may occur as a consequence of liver transplantation are similar regardless of the reasons for transplantation. They are outlined in the pre-transplant handbook, and your transplant co-ordinators will ensure that you are aware of them before you give your consent to surgery.
Personal stories

Patient 1. (May 2009)

I have always been a heavy drinker, but three or four years ago, I started drinking secretly and slowly slipped into the world of an alcoholic. Nobody knew, and I was doing no harm………………

Actually, people did know, and I was unconsciously killing my liver. I had chronic liver failure before I admitted I was an alcoholic. I came out of The Priory (an alcohol rehabilitation centre) in September 2007 having not had a drink for five weeks. Early signs of liver failure were evident particularly with ascites and massive weight loss. Most of December was spent at Kings College Hospital undergoing extensive tests to see if there would be any signs of recovery. In fact, the opposite was happening. By February 2008 I was having 15-20 litres of fluid regularly drained from my abdomen. I had lost 2 stones, was hardly eating, passing out, throwing up black blood, incontinent, too weak to walk, sit or lie down without help.

Basically, nothing worked. The effect this had on my family was devastating. My daughter was 10, my son was 12, and my husband worked long hours and travelled every week. I could not go back to drinking if I wanted to survive, and I would die without a transplant.

I had a transplant in May 2008 and my recovery has been long and slow, but my life has improved beyond belief. I could say it was nearly normal. Simple things give me enormous pleasure. I can say that I look and feel great and my family have a mother and wife back…..everything is working again.

Of course I miss a drink, but it will never be ‘a drink’, and I know what terrible damage it has done to me. My family and friends have stuck by me and I cannot let them down. I am getting more involved with AA, and the more I learn, the more I understand what happened.
Patient 2
Plymouth Herald 03.06.2009. Volunteer Awards 2009

The Turning Point award winner is Mr P.T., sponsored by A4E. This prize recognises someone who has overcome major obstacles in his life to carry out volunteer work.

Three years ago, 53 year old Mr P from Southway was an alcoholic and so sick he was barely able to walk and in need of constant support. Today he helps run a food bank for the Oasis Project in Stonehouse and devotes much of his time to organising others to run this important service.

‘I lost all of my dignity and couldn’t even feed or dress myself. I owe everything to my wife who stuck by me through thick and thin to get where I am tonight. I’m really pleased and very surprised to win this’, P said. P was fortunate enough to have a liver transplant last March, allowing him to turn his life around, and it was at this point that he started running Oasis.

‘The people I want to thank most are my consultants and those who I’ll never know - the family of the donor. Their generosity meant I would live. It was then that I started to volunteer at the centre. I was very nervous at first, but everyone there has been wonderful to me. I want to thank them all; they’ve built me up again and changed my life.’ The judges said that they felt that P. is a truly inspiring volunteer who managed to bring himself back from the brink to help others in crisis.

Patient 3
September 2011

I was a bit shocked when I was told that I had alcohol related liver disease. Although I had drunk alcohol on most days since I was about eighteen, I had never thought of myself as an alcoholic, and had usually drunk less than most people I knew. I have always worked and had never thought that drinking was a problem. I just went to the pub after work to unwind a bit before I went home. I have never been caught drink driving, and my family had never seen me drunk, so they were as surprised as I was. I didn’t even drink every day, and I never had the ‘shakes’ or anything like that.

I was first told that I had liver disease in September 2008, when I had gone to my GP with what I later found out was ascites. He had sent me for further tests, and the consultant told me that I should never drink alcohol again if I wanted to live. I knew then that this was serious, and I decided to stop then.

It was difficult at first, especially socially, and I felt embarrassed about saying that I didn’t drink, but I’ve got used to it now, and I avoid anyone who tries to push me into drinking. I know that people like that aren’t really my friends, and I don’t need them around. All of my family and my real friends have been totally supportive. My wife has even stopped drinking as well to support me. I haven’t felt that I needed to go to see a counsellor or to go to AA, but I have their numbers in my phone if I feel that I am struggling.

My consultant had told me originally that he hoped that if I stopped drinking, my liver might recover. I was abstinent for nearly two years, but unfortunately, my liver did not recover enough, and so I had a liver transplant in November 2010. I am so grateful for the chance that I have been given, and I know how important it is now for me to never drink alcohol again.
What do I need to do from here?

Asking questions and educating yourself about your illness

It is important that you feel able to ask questions and find out more about anything that may be worrying you about your illness. It is a good idea to keep a small notebook and jot down any questions when they occur to you so that you will be well prepared when you attend your appointments. Sometimes there is so much going on and so many tests to undergo that it is easy to forget what you wanted to ask until you are on your way home. You will be provided with a lot of written information and it is important that you keep all of this safely together in one place as you may need to refer to it in the future. You may also want to do some more research and find out more about what your liver does and how it is affected by alcohol and your team will be able to give you advice on sources of further information.

Maintaining your health

It is important that you look after yourself as well as possible while you are waiting for your transplant. You will need to stay in close contact with your transplant centre and to heed any advice they give you in order to stay as well as possible. You may need to see other professionals such as dieticians or occupational therapists, and you will be regularly medically reviewed to monitor your condition.

Maintaining abstinence from alcohol

It is vital that you continue to be abstinent from alcohol, and the specialist alcohol nurse will maintain regular contact with you while you are waiting for your transplant and afterwards, to support you in achieving this. You may manage to do this without difficulty, but if you do experience cravings or thoughts about alcohol, it is not an admission of failure to let someone know that you are struggling. It is important that you feel able to seek help at an early stage rather than trying to hide how you feel until it is too late.

Smoking

If you are a smoker, you may be recommended to stop smoking before you are listed for transplant. Even if you have not been recommended to do so, you should very seriously consider stopping, as it can make a real difference to both the anaesthetic risks of the surgery and the speed of the healing process after your transplant.

After transplant, people who smoke are also at increased risk of the chronic complications of smoking, such as cancer and lung disease due to their prescribed medication. It may be a good time to stop while you are waiting for your transplant, and it is something that you can do for yourself to take control over an aspect of your own health. Your hospital team will be able to provide you with details of a wide range of support services available to help you to stop smoking. If you have internet access, the NHS smoke free website also provides a wealth of information and resources to support you: http://smokefree.nhs.uk/

National Smoke Free helpline

0800 022 4 332

Treatment Agreement

You may be asked to sign an agreement with your liver team as a condition of acceptance onto the transplant waiting list. The agreement will require that you make a commitment to avoid alcohol completely, both before and after your transplant. You will also be asked to agree to being randomly tested for
alcohol. How this will work will be explained to you by the specialist alcohol nurse before you are put on the waiting list.

Useful Contacts

Alcoholics Anonymous

0845 769 7555

This is a 24 hour national helpline staffed by people who have themselves had a problem with alcohol. They are able to provide telephone support in a crisis and can put you in contact with local groups.

Al-Anon Family Groups UK and Eire

0207 403 0888
www.al-anonuk.org.uk

Helpline providing support for families and friends of problem drinkers, whether the person is still drinking or is abstinent.

Drinkline

Offers the following services:

0800 917 8282

- Information and self-help materials
- Help to callers worried about their own drinking
- Support to the family and friends of people who are drinking
- Advice to callers on where to go for help

Alcohol Concern

www.alcoholconcern.org.uk

Alcohol Concern is the national agency on alcohol misuse. It campaigns for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems.

NHS Choices

http://www.nhs.uk/

NHS website. Provides information about a wide range of medical conditions and treatment options, including alcohol related liver disease. There is also a searchable directory of local alcohol treatment services.

We hope that you have found this workbook helpful. If there is anything that you wish to know about your disease that is not covered here, please speak to your specialist alcohol nurse or your transplant co-ordinators.