Liver transplantation

Fighting liver disease
Liver transplantation

The British Liver Trust works to:

● support people with all kinds of liver disease
● improve knowledge and understanding of the liver and related health issues
● encourage and fund research into new treatments
● lobby for better services.

All our publications are reviewed by medical specialists and people living with liver disease. Our website provides information on all forms of adult liver disease and our Helpline gives advice and support on general and medical enquiries. Call us on 0800 652 7330 or visit www.britishlivertrust.or.uk
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The liver

Your liver is your body’s ‘factory’ carrying out hundreds of jobs that are vital to life. It is very tough and able to continue to function when most of it is damaged. It can also repair itself – even renewing large sections.

Your liver has around 500 different functions. Importantly it:

- fights infections and disease
- destroys and deals with poisons and drugs
- filters and cleans the blood
- controls the amount of cholesterol
- produces and maintains the balance of hormones
- produces chemicals – enzymes and other proteins – responsible for most of the chemical reactions in the body, for example, blood clotting and repairing tissue
- processes food once it has been digested
- produces bile to help break down food in the gut
- stores energy that can be used rapidly when the body needs it most
- stores sugars, vitamins and minerals, including iron
- repairs damage and renews itself.
How liver disease develops

Liver damage develops over time. Any inflammation of the liver is known as hepatitis, whether its cause is viral or not. A sudden inflammation of the liver is known as acute hepatitis. Where inflammation of the liver lasts longer than six months the condition is known as chronic hepatitis.

Fibrosis is where scar tissue is formed in the inflamed liver. Fibrosis can take a variable time to develop. Although scar tissue is present the liver keeps on functioning quite well. Treating the cause of the inflammation may prevent the formation of further liver damage and may reverse some or all of the scarring.
Cirrhosis is where inflammation and fibrosis has spread throughout the liver and disrupts the shape and function of the liver. With cirrhosis, the scarring is more widespread and can show up on an ultrasound scan. Even at this stage, people can have no signs or symptoms of liver disease. Where the working capacity of liver cells has been badly impaired and they are unable to repair or renew the liver, permanent damage occurs.

This permanent cell damage can lead to liver failure or liver cancer. All the chemicals and waste products that the liver has to deal with build up in the body. The liver is now so damaged that the whole body becomes poisoned by the waste products and this stage is known as end stage liver disease. In the final stages of liver disease the building up of waste products affects many organs. This is known as multiple organ failure. Where many organs are affected, death is likely to follow.
What is a liver transplant?

A liver transplant is an operation where your diseased liver is removed and replaced with a healthy donor human liver.

Although liver transplants are now quite common, the operation is not undertaken lightly. It is a major operation and the body will always see the 'new' liver as a foreign agent and will try to destroy it. This means that if you have a liver transplant you will have to take medication for the rest of your life in order to stop your body rejecting the donor liver.

Why do I need a liver transplant?

You may need a liver transplant if your liver is damaged to the point where it is unable to repair itself and is likely to fail completely.

Your doctor may advise you to have a transplant when it is thought this will either dramatically improve your quality of life or that, without a transplant, you will die.

The main causes of severe liver damage that lead to people needing a transplant are:

- cirrhosis
- hepatitis
- metabolic conditions (problems with the physical and chemical processes that take place inside your liver to keep you alive)
- paracetamol poisoning.
Cirrhosis
Cirrhosis is the main reason for people needing a liver transplant. Cirrhosis is the result of long-term, continuous damage to the liver and can lead to complete liver failure. The common causes of this damage include:

- drinking too much alcohol
- hepatitis B
- hepatitis C
- an advanced form of non alcoholic fatty liver disease (NAFLD) known as non alcoholic steatohepatitis, or NASH
- autoimmune hepatitis
- primary biliary cirrhosis and other long-term diseases of the bile ducts such as primary sclerosing cholangitis, or biliary atresia in children
- certain inherited diseases, such as haemochromatosis and Wilson’s disease
- long-term contact with certain drugs and poisons
- diseases of blood vessels, such as Budd-Chiari syndrome.

Every year up to 3,000 to people in the UK die from cirrhosis and about 700 people undergo a liver transplant to survive. Many more could benefit but the limitation to this is the number of donors.
How will I benefit from a transplant?

By the time you discover you need a transplant your liver might begin to fail and your quality of life may be very poor. You may have experienced the following symptoms:

- loss of appetite
- generally feeling unwell and being tired all the time
- feeling sick and being sick
- very itchy skin
- loss of weight and muscle wasting
- enlarged and tender liver (you may feel very tender below your right ribs)
- increased sensitivity to alcohol and drugs (medical and recreational)
- yellowing of the skin and whites of the eyes (jaundice)
- swelling of the lower abdomen, or tummy (ascites), or the legs (peripheral oedema)
- fever with high temperatures and shivers, often caused by an infection
- vomiting blood
- dark black tarry stools (faeces) or pale stools, associated with cholestatic disease
- periods of mental confusion.

If your transplant is successful, not only should these problems clear up but you will have a longer life expectancy.
Tests before a transplant

Before having a liver transplant you will need to have a number of tests to help the doctors decide whether this operation is the best treatment for you. You may already be familiar with some of these tests from your diagnosis phase. You may also have to repeat a number of tests during your assessment for a transplant.

This period of assessment, which lasts around five days, can be a difficult time but it is important that the doctors see that you are fit enough to have the operation. It is also important for the doctors to be sure that you are fully aware of the commitment that you need to make to your own healthcare after the operation.

Sometimes the tests will show that you may have other medical conditions which will need to be treated before a transplant can take place.

How will I feel during the testing period?

During the assessment period you will probably be feeling very unwell. Being poked and prodded is probably the last thing you want. The doctors are aware of this and understand that you will have some bad days when you are not feeling your best. It is important to talk honestly about your feelings and concerns with the medical staff.

After all the tests have been done, the transplant team will discuss whether a transplant is the most
suitable course of treatment for you. If the transplant team do not think that a transplant is the best option at this stage, you will be given another course of treatment.

The basic tests you will have are:

**Blood tests**
Blood tests are used to understand your general health and find out if there are any factors which can cause problems in people with transplants. People with cirrhosis have a much higher chance of getting liver cancer (hepatocellular carcinoma, or HCC), therefore your test will also check for cancers.

**Chest X-ray**
A chest X-ray uses radiation to form a picture of your heart and lungs so that your doctors can tell whether these organs are working well.

**Lung function**
Lung function tests are used to check how much air is moving in and out of your lungs.

**Blood oxygen test**
In order to measure the amount of oxygen in your blood, doctors will take a small amount of blood from a vein in your wrist.

**Electrocardiogram (ECG)**
An electrocardiogram, commonly called an ECG, is used to find out how your heart is working. Leads are attached by pads to your chest, arms and legs and linked to a machine which measures the electrical activity in the heart.
Not everyone will have the same tests. More advanced tests or tests that are used only in selected cases may include the following:

**Echocardiogram and stress echo**
An echocardiogram is another heart test and is used to assess the size of your heart and its ability to pump blood properly. The procedure is similar to ultrasound (see page 12) where a probe, like a microphone, is moved by hand over your heart area to send sound waves through your skin. It will record any reflected sound waves and send them to a computer which is able to process the waves as pictures. In addition to this procedure you will be required to perform a physical exercise, such as running or walking on a treadmill, so that doctors can compare your heart action following activity.

**Coronary angiography**
During a coronary angiography a dye will be injected into your arteries and an X-ray will be taken. This helps doctors understand how healthy your arteries are and whether there are any problems that could make the transplant too risky to carry out. This test is only required in selected cases where there are risk factors such as coronary disease, age (over 60), smoking and hypertension (high blood pressure).

**Kidney function tests**
Problems with the kidneys are a common side effect of liver failure. Tests for kidney function include blood and urine tests.
Ultrasound scan
Ultrasound is the same technology used to confirm all is well in pregnancy. Gel will be applied to your skin, which may feel slightly cold. A probe will be moved across your skin to send sound waves into the liver area. The reflected sound waves, or echoes, are picked up through the probe and used to build a screen image of the liver’s condition. This painless test is often used to check the condition of the bile ducts.

CT scan (computerised tomography)
A CT scan uses special X-ray equipment to give doctors a detailed picture of your internal organs and body tissue, particularly the chest and abdomen. To help with this you will be given a dye which you might either swallow or have injected into your veins. You will then lie on a bed which will be passed through a scanner.

MRI (magnetic resonance imaging)
An MRI scan uses magnetic fields to create a computerised image of the body that is even more detailed than a CT scan. As with a CT scan, you will be asked to lie on a bed which will be passed through a scanner.

Liver biopsy
A liver biopsy is a process where a tiny piece of the liver is taken for study. A fine hollow needle is passed through the skin into the liver and a small sample is withdrawn.
The test is usually done under local anaesthetic and may mean an overnight stay in hospital, although some people may be allowed home later the same day. As the test can be uncomfortable with a small risk of internal bleeding or bile leakage, a stay in bed of at least six to eight hours is required.

**Endoscopy**

During an endoscopy a very thin tube with a tiny camera is lowered down your throat and into your stomach. This is usually done under local anaesthetic. Endoscopy is used to find out whether the tiny veins (varices) in your stomach and gut are damaged or bleeding.

**Interviews**

During your assessment many different healthcare professionals may ask very similar questions. While this may seem repetitive and boring, you must remember that it is very important that you answer all the questions as truthfully and fully as possible. These interviews will help the transplant team decide whether you are a suitable candidate for a transplant.
When will I have my transplant?
If the transplant team thinks that you are a suitable candidate for the operation they will discuss with you whether you want to go on to the waiting list. If you decide to go ahead with the transplant the hospital will provide a short education programme about what will happen during and after the transplant.

The waiting list
People waiting for a transplant are put on lists according to their blood group. If you are very ill, or there is an immediate risk and you do not have a previous history of liver disease, you will be put on an urgent list. Waiting times vary depending on blood type and the size of livers that are available.

You will be allowed to temporarily suspend yourself from the waiting list if you feel this is necessary. This may be due to something work-related, to deal with a family issue or some other important reason.

Most people are well enough to wait at home until a donor liver is available. When you are on the waiting list there are three things you must bear in mind.

1. The hospital must be able to contact you at short notice. You should tell hospital staff if there are any changes to your:
   - address
   - phone number
   - circumstances
   - health, i.e. if you develop an infection, temperature or your treatment changes.
Failure to tell your hospital about any of these changes may threaten your chance of a transplant if a donor is found.

2. You should take care of your health by:
   - eating healthy food (nutritional advice will be given by the hospital)
   - taking regular physical activity
   - avoiding alcohol
   - not smoking.

3. You must prepare an overnight bag and make arrangements with family, friends and employers so that when a donor liver is found you can get to hospital immediately.

While you are on the waiting list your health will be monitored very closely. Up to one in 10 people may die from liver complications while on the list.

**How will I feel?**

Many people find the process of being assessed and accepted for transplantation difficult. You will have to accept the uncertainty of the waiting list and learn to live in such a way that you can drop everything for the transplant with only a few hours' notice. Some people are naturally worried about money because you will be unable to work for at least three months after the transplant. Ask at your hospital about counselling and financial advice.
What happens when a donor is found?

When a suitable donor is found the hospital will contact you. This can happen at any time, day or night. You will either be offered transport to the hospital or you can choose to make your own way there.

You must stop eating and drinking immediately as soon as you receive the phone call. If you have diabetes, tell your transplant coordinator.

When you arrive at the hospital you will be taken to a ward where your doctor will go through your medical history and you will have a chest X-ray and an ECG. You will be required to wash with an antiseptic soap in readiness for the operation.

An anaesthetist will give you an injection, called a pre-med, to help you relax. A small needle, called a canula, will be put into the back of your hand or your wrist. This will help the anaesthetist give you the drugs for the operation. You will then be taken to the operating theatre where any friends or relatives will have to leave you. At this point you will be connected to several machines to measure your heart rhythm and blood pressure and the anaesthetist will put you to sleep.
The donor liver

The donor liver will have been checked for any conditions such as hepatitis B, hepatitis C and HIV. The donor will have been assessed for any illnesses and diseases. While it is possible to contract a disease from an infected liver, this is extremely rare as the screening process is so thorough.

What will happen during the transplant?

The most common type of liver transplant is known as an orthotopic transplantation. A cut is made in your upper abdomen (tummy area) and your liver removed.

The donor liver will be attached to the blood vessels and to your bile ducts (the donor and recipient gallbladders are removed). If your bile ducts are different in size to those of the donor liver a tube will be used to join them. This tube will extend outside of your skin for about three months after surgery.

Then you will be stitched up using dissolvable stitches. Drains are attached to take away extra fluid (these will remain attached for several days after surgery) and you will be moved to intensive care to recover.

How successful are transplants?

Although a liver transplant is a major operation, 88 out of 100 people survive. And, after five years, three quarters of people are still alive.
After the operation

Once the operation is complete, you will be taken to intensive care. When you wake up you will notice that you:

- have a tube in your throat and are attached to a ventilator to help you breathe
- are attached to machines which help your doctors monitor your condition
- have a tube in your nose.

When you start breathing normally the tube in your windpipe will be removed and you will be given oxygen through a face mask. You might have a bit of a sore throat at this point and the nurses will then take you through a few breathing exercises. You will also be given several pain relief injections.

Over the next few days you will continue to be given pain relief. You may be able to control this yourself via a PCA (pain-controlled analgesia or ‘Pica’) device. You will have routine blood tests and chest X-rays and you will also be given antibiotics.

After about two days you will be moved onto a ward. Over the next few days you will find that you can move about more and will be encouraged to do so.

You can begin to eat between one and five days after the operation, with advice from a dietician.

It is quite common to feel a bit low after the operation. This is normal and is caused by the stress of having a major operation and the drugs
you are taking. Other side effects of the drugs include vivid dreams and nightmares, with some people experiencing waking hallucinations.

**Leaving hospital**

Your transplant team will take you through what you can expect when you get home. Once you are at home you should be contacted by your transplant coordinator who will see how you are getting on.

**Medicines**

To prevent your body rejecting a new healthy liver you will need to take a number of medicines, including strong drugs known as immunosuppressants.

Go through each medicine carefully with your healthcare team as some medications react badly with others, as well as certain foods. If you have any questions talk with your doctor or pharmacist.

Some of the drugs that you will be given can have side effects, including:

- kidney damage
- high blood pressure
- high cholesterol
- obesity.
If you are worried about the side effects of the medicine talk to your GP, the hospital pharmacist or your liver team.

You may be given regular booster vaccinations against disease. If so, these will never be in the form of a live vaccine and will not be started for at least six months after your transplant.

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**Travelling**

If you are planning to travel to another country talk to your doctor. There are two things you must think about:

- It is vital that you do not have a live vaccination as this will react very badly with the drugs (immunosuppressants) you are taking to stop your new liver being rejected.
- Always make sure that you have enough medicines to last you for the entire trip, with a few extra to cover any delays or emergencies.
Getting home

When you get home it is normal to feel anxious and disorientated. You may also feel very tired. This is normal. If you have any worries contact the transplant team. In emergencies contact the transplant coordinator.

Bear in mind the following points.

- **Exercise** – the hospital physiotherapist will give you a gentle exercise plan. This will help your recovery and should be built up slowly. Avoid any contact sports or swimming for six months.

- **Driving** – because you have had an operation in the abdominal area you should avoid driving for two months after the operation.

- **Blurred vision** – this is quite normal for the first few months after the transplant and should get better after a time.

- **Telling people about your transplant** – you must make sure that other medical professionals, such as a doctor, dentist or optician, know about your transplant before they give any treatment.

- **Work and money** – getting back to work will depend on whether you have any complications and your general rate of recovery. Some people, although not the majority, can return to work around three months after the transplant. The hospital can arrange for you to see a social worker to help you if you face financial hardship because of time spent off work.

- **Infections** – because of the strong drugs (immunosuppressants) you have to take after the operation you will be far more at risk of infections. It is important that you do not smoke
afterwards and that you maintain good personal and domestic hygiene. People who have infections should not visit you and you should stay away from large crowds or gatherings.

- Skin cancer – after the transplant you will be at far higher risk of skin cancer. If you go on holiday to sunny spots abroad or are just spending more time outdoors you should always protect yourself from the sun. Keep an eye out for any changes in your skin and in any moles or spots.

- Sex – you can resume sex as soon as you feel ready. Men can find that it can take a couple of months for everything to work normally again. If you have any concerns you should discuss them with your doctor. Both women and men have a higher risk of contracting sexually transmitted diseases (STDs) so take extra care and practice safe sex.

- Menstruation – after the transplant women will find that their menstrual cycle is disrupted, returning to normal in two to eight months. Some medications stop periods happening but care should be taken as this does not mean you cannot get pregnant.

- Pregnancy – women hoping to get pregnant should get advice from their doctor. In general you should wait for 12 months after the operation before trying to get pregnant.

- Pets – it is not a good idea to keep exotic pets or birds after a transplant as the risk of picking up disease is higher. Always wear gloves if you have to come into contact with any of your pet’s body fluids, such as saliva and faeces, and wash your hands afterwards.
What are the chances of rejection?

Around half the people who have had a liver transplant will find that their body tries to reject the new liver. This is usually within the first three months and is picked up in routine tests. Upping the dose of immunosuppressant drugs usually sorts this out.

If this does not work then you will be re-admitted to hospital, put on steroids and given higher doses of anti-rejection drugs. It is very rare for someone’s body to completely reject the liver. You should make sure that you take your medications properly to avoid this happening.

Contact your GP, transplant coordinator or liver unit if you experience any of the following:

- flu-like symptoms
- fever above 38°C
- vomiting
- diarrhoea
- yellow eyes or skin
- pale stools
- dark urine
- itching
- swelling of the abdomen or ankles
- redness
- localised pain, warmth, swelling or discharge from the wound that smells
- any sudden changes.
Call 999 if you experience any of the following:
- difficulty breathing
- feeling dizzy or faint
- chest pain
- severe pain.

**Life after a liver transplant**

In the time leading up to a transplant you will probably have been very ill and your normal activities will have become severely restricted. After the operation you should see a huge improvement in your quality of life and, with some adjustments, you should be able to lead a normal, healthy life.
Questions people ask

Where do the donor organs come from?
Most donor organs are from people who decide that they want to donate their organs after they die.

How am I matched up?
You will be matched to a donor liver by blood group, size of the liver and the urgency of your situation.

How long will I have to wait?
The waiting time can be anything from a few months to over a year.

Can I donate my organs?
At the moment, if you have had a liver transplant, you will not be able to donate your organs but the law is likely to change soon. If you would like to donate organs, you should make your wishes known in case of a change in the law.

I've heard that sometimes a donor liver can be used in two transplants
Sometimes a donor liver can be split between two donors. One part will go to an adult (the right lobe) and a smaller section (left lobe) will be given to a child. After being transplanted, the donor liver will grow to its normal size.

Can a living person give part of their liver for transplant?
It is now possible to take part of the liver from a living person and transplant it into another. This is known as ‘Live donor liver transplantation’.
The procedure has usually involved an adult donor giving part of the left lobe of their liver to a child. More recently a procedure in which the adult donor gives the right lobe of their liver to another adult has become available in most countries in the world.

Because the liver has a unique ability to regenerate (grow back) when part of it is removed, a living donor’s liver will grow back to almost its normal size after recovery from surgery.

In the UK living donor liver transplantation for children is a well-established operation. It carries a low risk to the donor (about one death in 1000) and has been practiced for many years at King’s College Hospital in London. It is still unclear what the take-up will be for adult-to-adult living donation where this risk increases to about one in 200.

The Department of Health in Scotland gave permission in 2006 for adult living donation to be performed. This is likely to follow in England where NICE (the National Institute for Health and Clinical Excellence) has advised that the procedure can be used for adults within the NHS.
Complementary and alternative medicines

Many complementary and alternative medicines are available that may ease the symptoms of liver disease. But certain medications used in non-liver related disease can damage the liver. At present, healthcare professionals are not clear on the role and place of some therapies in managing liver disease. More research needs to be done on the use of these therapies. You may wish to discuss the use of these therapies with your doctor.
Useful words

**Acute** – a short sharp illness that may be severe but from which most people will recover in a few weeks without lasting effects.

**Ascites** – accumulation of fluid in the peritoneal cavity which surrounds the bowel, leading to enlarged, swollen and tender abdomen.

**Autoimmune disease** – a type of disease where the body’s defences attack another part of the body.

**Bile** – a yellow/green fluid made by the liver to help digest foods containing fat and cholesterol.

**Bile ducts** – the tubes linking your liver to your gut (also known as your intestine or bowel). The bile ducts carry bile from your liver to your gut.

**Biliary** – anything to do with the bile duct or bile.

**Bowel** – another name for the intestine or gut that runs from the stomach to the anus.

**Chronic** – an illness that lasts a long time (more than six months), possibly for the rest of a person’s life.

**Cirrhosis** – severe scarring and hardening of the liver brought on by long-term and continuous damage. Scarring, known as fibrosis, can take many years to develop and may do so without warning signals. In the end the liver becomes too scarred and damaged to work, resulting in total liver failure.
**Immunosuppressant** – a drug that dampens down the body’s defences (immune system). Usually used after an organ transplant to stop the body rejecting the donor organ.

**Inflammation** – the body’s protective reaction to injury, involving swelling, pain, redness and heat.

**Jaundice** – yellowing of the skin and eyes due to the liver’s failure to remove a substance known as bilirubin from the blood.

**Lobe** – a major part of an organ.

**Varices** – veins in the stomach which can sometimes bleed.
Who else can help?

Support groups
There are numerous support groups around the UK. Support groups may offer support, counselling and an opportunity for you to share your experience with others. If your local transplant unit does not have a link to a local support group, contact the British Liver Trust for details of your nearest organization.

Liver Transplant Support
Westlake Farm
Monkokehampton
Winkleigh
Devon EX19 8AX
Email: info@livertransplantsupport.org
Web: www.livertransplantsupport.co.uk
Tel: 0845 270 7760 (please email in the first instance)
On-line advice and information for potential liver recipients from people who have first hand experience of transplantation – 'help by those who have been there'.

UK Transplant
Tel: 0117 975 7575
Email: enquiries@uktransplant.nhs.uk
Web: www.uktransplant.org.uk
Part of NHS Blood and Transplant and the official NHS transplant site. It provides news, information and resources about organ transplantation, real life stories from those who have benefited from transplants and a facility for potential donors to sign on to the organ donor register.
Transplant Support Network (TSN)
6 Kings Meadow Drive
Wetherby
West Yorkshire LS22 7FS
Telephone support line: 0800 027 4490/4491
Email: tsnetwork@tiscali.co.uk
Web: www.transplantsupportnetwork.org.uk
Nationwide network and registered charity
supporting patients, family and carers of all solid
organ transplants and mechanical implants.

Live Life Then Give Life
www.livelifethengivelife.co.uk
A campaign to raise public awareness of organ
donation and the chronic lack of organ donors
in the UK.

Transplants in Mind (TIME)
Email: info@transplantsinmind.org.uk
Web: www.transplantsinmind.org.uk
A national charity that raises awareness of organ
and tissue donation by encouraging people to talk
about, and register, their willingness to donate.
Further information

The British Liver Trust publishes a large range of leaflets about the liver and liver problems written for the general public.

Leaflets that you may find particularly helpful include:

- Alcohol and liver disease
- Autoimmune hepatitis
- Cirrhosis and liver disease
- Hepatitis B
- Hepatitis C
- Liver cancer
- Liver disease tests explained
- Primary biliary cirrhosis
- Primary sclerosing cholangitis.

Contact us for more information:
Tel: 0800 652 7330
Email: info@britishlivertrust.org.uk
Web: www.britishlivertrust.org.uk

Special thanks

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This leaflet is for information only. Professional, medical or other advice should be obtained before acting on anything contained in the leaflet as no responsibility can be accepted by the British Liver Trust as a result of action taken or not taken because of the contents.
Can you make a difference?

Liver disease is increasing alarmingly and the need to do more is greater than ever before...

For the British Liver Trust to continue its support, information and research programme, we need your help. We raise funds from many sources and a large proportion is donated by voluntary contributions. If you would like to send a donation it will enable us to continue providing the services that people need.

If you can help, please fill in the form on the page opposite.

If you wish to help us further with our work by organising or participating in a fundraising event or becoming a “Friend of the British Liver Trust” please:

Call us on
0800 652 7330

Email us at
info@britishlivertrust.org.uk

Make a donation via our website at
www.britishlivertrust.org.uk

or write to
British Liver Trust
2 Southampton Road
Ringwood, BH24 1HY
I enclose a cheque/postal order made payable to the British Liver Trust [ ]

I wish to pay by credit card:

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Please debit my card with the sum of £...........

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Email...........................................................................

Signature.................................................Date ......................

I am a taxpayer and authorise the charity to reclaim the tax on my donation* [ ]

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Please send me a list of information leaflets [ ]

I am interested in leaving the Trust a legacy. Please send me more information [ ]

* You must pay an amount of income tax and/or capital gains tax equal to the amount the British Liver Trust will reclaim on your donation: which is equal to 28p for every £1 you donate.

Your name and address will be added to our computer database ensuring you are sent the latest information. If you do not wish to receive further information, please tick here. [ ]
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