

Transplant Process for Fontan patients



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COORDINATOR**

Transplant Referral



- Consultant referral
 - Request images
 - MDT discussion prior to admission

- Emergency transfer
 - Arrhythmia
 - Decompensated heart failure

Pre-assessment preparation



- Phone call from transplant Coordinator, explaining what to expect when you arrive at Newcastle, What tests will be performed and why.
- Booklet 1 with first part of education.
- We may request some tests to be performed locally prior to admission, e.g MRI
- Full education will not be given over the phone or sent out prior to admission.

Perfect Recipient



- Non smoker (for at least 6 months)
- Social support in place
- No excessive alcohol intake
- No drug use
- BMI <30
- Local psychology support
- Local social work support
- Up to date RHC (1 year)
- Recent liver review
- Up to date CT/MRI (1 year)
- Identified carer to bring for assessment

Assessment

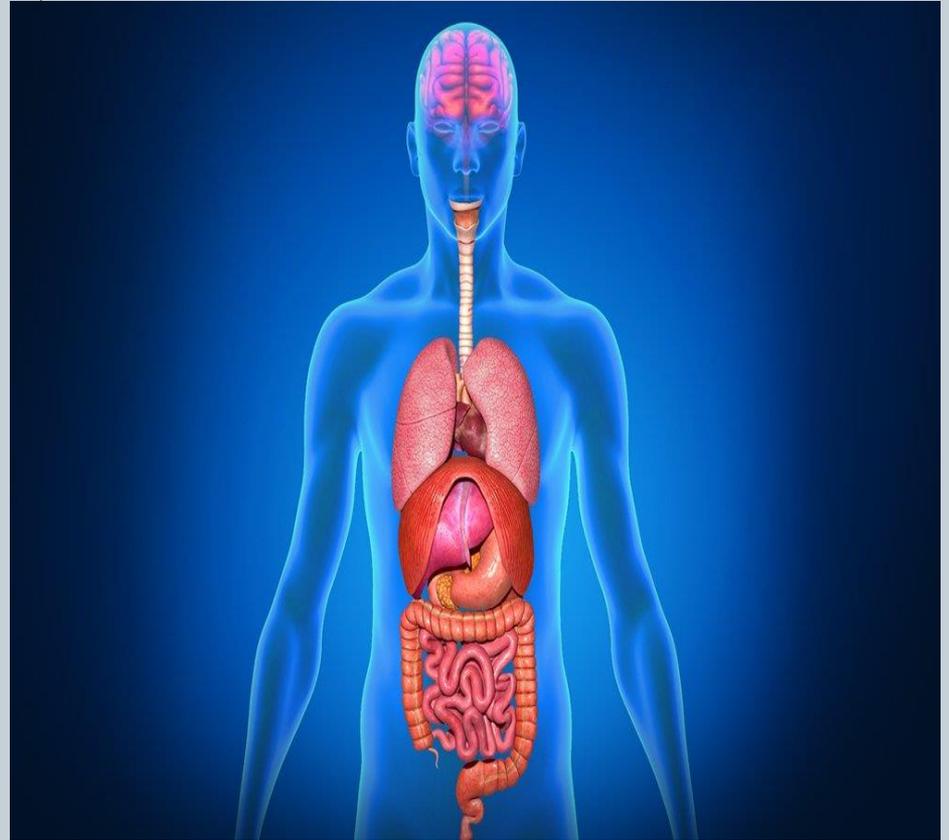


- 3-4 day assessment, possibly with a cardiac catheter
- Meet congenital heart team
- Meet Transplant Coordinator
- Meet the liver transplant team if required
- Bring a relative/carer who can stay for the duration, engage in conversations with the team and listen to transplant education.

Test required



- CPET
- ECHO
- ECG
- CXR
- Bloods (including HLA)
- Cardiac Catheter
- Dopplers
- Abdo ultrasound
- Psychology
- Social work review
- Liver tx work up
- Fibroscan
- 6 min walk
- Strength test



Liver Assessment



- Joint assessment
- Meet the liver coordinators and receive education
- Triple phase CT
- Fibroscan
- CPET
- Anaesthetic review
- Surgical review
- Dietician input

Outcome



- MDT within 1 month depending on complexity of patient
- Potential separate MDT required with liver team
- Possible outcomes include
 1. Too well for transplant, risk of transplant out weighs the benefit this would provide, possible conventional.
 2. More tests required, request locally
 3. Transplant would not be suitable for reasons explained.
 4. Transplant would be suitable and proceed to listing

Follow up



- Review – not listed.
 - To be reviewed either in clinic or as an inpatient within 6-12 months
- Too well for transplant
 - To be re-referred when clinically appropriate
- Listed for transplant
 - 6-12 month review usually with repeat cardiac catheter.