

Appendix 5: Co-morbidity

CO-MORBIDITY	RELEVANCE
Cardiovascular	Cardiomyopathy is seen with cirrhosis and alcohol. Several liver-lung syndromes (HPS/PPHT/HHT) are described. A clinical history, contrast echocardiography and other invasive tests may be necessary. Any history of cerebrovascular disease should be sought and described i.e. haemorrhagic/embolic/infarct and relevant imaging and investigations supplied.
Respiratory	All respiratory disease and investigations should be described, including any ITU admissions and performance status. For hypoxic patient, include cross-sectional imaging, lung function, transfer studies and tests looking for PEs/Shunts & AVMs
Renal	For patients with chronic kidney disease (CKD) include investigations and treatments. If the eGFR <30mls/min/1.73m ² for more than 3 months, a combined liver kidney graft may be necessary. Urinalysis, Albumin to Creatinine ration (ACR), renal ultrasound and cultures should be completed in all patients with an eGFR <60mls/min/1.73m ² .
Bone	Assess the FRAX score in all patients (https://www.shef.ac.uk/FRAZ/tool.jsp)
HIV	HIV on treatment, is not a contraindication to liver transplantation. Enclose details from specialist teams of treatment history, adherence and drug prescription.
Obesity	Record BMI and estimate dry BMI if ascites present. BMI>40kg/m ² is a relative contraindication
Surgical/Anaesthetic	All surgical history should be detailed in the referral letter
Nutrition	A dietetic assessment prior to referral is mandatory. Offer appropriate nutritional support (e.g. protein supplements and/or NGT feeding)
Metabolic Syndrome	Request an HbA1c (note anHbA1c may be artificially low in patients with chronic anaemia) For diabetes, document the duration, time on treatment (including years on insulin therapy), urinalysis, eye examination & fundoscopy, vascular complications. Record other components of metabolic syndrome such as hypertension and dyslipidaemia.
Non-hepatic cancer	A history of cancer may not be a contraindication Details of dates of diagnosis, staging, treatment, prognosis, 5 year survival and correspondence from treating oncologist
Infectious Disease	Any communicable disease (including TB) in the patient and household contacts should be reported
Social Support	Housing, next of kin, adherence with appointments, tests and therapies should be included in the referral letter
Disabilities	Learning disabilities or deafness/ visual impairment does not prevent assessment for transplantation
Alcohol & substance abuse	Alcohol, illicit and prescribed drug usage including analgesics and sedatives, must be reported
Mental health	Prior history and treatment for mental illness, including self-harm should be detailed in the referral letter
Smoking	Active smokers should be advised to stop and be referred to smoking cessation service