

Scientific Programme Day 2, 26th September 2015

Session - 7

Early Graft Dysfunction

Lymphocytic crossmatch and ABMR in liver transplant: How important are they?
EGD in LDLT: How to save the recipient?
Dual lobe graft: Is it ever indicated?

Case - 3

Panel Discussion - 3 Session - 8

MHV with the graft or recipient : Not so simple a decision!

Early Immunosuppression in recipients with renal impairment

Special Scenarios

Post Transplant NASH
Management of recurrent primary sclerosing cholangitis?
Emerging strategies for ABO incompatible liver transplants
GVHD in LDLT: settings, one way HLA donor recipient match
Late CNl nephrotoxicity

Session - 9

DDLT

Strategies for improving graft preservation: Machine perfusion vs cold static perfusion
Strategies for PNF - Early retransplant, MARS, prostaglandins
Donation after Cardiac Death: Are current results at par?

Panel Discussion -3 Debate - 2

DCD in India: Obstacles and Feasibility

Combined Liver and Kidney vs Sequential Transplant in LDLT setting

Laparoscopic donor hepatectomy: technical and ethical considerations

Session - 10

Donor Surgery

Intraop decision analysis for a safe donor hepatectomy
Postoperative cholestasis in donors: prevention and management
Uncommon adverse events after donor surgery
Near misses in donor hepatectomy: Lessons learnt

Case - 4

Session - 11

Posterior Sector Graft : Rejection criteria?

Infections

CMV: Preemptive prophylactic Therapy
Multi-resistant organism in liver transplant: From Colistin to Fecal Transplant
Invasive fungal infections- predictors, risk factors, preventive and management strategies
Role of post transplant exploratory laparotomy in graft dysfunction

Session - 12

Difficult Scenarios

Post transplant ascites: Is it HVOTO, Hyperperfusion or just small for size?
Steroid resistant rejection: Identification and management
Recurrent HCC post transplant: What next?
Hepatic artery thrombosis: interventional radiology or operative thrombectomy
Portal vein stenosis: when and how to intervene?

Debate - 3

Portal vein tumour thrombosis: Is transplant after EBRT ever indicated ? Yes / No

Parallel Session

Session - 13

Transplant Coordinators

Ethical Issues in Organ Allocation and Patient Selection
The organ referral process: the trick for success
Do's and Don't's of counselling for donation: the fine line
Potential donors with different religious backgrounds: are challenges different
Multiple listing in various centres: Justification and problems faced

Debate - 4

Session - 14

Should the organ travel or the recipient

Presumed consent for organ donation: its practicality in India
Ventilator Disconnection post declaration of brain death: Legal or Illegal
Altruism + Incentive = More organ donation
Post organ retrieval process: How can it be streamlined for the family?
Why deceased donor organ procurement programme in north India still crawling?

Debate - 5 Session - 15

Should organs be given to recipients whose family members refuse to donate?

Responsibilities of procurement coordinator in pre, peri and post organ procurement period
Donation after cardiac death: the counsellor's role
Donor family follow up post donation

Live Transplant Workshop Day 3, 27th September 2015 at Indraprastha Apollo Hospital

Live Surgeries

Right Lobe Living Donor Liver Transplant

Left Lobe Living Donor Liver Transplant

Donor and Recipient Surgery

PortaHepatis Dissection
Interpretation of Cholangiograms
Transection Technique: How to Follow the Vein?
Hepatic Duct Transection: Single to multiple
Dissected Donor and Recipient Artery
MHV tear during transection: Solutions
MHV clamp test and Portal Pressure
Difficult Recipient Hepatectomy
MHV reconstruction on the Bench and in situ
Hepatic arterial Anastomosis: single to multiple
Side Clamping Anastomosis
Dealing with intraop remnant duct injury in donors
Portal Vein Thrombectomy
Phrenic vein Disassociation: Preventing the Bleed

Venue



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CLBS SYMPOSIUM MANAGING COMPLICATIONS IN LIVER TRANSPLANT

25th and 26th September, 2015

at The Grand Hotel, New Delhi

LIVE TRANSPLANT WORKSHOP

27th September, 2015

at Indraprastha Apollo Hospital, New Delhi

Organised by

Center for Liver & Biliary Sciences

Indraprastha Apollo Hospital

Sarita Vihar, New Delhi - 110076

www.clbsconferences.com

Invitation

The Centre for Liver and Biliary Sciences has been at the forefront of liver transplant in India for the last 15 years. Over 1800 liver transplants have been conducted and an even greater number of patients with liver disease have had their treatment here. With a one year survival exceeding 90%, transplanted patients need to be looked after post-surgery.

This year on 25th, 26th and the 27th of September in New Delhi, we will host the first meeting in India to focus on short and long term complications in Liver Transplant and their management. Specialists from anesthesia, critical care, hepatology, gastroenterology, immunology, and microbiology and transfusion medicine will meet to share their experience and outline management strategies to improve survival and decrease post-transplant complications. India continues to have a severe shortage of cadaveric organs and there has been no donation after cardiac death (DCD). Donor maintenance protocols are not uniform. In this meeting, experts from all over the world will get together to outline preoperative measures, intra-operative measures and post-operative care to decrease post-transplant complications. Further there will be parallel sessions for transplant coordinators and nurses to discuss issues such as promoting cadaveric donation, distribution and allocation of organs and care of patients post-transplant in the ICU.

There are differences in deceased donor liver transplant (DDLT) and LDLT. LDLT is surgically more complex and demanding. Surgical factors in deciding the correct graft type, MHV inclusion or exclusion, preventing biliary complications and various other issues are involved in success of LDLT. These technical modifications in LDLT will be demonstrated in the Live workshop.

As most large centers in India now have experience of thousands of transplants, we really need to frame our guidelines for decreasing post-transplant complications. How should bile leak be avoided? Should donors with multiple ducts rejected? Is ERCP applicable in the first three months post-transplant? What is the role of hepaticojejunostomy? Should retransplants be done? What are the results of retransplant in India? When should a liver transplant be advised? Should we decide on MELD score? What is the relevance of the Child's score? What role does malnourishment play in post-transplant mortality? How to we deal with tuberculosis post-transplant? In this meeting, we hope these issues will be discussed and agreement reached.

Furthermore the management of post-transplant disease recurrence such as hepatitis C is much easier to treat now. Biliary complications have decreased and most centers now have a strategy in place to deal with this. Renal toxicity from calcineurin inhibitors can be minimised. Post-transplant infective issues can be dealt with prompt recognition and diagnosis

LDLT is most common in Asian countries and we need to learn from them regarding management of rejection, disease recurrence and technical considerations. Acute liver failure in India is managed very differently as the etiology is different from the West. Intracranial pressure measurement is not done. Donor preparation may need to be fast tracked. In this meeting doctors from large centers will get together and share their protocol with experts from the West.

Please mark 25, 26th and 27th September 2015 in your calendar for the first CLBS meeting on complications and management in the era of regular liver transplant throughout the country.



Dr. Subash Gupta
Head - Liver Transplant and Surgical Gastroenterology
Convenor

Organising Committee

Prathap C Reddy Patron	Subash Gupta Convenor	Anupam Sibbal Co-Convenor
Neerav Goyal Organising Secretary	Shaleen Agarwal In-Charge of Scientific Advisory Team	Giriraj Bora Conference Coordinator

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Joao Seda Nato	Kim Olthoff
Greg Everson	Olivier Soubrane
Paolo Muiesan	Peter Friend
See Ching Chan	

Scientific Programme Day 1, 25th September 2015

Registration

Welcome Address

Preoperative decision analysis in Living Donors

Steatosis in liver donor: Is there a limit?

Less than 30% liver remnant: Should one proceed?

Complex vascular anatomy: converting contraindications to indications

What is acceptable comorbidity in live donor

When should a related liver donor not be accepted in inherited disorders

Difficult billiary anatomy

Assessing the difficult recipient

Diastolic dysfunction or IHD – Which is the bigger risk?

Coagulation abnormalities: should they be corrected at start of surgery?

Transplant in a sick patient : when is it a NO NO?

Dealing with sick patients, what effects outcome more? MELD score,

malnutrition, Inflammation

When not to transplant in ALF?

Portal inflow modulation for low GRWR : Yes / No

HCV & HBV

Perioperative treatment of HCV in the era of newer DAA's

Managing HBV recurrence in the post transplant period

Pediatric liver transplant

Small babies, big liver: How I deal with it?

PVT post transplant in children: Prevention and management

Duct to duct anastomosis versus HJ in children < 4years

Arterial complications in pediatric liver transplant: Has LDLT experience

changed the incidence

Role of Kasai in the transplant era

Management of Early Bile Leaks

Medical Issues

Complications of immunosuppression management after transplantation

Post transplant metabolic syndrome: strategies in management

Transplant for Alcoholic steatohepatiits Peritransplant treatment of tuberculosis

Autoimmune hepatitis: when should one consider failure of medical therapy

Large portosystemic shunts : when to ligate and which

one - shunt or Left renal vein

Biliary and Vascular

Portal vein thrombosis: preoperative strategies, anticoagulation, TIPS

Retransplantation in LDLT setting: operative difficulties and outcomes

Biliary complications in donors: Prevention and management

Impact of biliary complications in LDLT on graft outcomes

Session - 1

Case - 1
Session - 2

Debate - 1
Session - 3

Session - 4

Panel Discussion -1
Session - 5

Case - 2

Session - 6