

# 'लीवर से जुड़ी बीमारी का समय पर करवाएं इलाज'

जागरण संवाददाता, बटिंडा : लीवर संबंधी बीमारियों की पहचान व बचाव के साथ आर्गन डोनेशन के प्रति जागरूकता बढ़ाने के लिए मंगलवार को एक कैंप लगाया गया। इसमें अपोलो अस्पताल इंद्रप्रस्थ से आए सीनियर कंसल्टेंट डॉ. नीरव गोयल ने बताया कि लीवर ट्रांसप्लांट एक जटिल प्रक्रिया है। इसके लिए एक ही समय में दो लोगों को सर्जरी करानी पड़ती है। उससे बेहतर है कि बीमारी को समय रहते पहचान कर उसका इलाज कराया जाए। इस अवसर पर गगन गेस्ट्रो केयर अस्पताल के डा. गगनदीप गोयल ने लीवर संबंधी बीमारी के कारण,



बटिंडा में पत्रकारों को संबोधित करते  
डा. गगनदीप गोयल • जागरण

लक्षण तथा उनसे बचाव के बारे में जानकारी दी। उन्होंने बताया कि केवल पंजाब में हर साल 300 से ज्यादा लोगों को लीवर ट्रांसप्लांट की जरूरत पड़ती है। विश्व स्वास्थ्य संगठन के अनुसार भारत में हर दसवें आदमी की मौत लीवर रोग के कारण होती है।

**DAINIK JAGRAN**

ਵਿਸ਼ਵ ਦੇ ਮਸ਼ਹੂਰ ਡਾਕਟਰਾਂ ਦੀ ਟੀਮ ਮਸ਼ੀਨ ਵਿਚ ਇਕ ਵਾਰ ਕਲੀਨਿਕ ਸ਼ਾਬਦੀ ਸੋਧ \* ਮੋਟਰ, ਜਿਹੜੇ ਦੀਆਂ ਲਿਖਤਾਂ ਲਈ ਮੈਂਬਰ ਕਰਨ-ਭਾ: ਗਰਨਸੀਪ ਹੋਇਲ

ਬਠਿੰਡਾ ਵਿਖੇ ਇਦਰਪੁਸਤ ਅਪੋਲੋ ਹਸਪਤਾਲ ਦੇ ਡਾ: ਨੀਰਵ ਗੋਇਲ ਗਰਨ ਅਰ. ਗੈਸਟਰੋ ਕੋਅਰ  
ਦੇ ਡਾ: ਗੁਰਨਦੀਪ ਗੋਇਲ ਪੈਸ ਨੂੰ ਸੰਬੋਧਨ ਕਰਦੇ ਹੋਏ।

ਪੀਣ ਦੀਆਂ ਆਦਤਾਂ ਨੂੰ ਸੁਧਾਰ ਕੇ ਅਤੇ ਮੋਟਾਪਾ, ਜਿਗਰ ਦੀਆਂ ਬਿਮਾਰੀਆਂ ਲਈ ਬਿਮਾਰੀਆਂ ਦਾ ਜ਼ਿਕਰ ਹੋ ਰਿਹਾ ਹੈ।  
ਸ਼ੱਕ ਵਰਗੇ ਤੋਂ ਪਹਿਲੇ ਕਰਕੇ ਜਿਗਰ ਦੀ ਮੁੱਖ ਕਾਰਣ ਹੈ। ਇਸ ਮੌਕੇ ਇੰਦਰਪ੍ਰਸਤ ਜਿਨ੍ਹਾਂ ਵਿਚੋਂ 20 ਹਜ਼ਾਰ ਨੂੰ ਲੀਵਰ

[illegible]



गो। किसी  
पड

किंवदंती  
दाव  
लेने  
गति  
गी।

धर)

## समय पर लीवर ट्रांसप्लांट बचा सकता है जरूरतमंद का जीवन: डॉ. नीरव

बठिंडा। लीवर संबंधी रोगों, ट्रांसप्लांट और लीवर डोनेशन की प्रक्रिया में शामिल जटिलताओं पर प्रकाश डालने के लिए मंगलवार को इंदूरस्थ अपोलो अस्पताल नई दिल्ली की तरफ से बठिंडा में एक प्रेस कॉन्फ्रेंस का आयोजन किया गया।

विशेष तौर पर पहुंचे डा. नीरव गोयल, सीनियर कंसल्टेंट, लीवर ट्रांसप्लांट सर्जन, इंदूरस्थ अपोलो अस्पताल और डा. गगनदीप गोयल, चेयरमैन और मैनेजिंग डायरेक्टर, आर गगन गैस्ट्रो केयर ने लीवर संबंधी बीमारियों के कारण, लक्षण और बचाव उपायों के बारे में बताया। डॉ. नीरव गोयल ने कहा कि लीवर डोनर लीवर ट्रांसप्लांटेशन (एलडीएलटी) एक जटिल सर्जिकल प्रक्रिया है। इसमें एक ही समय पर दो लोगों की गंभीर सर्जरी



प्रेसवार्ता करते हुए इंदूरस्थ अपोलो अस्पताल के डॉ. नीरव गोयल।

होती है, एक जीवित डोनर और दूसरा प्राप्तकर्ता। यह प्रक्रिया केवल तभी अपनानी चाहिए जब लाभ इसमें शामिल जोखिमों से कहीं ज्यादा हो। एलडीएलटी गंभीर हेपेटाइटिस बी और सी, एथेनॉल के दुरुपयोग, ऑटोइम्यून हेपेटाइटिस और अन्य कारणों की वजह से अंतिम चरण की लीवर बीमारी वाले मरीज के

लिए एक जीवनरक्षक प्रक्रिया है। पूर्ण लीवर फेल्योर वाले मरीजों के लिए, एलडीएलटी जीवनरक्षक सर्जरी है। जन्मजात लीवर दोष-बाइलियरी एट्रोशिया, विल्सनस रोग, क्रिगलर नजर सिंड्रोम आदि के साथ पैदा होने वाले बच्चों को एलडीएलटी एक लंबा और उत्पादक जीवन जीने का अवसर देती है।

## नशीली भट्टी के

आरोपियों प

बठिंडा नशा  
तहत जिला पु  
नशीली गोली  
अवैध शराब  
गिरफ्तार कि  
ने पकड़े ग  
एनडीपीएस  
एक्ट के  
है। थाना

भारतकर

महंगा सि  
वह पु

गश्त

में पु

संदिग्

को

ने

ली

व

**DAINIK BHASKAR**

Home Bangladesh



## Toddler Aman gets new lease of life in Delhi

Q News

Wednesday 15 November, 2017 09:15:09 pm



Dhaka, Nov 15 (UNB) - Indraprastha Apollo Hospital in Delhi provided a new lease of life to a 2-year 11-month-old toddler Aman Jawadullah from Dhaka, who developed acute liver failure and jaundice at the end of August which progressively got worse.

Aman's doctors and parents shared this in a press meet in the city on Wednesday organized by Indraprastha Apollo Hospital.

Due to worsening jaundice, vomiting and lethargy, he was admitted in a hospital in Dhaka on September 11 in 2017. A diagnosis of acute liver failure due to Hepatitis A was made. His condition deteriorated to such an extent that he developed coagulopathy (prothrombin time increased to 70 seconds, normal is 13 seconds) and went into a coma.

The family was told that the child needed an urgent liver transplant. The family contacted Apollo Hospitals and an aircraft was immediately arranged. The child reached Apollo Hospital in the afternoon and on assessment, a decision for an emergency liver transplant was made.

Treatment was initiated to protect his brain from Cerebral Edema. His mother Tanjim Baha's liver was found to be appropriate for donation and 36 hours after arriving in Delhi on September 20, the child underwent a living related liver transplant.

The liver transplant was successful and by the 5th day after the operation, his encephalopathy had improved. He started recognizing his parents and speaking.

Mentioning it as a miracle, Dr Anupam Sibal, Group medical Director, Apollo Hospitals Group and Senior Pediatric Gastroenterologist and Hepatologist, Indraprastha Apollo Hospitals, said "It was a very critical case because the child was already in Stage 3 Hepatic Encephalopathy. This meant that his liver was not removing the toxins from his body which were damaging his brain function. With his condition deteriorating fast, an emergency liver transplantation was the only treatment to save the life of the boy. We were very happy that Aman made a remarkable recovery and he was discharged in 3 weeks."

Senior Liver Transplant Surgeon at Apollo Hospitals Delhi Dr Neeraj Goyal said "The child was very sick. We put him on dialysis immediately to stabilize his condition. A liver transplant in a child with acute liver failure is more demanding than a standard liver transplant. Aman's clotting was severely damaged and that provided extra challenges."

More than 150 Liver transplants in children and adults have been performed at the hospital on patients from Bangladesh, with a most 99 per cent success rate. Dr Anupam Sibal also said "Our programme is a beacon of quality and hope for patients across the world. Our centre in India has high end equipment and state of the art infrastructure to ensure outcomes comparable to the best in the world delivered by a committed team of Transplant Surgeons, Paediatric Gastroenterologists and Hepatologists, Anaesthetists and Intensivists."

The first successful liver transplant in India was performed at Apollo Hospitals Delhi in 1998.

Indraprastha Apollo Hospitals, India's first JCI accredited hospital, is a joint venture between the Government of Delhi and Apollo Hospitals Enterprise Limited.





Flanked by Apollo Hospitals physicians Anupam Sibal (left) and Neerav Goyal (right), parents of toddler Aman Jawad Uddin hold a media briefing at a hotel in the capital yesterday. The physicians participated in the surgical procedure for Aman at Indraprastha Apollo Hospitals in New Delhi recently. INDEPENDENT PHOTO

# Dhaka toddler gets new lease of life at Apollo Hospitals

**STAFF REPORTER**

A toddler from Dhaka has successfully undergone a liver transplant at Indraprastha Apollo Hospitals, India's first Joint Commission International (JCI) Hospital.

The toddler, who had developed acute liver failure, has been identified as Aman Jawad Uddin. He is two years and 11 months old.

Senior paediatric gastroenterologist and hepatologist of Indraprastha Apollo Hospitals, Dr Anupam Sibal, explained the toddler's case at a press conference at a Dhaka hotel yesterday.

"It was a very critical case because the child was already at Stage 3 hepatic encephalopathy. His liver was not removing toxins from his body, which were damaging his brain functions," he said.

The doctor said the toddler's condition was fast deteriorating. An emergency liver transplantation was the only option to save his life.

"We are very happy that Aman made a remarkable recovery and he was discharged in three weeks," he added.

Explaining the child's situation, Dr Neerav Goyal, senior liver transplant surgeon at Apollo Hospitals, Delhi, said: "The child was very sick. We put him on dialysis immediately to stabilise his condition. A liver transplantation in a child with acute liver failure is more demanding than a standard liver transplant."

"Aman's clotting was severely damaged and that posed extra challenges," he added.

Asked about the cost of the operation, Goyal said it depended on the situation of the patient, but the standard surgery cost for a liver transplant is approximately USD 30,000, which is equivalent to Tk. 24 lakh.

The first successful liver transplant in India was performed at Apollo Hospitals, Delhi, in 1998. Since then, more than 2,900 liver transplants have been performed at Apollo, among which 235 cases pertained to children.

## Biomass Fuel Boiler - Directly Ship to Your Site

Capacity 0.1-50 t/h Running on Kinds of Biomass Fuels. Wide Application. Quoted  
[Biomass Fuel Boiler](#)

## NEWS



19 November 2017 02:00:00 AM

## Dhaka toddler gets new lease of life at Apollo Hospitals



Flanked by Apollo Hospitals physicians Anupam Sibal (left) and Neerav Goyal (right), parents of toddler Aman Jawad Uddin hold a media briefing at a hotel in the capital yesterday. The physicians participated in the surgical procedure for Aman at Indraprastha Apollo Hospitals in New Delhi recently. Independent Photo

A toddler from Dhaka has successfully undergone a liver transplant at Indraprastha Apollo Hospitals, India's first Joint Commission International (JCI) Hospital.



**Biomass Boiler**



Ministry of Power  
 Government of India



The toddler, who had developed acute liver failure, has been identified as Aman Jawad Uddin. He is two years and 11 months old.

Senior paediatric gastroenterologist and hepatologist of Indraprastha Apollo Hospitals, Dr Anupam Sibal, explained the toddler's case at a press conference at a Dhaka hotel yesterday.

"It was a very critical case because the child was already at Stage 3 hepatic encephalopathy. His liver was not removing toxins from his body, which were damaging his brain functions," he said.

The doctor said the toddler's condition was fast deteriorating. An emergency liver transplantation was the only option to save his life. "We are very happy that Aman made a remarkable recovery and he was discharged in three weeks," he added.

added.

Explaining the child's situation, Dr Neerav Goyal, senior liver transplant surgeon at Apollo Hospitals, Delhi, said, "The child was very sick. We put him on dialysis immediately to stabilise his condition. A liver transplantation in a child with acute liver failure is more demanding than a standard liver transplant."

"Aman's clotting was severely damaged and that posed extra challenges," he added.

Asked about the cost of the operation, Goyal said it depended on the situation of the patient, but the standard surgery cost for a liver transplant is approximately USD 30,000, which is equivalent to Tk. 24 lakh.

The first successful liver transplant in India was performed at Apollo Hospitals, Delhi, in 1998. Since then, more than 2,900 liver transplants have been performed at Apollo, among which 235 cases pertained to children.



# इन्द्रप्रस्थ अपोलो हॉस्पिटल्स ने लीवर ट्रांसप्लांट पर जागरुकता अभियान

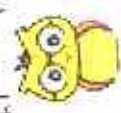
अमृतसर/ दीपक मेहरा

लीवर की बीमारियों और लीवर ट्रांसप्लांट के बारे में जागरुकता फैलाने में प्रयास में नई दिल्ली के मल्टी स्पेशलिटी हॉस्पिटल इन्द्रप्रस्थ अपोलो हॉस्पिटल्स ने अमृतसर में एक जागरुकता अभियान का आयोजन किया। कार्यक्रम के माध्यम से आम लोगों में बढ़ते चकृत रोगों, इनकी पहचान और इलाज के बारे में जानकारी दी गई। लीवर ट्रांसप्लांट के बारे में बात करते हुए डॉ. नीरव गोयल, मेडिकल कन्सल्टेंट- लीवर ट्रांसप्लांट, इन्द्रप्रस्थ अपोलो हॉस्पिटल्स ने कहा, लिवर होनर लीवर ट्रांसप्लांट एक खतरनाक रोग है, जिसमें दो व्यक्तियों के लीवर और प्रतिरक्षित की गैर-मिलान

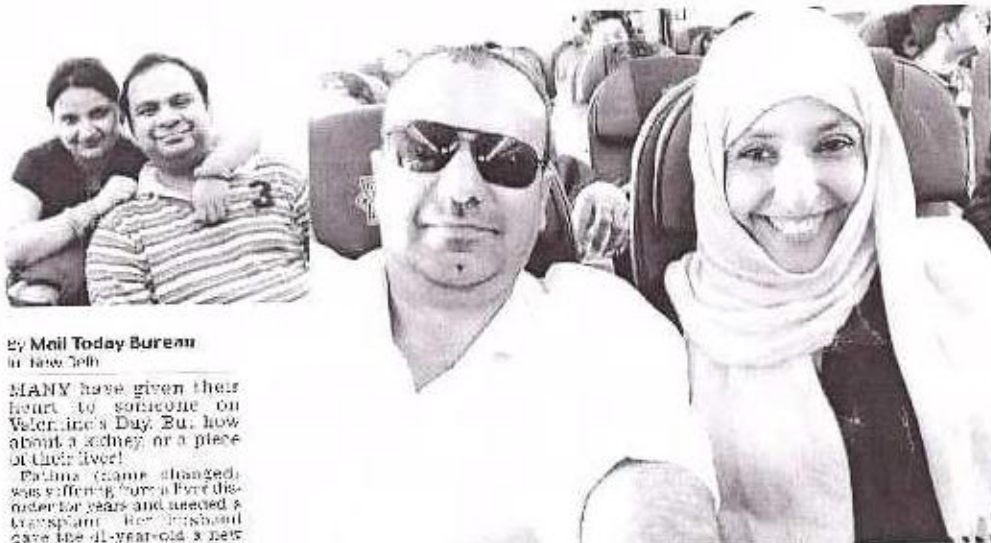


की सजरी तभी की जाती है जब सजरी के प्रयत्न जोखिम से कई गुना अधिक हो। यह प्रक्रिया इन मरीजों के लिए बेहद खतरनाक है जिनका लीवर रोग क्रॉनिक हेपेटाइटिस बी एवं सी, शराब के सेवन, ऑटोइम्यून हेपेटाइटिस या किसी अन्य कारण से अंतिम अवस्था में पहुंच गया हो। इसी तरह गतगत लीवर

सजरी की भूमिका निभाती है, क्योंकि ऐसे मामलों में प्रत्यारोपण के बिना मरीज के जीवित रहने की संभावना बिल्कुल नहीं होती। वे बचने जो जन्मजात चकृत दोष जैसे बाइलरी आटोसिया, बिलिस्स रोग, क्रिगलर नजर सिंड्रोम से पीड़ित होते हैं, उन्हें लिवर और प्लांट लीवर लीवर का



# These couples have parts of themselves in their better halves



by Mail Today Bureau  
in New Delhi

**MANY** have given their heart to someone on Valentine's Day. But how about a kidney or a piece of their liver?

Fatima (name changed) was suffering from a liver disorder for years and needed a transplant. Her husband gave the 41-year-old a new lease of life on Tuesday when he became the donor at the city's Apollo Hospital.

Fadhl is a housewife and her problems started when she suffered a heart of pancreas four years ago due to autoimmune

**Patients receive livers & kidneys from spouses**

related chronic liver disease. After 6425 of medical care, doctors finally referred her to multi-organ transplant.

"When we could not find any suitable donor for my wife, I decided to donate my liver," said her husband. "Her condition was worsening and emergency surgery was the only option left. This is the way to express my gratitude to her for her donation of Valentine's Day."

The notes were reversed for emotional coup - in the way wife was donating a kidney to her husband. Anju Sharma, who is 35, a housewife, said, "My husband was not happy when I decided to donate my kidney as our child is just three years old. His wife transplant had to be done urgently and I could not find any donor."

**When we couldn't find a suitable donor for my wife, I decided to donate my liver to her. This was my way to express love on V-Day.**

— FADHL ALI

**My husband wasn't happy when I donated my kidney as our child is only three. But transplant was urgent and we couldn't find a donor.**

— ANJU SHARMA

Her husband, Kapil Sharma, who is a chartered accountant, expressed his support to his wife on Valentine's Day.

Fadhl has a huge gap in demand and supply of organs. Experts say many people are unwilling to donate relatives' organs due to religious beliefs, because they don't understand how it works, or because it is too difficult to do so due to red tape. According to government data, about 4 lakh people are waiting for kidneys and 20,000 for livers. To get donor organs, one has to wait for months.

With a poor record of the donated, the Indian Medical Association (IMA) last month launched a nationwide campaign to solve the country's organ shortage and set up for a quick transplant. Doctors now get test results regarding their willingness to donate organs at their deceased loved ones.

The Ministry of Health, as the organ donation programme at Apollo Hospital, said, "We are delighted that we have been able to touch so many lives through organ transplants."

There is an urgent need to encourage and motivate young people to make organ donation programme a success. Organ donation from a single deceased donor can give life to seven patients."

Another doctor said, "Couples donating organs to save their partners' lives are not uncommon occurrences, but surgery happening near and on the occasion of Valentine's Day is rare."

A similar case was reported at Apollo Hospital last year when a husband donated a kidney to his husband on Valentine's Day.

**Love has a whole new meaning for these partners**



## More younger patients are coming with liver disease: Dr Neerav Goyal, Apollo Hospital

By ET Bureau | Updated: Sep 28, 2016, 09:51 PM IST  
[Post a Comment](#)



Children may also require transplant for other metabolic disorders such as Wilson's disease (defects in copper metabolism), progressive familial intrahepatic cholestasis, glycogen storage disorders and many other metabolic disorders. Amongst the adults, viral illnesses are more common in males. Though alcoholic liver disease is still more common in the men though the incidence in the females is increasing over the years. We are getting a lot of patients both young and old with primary liver cancers in whom liver transplant is the life saving option.

NEW DELHI: The incidence of liver disease is increasing, even among youngsters. While there's lot more awareness among people, rising income levels and consequent diet modifications, consumption of alcohol from early age compound the problem. The result is that more young patients are reporting fatty liver disease, which can have adverse impact on liver over long term. Dr Neerav Goyal Senior Consultant and Head, Apollo Liver Transplant, Hepatobiliary and Pancreatic Surgery, at Delhi based Indraprastha Apollo hospital, discusses the rising cases of liver disease, the causes and how best to prevent liver disorders. Edited excerpts:

**Do you see higher awareness among people about diet and impact of liquor, smoking on health? If so, have incidents of liver disease reduced? If not, why not?**

Awareness amongst people has definitely increased. The younger lot are more aware of the benefits and the adverse effects. But this needs to be weighed in comparison to the growing per capita income of the general population and with it diet has become more westernised. Consequently we are seeing more and more younger generation coming with fatty liver disease which can have serious adverse effects on the liver over long term and eventually lead to a stage of cirrhosis. Alcohol consumption has not really decreased, and in fact has gone up amongst the youngsters and in the female population as well, again leading to increasing incidence of alcohol induced liver injury. The Global Status report on alcohol and health 2014, released by the World Health Organization (WHO) states that the amount of alcohol consumption has raised in India between the periods of 2008 to 2012. The per capita consumption of alcohol in the country increased from 1.6 liters from the period of 2003-2005, to 2.2 liters from the period of 2010-2012. On the 'Years of Life Lost' scale, which is based on alcohol-attributable years of life lost, India has been rated four on a scale of 1 to 5 which is quite high. Consequently the incidence of liver disease instead of reducing is steadily going up.

**Quite often people scramble to know more about a disease only after it hits them or a close relative. What should be done to monitor health? Do you recommend regular health checkups even for young adults?**

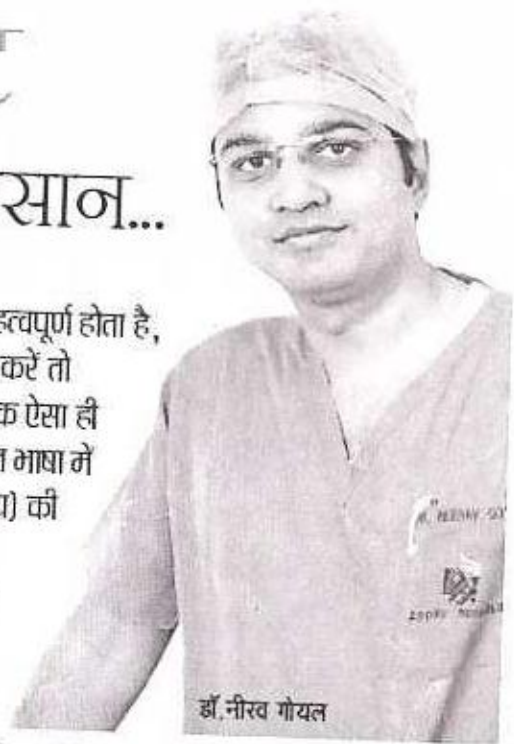
Remember that old saying about an ounce of prevention being worth a pound of cure? Regular health checkups would help you identify the disease when it is in its infancy and help you monitor it and take remedial measures. But these checkups comes at a cost and hence may not be cost effective if done randomly for all disease. In the younger groups, between 18 and 40 years of age, unless there is a strong family history of some chronic illness, a visit to a doctor every five years may suffice with laboratory testing being done only if required. Beyond 40 years regular checkups can be done one to three yearly. Much cheaper and better option is creating awareness and doing life style modifications which would help in keeping such diseases at bay.



# लिवर ट्रांसप्लांट

## अब बहुत सहज और आसान...

यू तो मानव शरीर का प्रत्येक अंग अपने आप में बहुत महत्वपूर्ण होता है, लेकिन कुछ अंग ऐसे हैं, जो अगर सुचारु रूप से काम न करें तो इंसान जीवित नहीं रह सकता। लिवर (यकृत) उनमें से एक ऐसा ही अंग है, जिसके बिना जीवित नहीं रह जा सकता। मेडिकल भाषा में कहे तो हृदय, किडनी, फेफड़े और पैन्क्रियास (अग्न्याशय) की ही तरह लिवर भी सॉलिड ऑर्गन्स की श्रेणी में आता है, जिसका प्रत्यारोपण आज बहुत आसान हो गया है। जीवित अंगदाता और मृत अंगदाता की मदद से आज कोई भी ज़रूरतमंद मरीज लिवर प्रत्यारोपण करवा सकता है।



डॉ. नीरव गोयल

क्या आप जानते हैं कि किडनी प्रत्यारोपण के बाद लिवर प्रत्यारोपण (ट्रांसप्लांट) सबसे ज्यादा किया जाता है। इससे ये भी पता चलता है कि लिवर संबंधी समस्याएं अब जाकर देश में विकसित रूप ले चुकी हैं। लिवर प्रत्यारोपण के दौरान मरीज और उसके परिवार को बहुत सारी दिक्कतों से गुजरना पड़ता है, इसलिए सबसे पहले वह समझने की जरूरत है कि लिवर हमारे शरीर का इतना महत्वपूर्ण अंग क्यों है और किन-किन कारणों से इसके प्रत्यारोपण की जरूरत पड़ती है।



मेडिकल भाषा में कहे तो हृदय, किडनी, फेफड़े और पैन्क्रियास (अग्न्याशय) की ही तरह लिवर भी सॉलिड ऑर्गन्स की श्रेणी में आता है। शरीर के लिए जरूरी सभी विटामिन्स (पोषक तत्व) और मिनरल्स (खनिज) लिवर में ही संग्रहित किए जाते हैं। साथ ही रक्त में से अशुद्धियां निकालने के लिए भी यह फिल्टर का काम करता है। इसके अलावा सबसे महत्वपूर्ण तथ्य ये है कि लिवर हमारे शरीर द्वारा ग्रहण (खाने-पीने की चीजों) किए जाने वाले ख़ाद्य-पदार्थों में से विषैले तत्व निकालने का अहम कार्य भी करता है।

लिवर शरीर को ऊर्जा देने के लिए

ग्लूकोज का निर्माण करता है, शारीरिक विकास के लिए प्रोटीन्स बनाता है और किसी भी जख्म को भरने के लिए अति आवश्यक रक्त में थक्कों (क्लड-क्लॉट) का निर्माण करता है। इसके अलावा लिवर, पित्ताशय (गॉल ब्लैडर) में पित्त का निर्माण करता है, जो फैट (वसा) और विटामिन्स के अवशोषण के लिए बेहद जरूरी है। लिवर हमारे शरीर के मेटाबॉलिज्म (चयापचय) को बढ़ा कर जरूरत पड़ने पर ऊर्जा प्रदान करता है। साथ ही हमारे रक्त में से बैक्टीरिया निकाल कर संक्रमण से लड़ने की शक्ति भी प्रदान करता है।

### लिवर डोनर संबंधी महत्वपूर्ण जानकारी

- कोई भी व्यक्ति स्वेच्छा से अपने लिवर का कुछ हिस्सा या पूरा लिवर ज़रूरतमंद मरीज को दान कर सकता है।
- मुख्य रूप से डोनर दो प्रकार के होते हैं। जीवित अंगदाता (लिविंग डोनर्स) और मृत अंगदाता (डिसेसड डोनर्स)।
- लिविंग डोनर्स, वे होते हैं जो जीते जी अपने लिवर का कुछ हिस्सा ज़रूरतमंद मरीज को दान में देते हैं। ये आमतौर पर संगे-संबंधी या नजदीकी रिश्तेदार होते हैं।

- डिसेसड डोनर्स वे होते हैं, जिनका लिवर उनकी मृत्यु के बाद ज़रूरतमंद मरीज को प्रत्यारोपित किया जाता है।

### ऑर्थोटॉपिक लिवर ट्रांसप्लांटेशन

इस प्रक्रिया के तहत मरीज के शरीर में से खराब लिवर हटा कर ठीक उसी जगह स्वस्थ लिवर प्रत्यारोपित किया जाता है। लिवर प्रत्यारोपण का यह सबसे सामान्य तरीका है।

### लिविंग डोनर ट्रांसप्लांट

लिवर की एक खास क्षमता यह होती है कि सर्जरी के बाद वह अपने आप दोबाग बनने लगता है। इसी खूबी के चलते एक स्वस्थ व्यक्ति अपने लिवर का कुछ हिस्सा ज़रूरतमंद मरीज को दान कर सकता है। यह प्रक्रिया बच्चों के लिवर ट्रांसप्लांट में बहुत कारगर सिद्ध होती है, क्योंकि बच्चों के लिवर का साइज बड़ों के लिवर की अपेक्षा छोटा होता है। इस वजह से डिसेसड डोनर उन्हें आसानी से नहीं मिल पाते हैं।

(डॉ. नीरव गोयल, सीनियर कंसल्टेंट, लिवर ट्रांसप्लांट एंड गैस्ट्रोएन्टेरोलॉजी इंड्रप्रस्था अपोलो अस्पताल, नई दिल्ली)

(हिवाप्र)

ज्यादा जानकारी के लिए संपर्क करें: + 91 88 00 99 00 00 या ईमेल करें: [assistance@apollohospitaldelhi.com](mailto:assistance@apollohospitaldelhi.com)



**Typically what's the progress of a liver disease? At what stage would a transplant be needed?**

Liver diseases progress through several stages before the liver burns out and reaches a stage of end stage liver disease commonly known as cirrhosis. This may take several years. Prior to cirrhosis, the liver disease goes through increasing stages of fibrosis and regeneration which are partially reversible if the inciting factor can be controlled. Once the stage of cirrhosis is reached, it is irreversible and as the cirrhosis advances one reaches the stage where liver transplant becomes imperative. It is very important to identify the cause of the liver disease which may be viral illnesses, fatty infiltration, metabolic causes, genetic causes, birth defects or malignancies. Sometimes however, the liver may be effected acutely by some viral illness like hepatitis A or E, idiosyncratic drug reactions etc to come to a stage of acute liver failure which may develop within days to weeks of getting the illness. Acute liver failure is a medical emergency in which transplant may be required in about 50 percent of the patients

**Can liver related disorders be caught early and a course correction be done to avoid damage and eventual need for a transplant?**

Yes, the liver disease if identified early, can be controlled and progress to a stage of cirrhosis can be avoided. In patients with Viral illnesses like hepatitis B and C, very effective drugs are available which can control and even cure the viral illness and halt the progression of liver disease. The progression to development of liver cancers can also be prevented. Similarly fatty liver disease progression and alcohol induced liver damage can be improved with lifestyle modifications and abstinence respectively.

**What are some of the recent trends (demographic profile, gender etc) seen among liver patients?**

Liver disease can affect both the very young and the old. In infants liver transplant is usually required for biliary atresia, a condition where the bile ducts from the liver are malformed since birth and hence the child is jaundiced. In such scenarios liver transplant has been carried out for children as small as 5 month olds. Children may also require transplant for other metabolic disorders such as Wilson's disease (defects in copper metabolism), progressive familial intrahepatic cholestasis, glycogen storage disorders and many other metabolic disorders. Amongst the adults, viral illnesses are more common in males. Though alcoholic liver disease is still more common in the men though the incidence in the females is increasing over the years. We are getting a lot of patients both young and old with primary liver cancers in whom liver transplant is the life saving option.

**What's the typical age of a live transplant patient?**

Amongst the children, usual age is between 6 months to 2 years, when transplant is indicated. The median age in adults is about 52 years though transplant may be done for as old as 70 years as well.

**Are young adults also suffering from serious liver problems? if so, why? How can they check it?**

Amongst the youngsters, alcohol and fatty liver disease are the two most common factors responsible for serious liver problems. More awareness needs to be spread amongst the young about the seriousness of the problem. Life style modifications and abstinence from Alcohol can check the problem in its infancy. Amongst those with viral illnesses or metabolic liver disease, regular checkup and medications would go a long way in controlling the progression of the liver disease.

**Most people believe liver transplant is easy – the donor just gives a small part of the liver and the organ grows for both the receiver and the donor. How successful are liver transplants. Can people undergo multiple transplants?**

Living donor liver transplant is one of the most complex surgeries which exist at present times. The donor surgery requires a lot of experience and careful planning to carry it out safely and successfully. Yes a part of liver is donated and it does regenerate both in the donor and the recipient quite fast. But not all people are suitable for donation and hence a careful selection is required. This surgery is quite successful with success rates reported at 90 - 92 percent. Liver transplant is usually offered when the chances of the patient with chronic liver disease to survive without a transplant are less than a year. With successful transplant these very patients can live a very active and productive life for years together. There are a few patients in whom the original disease may come back, for example those who have gone back to drinking, or in those a viral illness has come back. In these patients if a stage of cirrhosis is reached, a re-transplant can be offered.

**What precautions/preventive health measures can a person take to avoid liver disorders?**

There are a number of steps. First, decrease your alcohol intake? The liver can only process small amount of alcohol every hour. Alcohol intake should be moderated to a very low level to prevent damage to liver. Second, reduce the amount of saturated fats, trans fats and hydrogenated fats in your diet. Saturated fats are found in deep fried foods, red meats and dairy products. Trans and hydrogenated fats are found in processed foods. The liver stores excess dietary fat, and fat buildup can eventually bring on fatty liver disease.

**Third, decrease body weight to get a BMI of less than 28?**

Obesity, particularly, abdominal or central obesity, is a major risk factor for developing fatty liver disease. A fatty liver slows down the digestion of fats.

Fourth, avoid over-supplementation with traditional medicines & remedies? Over-supplementation may cause liver inflammation. As the liver detoxifies, supplementation with certain traditional medicines or remedies can lead to liver damage or even failure. This is because some of these remedies contain heavy metals. Taken in large quantities they can result in liver toxicity or they can affect the regular functioning of your liver. Fifth, eat more high-fibre foods such as whole grains, fruits and vegetables. For proteins, choose more fish, beans and nuts, and cut down on red meats.

**Sixth, get vaccinated?**

Get vaccinated against hepatitis A and B, both viral liver infections. Hepatitis A is contracted from contaminated food and water and hepatitis B, from sexual contact, contaminated blood and needles. And finally, regular exercise is key to a healthy liver. Exercise increases energy levels, decreases stress on the liver, and helps to prevent obesity – a high risk factor for liver disease. Aim for a total of 150 minutes of exercise, such as brisk walking, per week.