

# **Receiving a liver transplant from a donor who was previously infected with hepatitis B**

## **Information for patients**

This leaflet contains frequently asked questions about the use of hepatitis B core antibody positive donor liver grafts in adults. If you have any other questions or concerns, please do not hesitate to ask your transplant coordinators.

### **What is a hepatitis B core antibody positive donor liver graft?**

You may receive a donor liver from a person who was previously infected with hepatitis B. These patients are no longer infected with hepatitis B and the use of these donors is considered routine practice in the UK.

Liver transplantation in this situation is safe and increases the number of people who can have a liver transplant each year. There is a very small risk of developing hepatitis B after your transplant, however this risk is minor when you take prophylactic antiviral medication.

### **What is hepatitis B?**

Hepatitis B is a viral infection that affects the liver. Over 250 million people worldwide have the infection. Chronic infection can cause cirrhosis of the liver and liver cancer. Lifelong infection is common when the virus is acquired in childhood. There are effective treatments for hepatitis B and some patients will spontaneously clear the infection during their lifetime.

### **Is it safe for me to receive a liver transplant from a patient who was previously infected with hepatitis B?**

Yes. We ensure that the patient does not have any evidence of chronic liver disease or liver cancer before accepting the donor offer. There is a small risk of you being infected with hepatitis B from the donor post-transplant. We can prevent this from happening if you take an antiviral.

## **How do you know the donor was previously infected with hepatitis B?**

We can tell if your donor was previously infected by the presence of special antibodies in their blood. These antibodies are only made when a patient has previously been infected with hepatitis B and are different if your donor was vaccinated.

## **If the infection has been cured, why does this affect my transplant?**

Hepatitis B lives in the liver and a small, inactive part of the virus remains in the liver cells even after it is cured. If your immune system is suppressed (for example, while taking immunosuppression medication to prevent rejection of the liver) hepatitis B in the donor liver can become active again. If this happens, hepatitis B will enter your bloodstream and cause liver inflammation.

## **Why have I been asked to accept an offer from a patient who was previously infected with hepatitis B?**

Unfortunately, there are not enough donors in the UK for everyone on the liver transplant waitlist to receive a liver transplant. Some patients will sadly die waiting for a transplant. We can transplant an extra 5 to 10 patients each year by using donors who were previously infected with hepatitis B.

## **I have hepatitis B-related liver disease – am I eligible to use a donor who was previously infected with hepatitis B?**

Yes. If you have made hepatitis B antibodies, you may have extra protection against hepatitis B infection in your new liver.

## **I have hepatitis C – how does receiving a liver from a donor who was previously infected with hepatitis B affect me?**

Hepatitis C infection is caused by a different virus. Receiving a liver from a donor who was previously infected with hepatitis B will not affect your hepatitis C treatment.

## **Do I have to take extra medication to prevent hepatitis B infection after my transplant?**

Hepatitis B infection in your new liver can be prevented by taking prophylactic antiviral medication. This medication is called entecavir or tenofovir. It should be taken every day to be effective. It will need to be taken indefinitely.

The tablets are very well tolerated by patients and do not interact with your anti-rejection medication.

The potential side effects include headache and gastrointestinal upset, but these affect fewer than 1 in 10 patients and should only last a few weeks during which you will be monitored closely. Your renal function and bone health will be monitored in clinic if you take tenofovir.

## **What monitoring is required?**

We will check your blood every three to six months for any evidence of active hepatitis B infection when you visit the transplant clinic.

## **What will happen if I get hepatitis B from my donor?**

It is highly unlikely that you will get hepatitis B from your donor.

If you do, antiviral medication will suppress the virus. This will prevent any damage to your new liver and will not affect the success of your transplant.

## **I would like to get pregnant after my liver transplant when my transplant team says this is safe. Can I do so if I receive a liver from someone who was previously infected with hepatitis B?**

Yes, if you continue your antiviral medication, it is safe to fall pregnant. Please ensure you inform the transplant team if you are considering pregnancy as tenofovir is the preferred medication in this situation. There is extensive evidence showing that tenofovir is safe to taken while pregnant and breastfeeding.

## **Can I infect my partner or children with hepatitis B if my donor was previously infected with hepatitis B?**

If you take your antiviral medication, it is very unlikely that you will develop active hepatitis B infection. You will be monitored in clinic to ensure there is no evidence of hepatitis B in your bloodstream. Without an active infection you are not infectious. We recommend your children and partner be vaccinated against hepatitis B in any case as this is the most effective way to prevent hepatitis B spread.

## **Who can I contact for more information?**

- Liver transplant coordinators: [kch-tr.LiverTPC@nhs.net](mailto:kch-tr.LiverTPC@nhs.net)
- Liver Outpatients: [kch-tr.liver.outpatients@nhs.net](mailto:kch-tr.liver.outpatients@nhs.net)
- Liver Pharmacy Team: [kch-tr.liverpharmacy@nhs.net](mailto:kch-tr.liverpharmacy@nhs.net)

## **MyChart**

Our MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care. To sign up or for help, call us on 020 3299 4618 or email [kings.mychart@nhs.net](mailto:kings.mychart@nhs.net). Visit [www.kch.nhs.uk/mychart](http://www.kch.nhs.uk/mychart) to find out more.

## **Sharing your information**

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit [www.kch.nhs.uk](http://www.kch.nhs.uk).

## **Care provided by students**

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

## **PALS**

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

Tel: 020 3299 4618

Email: [kings.pals@nhs.net](mailto:kings.pals@nhs.net)

**If you would like the information in this leaflet in a different language or format, please contact our Interpreting and Accessible Communication Support on 020 3299 4618 or email [kings.access@nhs.net](mailto:kings.access@nhs.net)**