[Time: 3 Hours] [Max. Marks: 100]

LIVER TRANSPLANT AND HPB SURGERY - PAPER-I OP Code: 4225

Your answers should be specific to the questions asked Draw neat labeled diagrams wherever necessary

Answer All The Questions

10 X 10 = 100 Marks

- A 55 year old male with NASH related DCLD underwent deceased donor liver transplantation. Intra-operatively there was 8 litres blood loss, coagulopathy needing placement of packs. Post operatively enzymes showed a continuous increasing trend (Peak AST/ALT=12445/9435). ABG shows metabolic acidosis with lactate>15, for which CRRT was started. USG Doppler was normal. Outline the possible causes and further management protocol.
- 2. Outline the management of acute cellular rejection following liver transplantation.
- 3. Long-term consequences of immunosuppression.
- Outline the strategies which can be used to increase the donor pool for liver transplantation.
- 5. Hypothermic oxygenated machine perfusion (HOPE) in liver transplantation.
- 6. Molecular and cellular basics of liver failure and its implications.
- 7. Pre transplant cardiac evaluation of a listed patient for liver transplantation.
- 8. Clinica nurse co-ordinator in liver transplantation role and expertise.
- 9. Portal vein thrombosis and its implication in liver transplantation. What intraoperative strategies can be used for low flow in the portal vein during liver transplantation?
- Enlist the complications and peri-operative/long term outcomes following a liver transplantation.

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