

ORGAN TRANSPLANT CENTRE ACTIVITY BROCHURE WITH CASE EXAMPLES

2017-2023

Chimera



FOREWORD

Dear colleagues,

Sağlık çalışanları olarak, mesleğimizin doğası gereği hayatımız boyunca binlerce bireyin hikayesine tanıklık ediyoruz. As healthcare providers that follow up chronic diseases, we often become actors in these stories. Unfortunately, by their very nature, these stories are extremely sad stories. Our job, our efforts, and our ultimate goal are to contribute to the continued happiness of these sad stories. Because we know that life is divine and it is good to live...

As a team of the Organ Transplant Center, which has gathered under the umbrella of İstinye University Hospital Liv Hospital Bahçeşehir since 2017, with decades of experience in the field, we have achieved numerous successful operations with the motto **"Living is beautiful, and so is keeping alive."** By making our profession a way of life, with great care and tremendous effort, we have transplanted organs to many people.

The numbers we have achieved have encouraged us to describe our both center and team, we revised our activity brochure at the end of 2022.

Our main aim is, without a doubt, to inform you, our esteemed physicians, about the methods we use and our success rates. In addition, we wanted to give some examples from the lives we have touched in this activity brochure. Because we know that our work makes sense and makes a difference in these life stories.

On the other hand, we are also aware that real stories are inspirational. We know from our patients that organ transplantation can make many people anxious and nervous. Another factor that encourages patients who need organ transplantation and their relatives as much as their physicians who maintain their follow-up is the people who have experienced this process.

Organ transplant recipients and their stories inspire many people to become organ donors as well as patients with chronic organ diseases.

Like every physician working on organ transplantation, I, together with my teammates, have been trying to draw the attention of our society, where there are tens of thousands of patients waiting for organs, to the significance of donation for years. Under the roof of the organisation we work for, we have carried out and continue to carry out many awareness-raising activities with the slogans **#DonateLife** and **#GiveChance**. We are working relentlessly to explain the importance of organ transplantation to the society. With the awareness of how important you, our valuable colleagues, are in increasing the number of donors in our country, we wanted to remind once again the importance of donation in this activity brochure.

I would like to mention that our activity brochure, prepared from the information you may need about us, is an occasion of pride for us. We present this brochure with our thanks to all our colleagues who devote themselves to the service of humanity.

Best regards,

**Prof. Dr. Ayhan DİNÇKAN -
Head of Organ Transplant
Center**

The contents of this brochure are prepared for physicians and healthcare professionals. The personal information of the patients and their relatives in the brochure has been provided after obtaining their consent in accordance with the PDPL and other relevant laws.

NEW GENERATION HEALTH CARE

Combining the academic approach of Istinye University with the impeccable service understanding of Liv Hospital, İstinye University Hospital Liv Hospital Bahçeşehir, since December 2016 providing a new generation of health services with its patient-oriented approach, expert staff and advanced technology infrastructure.

Istinye University Hospital Liv Hospital Bahçeşehir, providing tertiary healthcare services including education and research studies, accepts patients in all branches.

Furthermore, it gathers multidisciplinary branches such as Organ Transplantation Centre, Spine Health Centre, Pain Centre, Stroke Centre, Speech and Language Therapy Polyclinic, Sleep Disorders Centre, Psycho-diet Polyclinic, Hair Transplantation Centre, Medical Aesthetics Department, Medical Oncology/Oncological Surgeries, Obesity Surgery, Hand Surgery, IVF Centre, Palliative Care Centre, Interventional Radiology and Advanced Interventional Radiology under a single roof.

Istinye University Hospital Liv Hospital Bahçeşehir is one of the few hospitals to host the Paediatric Intensive Care Unit.



FULLY EQUIPPED "HEALTHCARE BASE"

With 62,500 square meters of indoor space, the 21-storey hospital has a smart building system that allows immediate intervention to any problem within the building.

The hospital has 30 observation rooms that can be converted into intensive care rooms in emergencies, and specialist physicians work in the Emergency Department and Night Polyclinics. Obstetrics and Gynecology, Internal Medicine, Pediatrics, Cardiology, Oral and Dental Health, Hand Surgery, General Surgery, Orthopedics and Traumatology, Neurosurgery, Aesthetics and Reconstructive Surgery and Stroke Center also provide services on a 24/7 basis.

Istinye University Hospital Liv Hospital Bahçeşehir, where each detail is carefully considered, has 394 beds, 10 palliative care beds, 12 operating theatres, 94 intensive care/observation beds and a heliport for emergency transfers.

İSTİNYE UNIVERSITY HOSPITAL

LIV HOSPITAL BAHCESEHIR ORGAN TRANSPLANT CENTER

Istinye University Hospital Liv Hospital Bahçeşehir Organ Transplantation Centre is one of Turkey's reference organ transplantation centres with its international standards of service, experienced staff and technological equipment.

In our Organ Transplant Centre; **to adult and paediatric patients**, are transplanted from living and cadaver donor

- kidney transplant
- liver transplant
- and pancreas transplant.

In our centre, our patients are professionally prepared by specialists in their fields, their operations are performed in a safe way and they are followed up in the 30-bed isolated organ transplantation service after early follow-up in intensive care units suitable for their age group.



- All living donor kidney donor surgeries are regularly performed with full laparoscopic technique.
- Our centre stands out a difference with combined organ transplants (liver-kidney, kidney-pancreas transplantation) as well as simultaneous kidney transplantation-nativ nephrectomy, liver transplantation-CABG or liver transplantation-sleeve gastrectomy operations in patients needing more than one organ transplantation.
- In our center, in addition to living-donor and cadaveric liver transplants, surgical-oncological treatments for liver-biliary tract and pancreatic tumors are carried out in a multidisciplinary approach involving surgical-oncology, gastroenterology, and interventional radiology. This collaboration aims to achieve the best outcomes and ensure the highest level of patient care by promoting teamwork.
- In our hospital, procedures such as interventional radiology vascular/non-vascular interventions, endoscopy, endoscopic ultrasound, and ERCP are performed by the relevant physicians to address complications that may arise after organ transplant surgeries.
- In pediatric patients, all issues of pediatric transplant patients are addressed and resolved in collaboration with pediatric nephrology, pediatric gastroenterology, and other subspecialists also the post-operative early-phase monitoring of pediatric transplant patients is conducted in our own facility's Istanbul's largest and comprehensive pediatric intensive care unit.
- We serve as an experienced pediatric transplant center, providing services for a variety of transplant procedures in children, as well as kidney and liver transplants specifically for low birth weight infants.

TURKEY LIVER AND KIDNEY TRANSPLANT



- KIDNEY AND LIVER TRANSPLANTS IN OUR WORLD

YEARS	KIDNEY																	ALIVE Total	KIDNEY Total
	CADAVERIC TRANSPLANTS								TOTAL CADAVERIC TRANSPLANTS	ALIVE TRANSPLANTS									
	1-5 years of age	6-10 years of age	11-17 AGE	18-34 AGE	35-49 AGE	50-64 AGE	OVER 65	AGE 0		1-5 years of age	6-10 years of age	11-17 AGE	18-34 AGE	35-49 AGE	50-64 AGE	OVER 65			
2022								279										3.332	3.611
2021																			3.275
2020																			2.499
2019	10	15	30	120	296	303	33	807	4	33	35	121	893	996	818	155		3.055	3.862
2018	9	16	31	145	300	320	38	859	3	35	37	123	840	1.016	848	113		3.015	3.874
Grand Total	19	31	61	265	596	623	71	1.666	7	68	72	244	1.733	2.012	1.666	268		6.070	7.736

YEARS	LIVER																	ALIVE Total	LIVER Total	
	AGE 0	1-5 years of age	6-10 years of age	11-17 AGE	18-34 AGE	35-49 AGE	50-64 AGE	OVER 65	TOTAL CADAVERIC TRANSPLANTS	AGE 0	1-5 years of age	6-10 years of age	11-17 AGE	18-34 AGE	35-49 AGE	50-64 AGE	65 YEARS OLD			
2022								147										1.457	1.604	
2021																			1.528	
2020																			1.320	
2019	7	13	7	9	38	68	218	72	432	78	106	34	46	113	248	573	146		1.344	1.776
2018	7	11	5	16	41	77	219	62	438	66	77	43	45	122	220	475	101		1.149	1.587
Grand Total	14	24	12	25	79	145	437	134	870	144	183	77	91	235	468	1,048	247		2.493	3.363

NUMBERS OF OUR ORGAN



LIVER KIDNEY TRANSPLANTS

	LIVER			KIDNEY		
	Pediatric	Adult	Total	Pediatric	Adult	Total
2018	6	43	49	26	143	169
2019	13	54	67	29	133	162
2020	6	65	71	25	110	135
2021	26	95	121	30	200	230
2022	18	94	112	20	218	238

*Organ Transplant Centre started its activities after being licensed in December 2017.



As Istinye University Hospital Liv Hospital Bahçeşehir Organ Transplant Centre, we regularly organise trainings and activities to increase organ donation in our country. At these events, we draw attention to the fact that thousands of people are waiting for organs.

- It is the free will of a person while he/she is alive; in case of a diagnosis of BRAIN DEATH, he/she allows his/her organs to be used for the treatment of other patients and certifies this.
- Anyone over 18 years of age and of sound mind can donate all or part of their organs according to Law No. 2238.
- After organ donation, organs can **solely be used in an intensive care unit and in case of brain death**. Organs cannot be used for other death situations.



Responsibilities of Organ Transplant Coordinatorship

- Receiving organ donations, arranging the card and entering it into the system,
- To coordinate between the units within the National Coordination System,
- To be available 24 hours a day as an attendant for potential donors and to identify donor candidates,
- Meeting with the family of the donor candidate, obtaining permission from the donor family, if required by law, and ensuring that the organ and tissue donation document is approved,
- Organising the extraction of organs and tissues in collaboration with the relevant surgeons,
- Ensuring that the organ and tissue are transferred to the relevant recipient centre, reaching the relevant personnel there to ensure that the organ and tissue and the recipient are easily put together,
- Communicating with the relevant transplantation physicians in order to evaluate the organs and tissues offered from the National Organ and Tissue Transplantation Coordination Centre to its centre and accepting or rejecting the tissue or organ,
- Creating and updating waiting lists in the organ transplantation centre and informing the National Organ and Tissue Transplantation Coordination Centre,
- Organising campaigns for organ donation,
- It is in charge and responsible for participating in and supporting all kinds of training and campaigns organised by the Ministry on organ and tissue transplantation.
- Providing the preparation and transplantation coordination of living donor organ transplants, and creating UKS records.



Spec. Ayşe Özkan Organ
Transplant Coordinator



Samet Temiz
Organ Transplant Coordinator
Assistant



GENERAL INFORMATION ABOUT

• **Blood type compatibility:** Blood group compatibility is required, with O being the general donor and AB being the general recipient. Besides, Rh factor compatibility is not important in solid organ transplants. Due to the regulations in our country, blood group incompatible transplants cannot be performed routinely.

• **Tissue compatibility:** Until the last 2 decades, it was thought that tissue compatibility was significant in solid organ transplants, but thanks to new drugs and immunological tests, research has shown that tissue compatibility is no longer so important. Hence, although tissue incompatible transplants are now routinely performed in living donor transplants, tissue compatibility is still required in cadaveric donor transplants. When kidney transplantation is performed from living donors who are not tissue compatible, it is known that there is no difference in 10-year follow-up and even the life span of the kidney is much longer than that of the cadaveric kidney in the long term.

• **Age:** Due to advancements in surgical techniques and successful early post-transplant patient management, organ transplantation can now be performed on children weighing as little as 4-5 kilograms, regardless of their age. Indeed, in infants born with liver disease and whose survival depends on organ transplantation, liver transplantation can be performed in the early months of life. In this patient group, the success rate of transplantation increases when the procedures are performed in well-equipped centers by experienced teams specialized in the field.

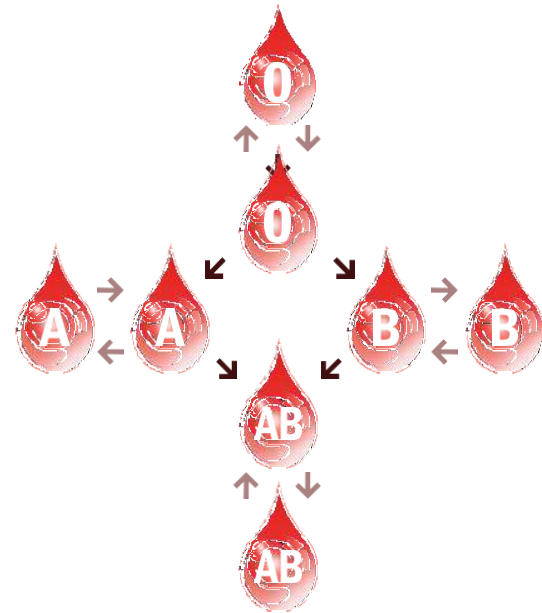
With the increase in average life expectancy, advancements in medical capabilities, and the recognition of the sanctity of life for everyone, the focus has shifted from chronological age to physical condition. As a result of this, organ transplantation is now performed on individuals over the age of 65 as well. In individuals with a long expected post-transplant life span, no significant heart or lung issues, and positive results in relevant tests, various types of organ transplantation can be performed. So it is not the numerical age, but the biological age that is much more important. For instance, we have 87-year-old living kidney donors, 94-year-old cadaveric liver donors and 77-year-old liver recipients.

• **Diabetes:** Nowadays, the two most important causes of chronic kidney disease are diabetes and hypertension. Over time, diabetes causes damage to tissues and organs by damaging small blood vessels and leading to renal insufficiency. In Type 1 diabetes, both diabetes and kidney failure are treated with organ transplantation by kidney-pancreas transplantation. When pancreas transplantation is not possible, the patient's diabetes can be prevented from leading to kidney failure by controlling the patient's sugar very well after transplantation.

In Type 1 Diabetes patients with chronic kidney disease, 3 techniques have been described for pancreas transplantation;

- Simultaneous Pancreas-Kidney Transplantation (SPK)
- After kidney transplantation Pancreas Transplantation (PAK)
- Pancreas Transplantation Alone (PTA)

UNIVERSAL DONOR



UNIVERSAL DONOR

KIDNEY TRANSPLANT - METHODS

Laparoscopic Donor Surgery

Since 1954, living donor kidney transplants have been performed regularly and increasingly every year in the world.

Laparoscopic donor nephrectomy has become the gold standard in kidney transplantation surgeries today due to the progressively better aesthetic outcomes, reduced pain perception, faster recovery, and the ability to return to daily activities in donor surgery, where a healthy individual is operated on.

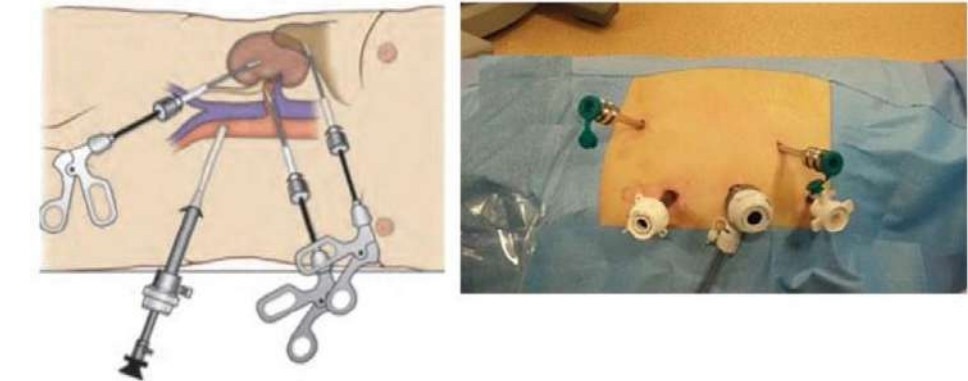
Laparoscopic donor nephrectomy techniques;

- Hand-assisted laparoscopic nephrectomy
- Unassisted laparoscopic nephrectomy
- Transabdominal (Full laparoscopic)
- Retroperitoneoscopic

After the introduction of laparoscopic technique, studies have shown that there has been a further 10% increase in the rate of living donors due to the ease of decision-making for donors regarding the surgery.

If there is no significant anatomical or functional difference in live donor nephrectomies the left donor nephrectomy is generally preferred due to its surgical advantages.

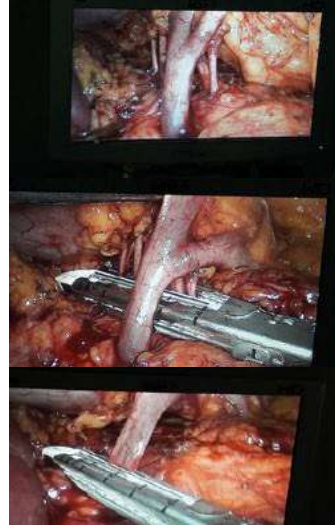
- In our center, routine live donor nephrectomy surgeries are performed using the full laparoscopic technique with 3 trocars.
- The right donor nephrectomy rate at İstinye Üniversite Hastanesi Liv Hospital Bahçeşehir Organ Transplant Center is 30%. This rate is three times higher than the general practice.
- If anatomical and functional considerations indicate the need for a right donor nephrectomy, our team performs the procedure to ensure the well-being of the donor.



LAPAROSCOPIC DONOR SURGERY CASE

Procedures of left laparoscopic donor nephrectomy with four renal arteries

- The kidney arteries clearly identified in CT angiography
- Careful hilar dissection with full laparoscopic technique
- First, transection of the renal arteries with a vascular stapler
- Separate transection of the renal vein with a vascular stapler
- After the dissection is completed, removing of the kidney through the incision prepared in the groin area
- Back table process
- After the four renal arteries are individually anastomosed to the recipient's left iliac artery, and following perfusion, the passage of urine



Intraoperative images in laparoscopic donor surgery.



Urine output in the recipient with implantation image of a 4 artery graft

PEDIATRIC KIDNEY TRANSPLANT

In total, 130 paediatric kidney transplants were performed in our centre, with the youngest being 5.5 months old.

Pediatric Kidney Transplant

Children having the chance of transplantation can continue their lives and education in a healthy way with regular follow-up afterwards; reunite with their families; in short, children regain their life and future with organ transplantation.

The rate of paediatric transplantation in the total number of transplants is between 10-15% and in this age group, the factors leading to renal failure can be congenital or acquired.

Among the main reasons are conditions such as vesicoureteral reflux, where urine flows back into the kidneys, stone disease related to metabolic problems, inflammatory kidney diseases, and infections.

Urgent Pediatric Kidney Transplant

It becomes relevant when chronic kidney disease patients reach a point where all vascular access routes become blocked over years of dialysis, and peritoneal dialysis is not feasible due to complications such as peritonitis, intra-abdominal surgeries, and complications associated with peritoneal dialysis.

The patient's condition is reported and submitted to the National Coordination Centre. When approved, it is offered to the national cadaver donation system. Emergency kidney transplantation is performed when medical facilities permit.



Prof. Dr. Ozan Özkaya

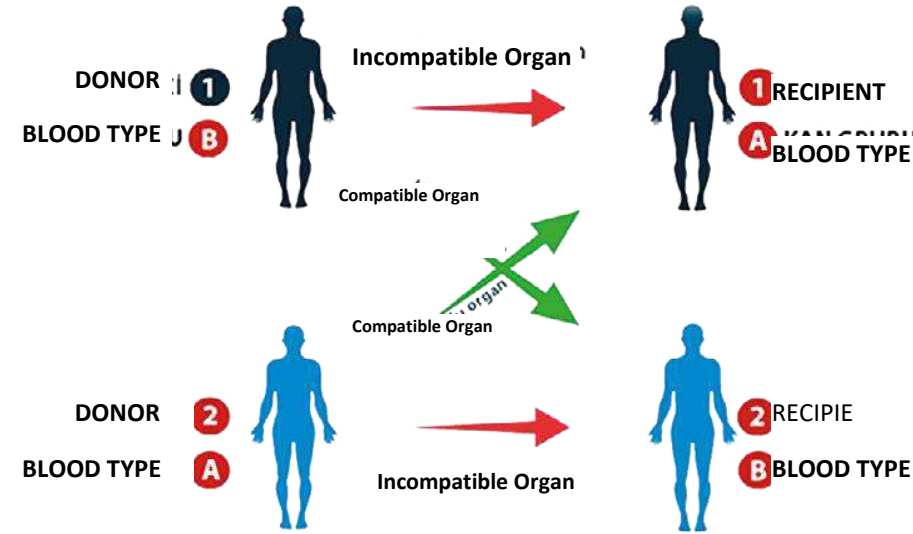
CROSS-OVER KIDNEY TRANSPLANT



In our center, a total of 93 patients underwent cross kidney transplantation, with 4 patients receiving a quadruple, 15 patients receiving a triple, and 74 patients receiving a double cross transplant. 8% of the cross-transplant patients are in the paediatric age group.

Cross Transplantation

- Cross organ transplantation, also known as paired exchange or paired donation, refers to the process where organ recipients who do not have the opportunity to receive an organ from their own relatives due to medical reasons can have a chance at a healthy transplantation by sharing organs with two or more compatible pairs in a mutual exchange.
- Cross transplantation is most commonly used in kidney transplantation today. Generally, it is performed in cases where transplantation from the recipients' own donors is not appropriate due to lack of blood group compatibility or antibodies in the recipients' blood.
- Cross organ transplant matches are made by transplant centres in our country.
- This method is widely accepted worldwide as the most appropriate way to increase the number of live donor transplants in ethical, medical, and legal terms.
- The method of paired exchange with two, three, or more matches offers hope for many patients who do not have the chance to receive a transplant otherwise. In 2021, our center successfully performed a quadruple paired kidney transplantation.



DESENSITISATION IN PATIENTS WITH IMMUNOLOGICAL RISK



39 patients who underwent transplantation after desensitisation due to immunological risk and 32 patients who had to undergo cross-transplantation due to immunological risk were saved from dialysis treatment due to chronic renal failure.

- In kidney transplant candidates, immunological risk varies depending on previous multiple pregnancies, blood transfusions, retransplantations, bacterial and viral infections and primary diseases such as SLE and vasculitis.
- The risk of rejection is high in kidney transplantation to highly sensitised patients. In order to transplant to these patients, the degree of sensitisation of the patient should be determined and the patient should be desensitised before transplantation. In the immunology laboratory within our centre, we perform all the tests of our patients and determine the risk.
- We are implementing our own desensitization protocol aimed at removing and reducing donor-specific antibodies (DSA) from circulation, controlling the activity of B lymphocytes and plasma cells responsible for DSA production. Despite this, we can perform transplantation by matching our patients with other ideal couples on our list with cross-transplantation within the donor exchange programme.



During heterotopic kidney transplantation operations, removal of native kidneys is usually performed synchronously in indicated adult and paediatric patients.

Indications for Nativ Nephrectomy:

- Chronic pyelonephritis and Infections
- Nephrolithiasis
- Vesicoureteral reflux (VUR)
- Severe proteinuria
- Polycystic kidney disease (PKD)
- Suspicion of tumor



There are 18 kg kidneys that were simultaneously removed with bilateral native nephrectomy.

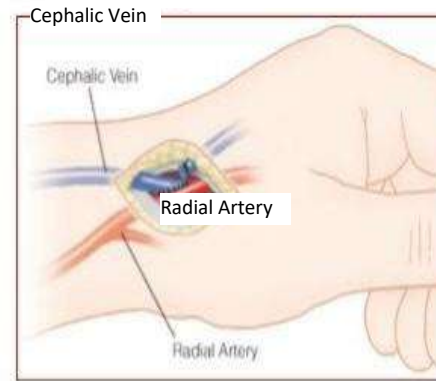
- At Istinye University Hospital Liv Hospital Bahçeşehir Nephrology Clinic, we provide hemodialysis services to chronic kidney disease patients undergoing preparation for kidney transplantation and to hospitalized patients in other departments who require urgent dialysis.
- With state-of-the-art hemodialysis machines and our team of nephrology physicians and specialists, we determine and implement personalized treatment options for patients.
- Haemodiafiltration, which means the combination of ultrafiltration and haemodialysis, is performed 24/7 at the bedside, especially in patients with advanced chronic renal failure without urine output and in patients with renal failure in intensive care.
- We are aware that kidney transplantation is the best treatment option in terms of patient's life expectancy and quality of life in chronic kidney disease. Therefore, we provide full support to our patients during their last hemodialysis sessions in terms of equipment, staff, and quality of care.



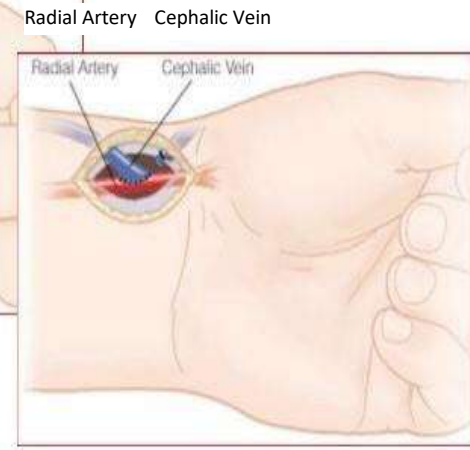
Prof. Dr. Lecturer H. Bora Uslu
Nephrology

- Surgeries for A-V fistula, which are performed for patients undergoing dialysis due to chronic kidney disease, are performed by experienced vascular surgery specialists in our clinic.
- After the examination, the vascular surgeon might be required to order the following examinations if deemed necessary;
 - **Ultrasonography**;The vessels in the area planned to be used for vascular access can be evaluated in terms of diameter conformity, stenosis, occlusion and blood flow. Before the surgical procedure, mapping of the vessels can be performed.
 - **Venography**;veins that cannot be adequately evaluated by ultrasound or veins that need to be examined in more detail are evaluated. Especially it may be useful in patients who have had A-V fistulae opened many times before, but in whom adequate flow cannot be provided.
 - Computed Tomography or Magnetic Resonance Imaging can rarely be used for venous anatomy in the arm.
- The aim of these imaging methods is: to find the appropriate vessel for the procedure, to select the appropriate method for the patient for the planned technique, and eventually to provide access to a vessel with a long-lasting and adequate flow to perform effective haemodialysis.
- Generally, these procedures are performed as daily surgical procedures under local anaesthesia. In some cases, different anaesthesia methods may be used when deemed necessary by the vascular surgeon. Depending on the complexity of the procedure, the patient's hospitalisation is decided.
- Whether the A-V fistula is functional or not is controlled by the vascular surgeon 2-3 weeks after surgery and haemodialysis is allowed.

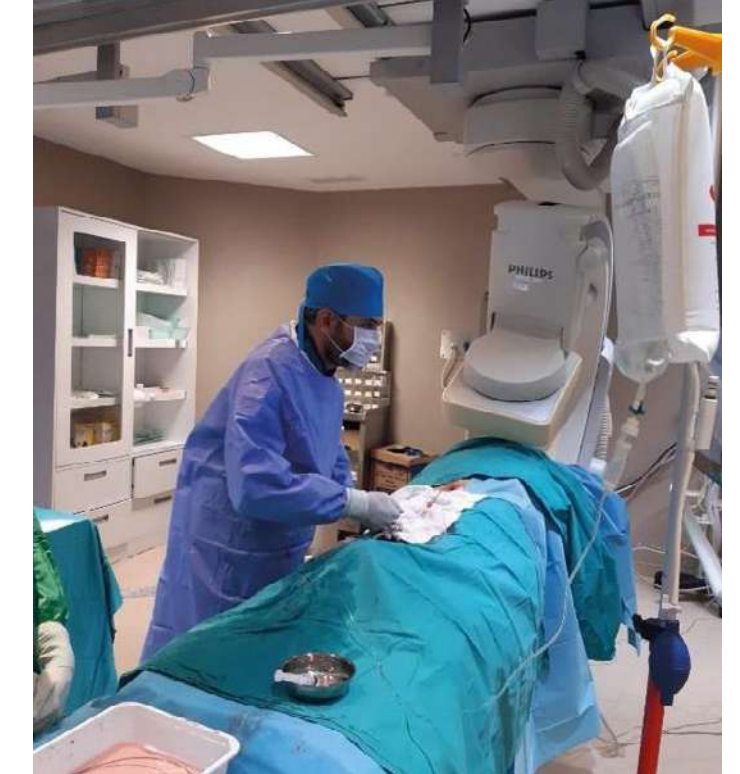
• Radiocephalic snuff-box av fistula



• Radiocephalic av fistula (Brescia-Cimino)



- Haemodialysis is performed by means of a fistula inserted between a suitable artery and vein in the arm. In patients who undergo a fistula creation operation on their arm, temporary hemodialysis can be performed using catheters inserted in areas such as the neck, chest, or groin until the fistula becomes usable after the expected healing period is completed.
- In patients who do not have any obstacles to surgical fistula creation, hemodialysis is performed using a permanent tunneled catheter. In both cases, catheter procedures are performed by interventional radiology. Necessary precautions should be taken against the risk of infection after the procedure and during the use of the catheter, also the condition of the catheter should be checked regularly.
- In the case of blocked or malfunctioning fistulae, interventional procedures are performed during angiography. These procedures include thrombolysis (dissolving blood clots), thrombectomy (removal of blood clots), balloon angioplasty (expanding narrowed blood vessels), and endovascular stent placement (insertion of a stent inside the blood vessel). These procedures are performed by an interventional radiologist in the angiography unit.
- In cases of central venous stenosis or occlusion affecting fistula performance, the patency of the vein is achieved interventionally by balloon angioplasty and/or stenting. The venous pressure in the fistula decreases and the oedema in the arm or upper chest decreases and the swelling subsides.
- Thanks to the new technology, non-surgical intravascular fistula opening procedures have recently started to be used in suitable patients as a new method. The advantage of this method is that the patient can go directly home without waiting for infection or wound healing. Moreover, due to the rapid fistula maturation, the patient starts to use the fistula early.



Assoc. Dr. Ali Koçyiğit
Interventional Radiology

LIVER TRANSPLANT



Indications for Liver Transplantation

- Cirrhosis
- Acute liver failure
- **Cadaveric Liver Transplant:** It is the process of transplantation of the liver donated with the consent of the family in cases of brain death due to various reasons. The patient to whom the cadaver liver will be implanted is determined from the liver cadaver waiting list according to medical urgency.
- **Living Donor Liver Transplantation:** Living donor liver transplantation is the procedure of attaching a portion of the liver obtained from mentally competent volunteers who are 18 years or older, younger than 55 years old, and blood relatives of the patient up to the fourth degree. Volunteer relative donors are medically examined and it is decided whether they can be a donor or not and transplantation is planned according to the result.

Apart from this, if there is no suitable donor among the patient's relatives, non-relatives may be considered as donors. However, this requires the evaluation of the Provincial Ethics Committee. The conditions are determined by law and published in the Official Gazette dated 5 March 2010.

In our center, following the decisions made by the liver transplantation council, live donor hepatectomies for obtaining right lobe, left lobe, left lateral segment, or monosegment grafts are performed simultaneously with recipient surgeries after routine intraoperative ultrasonography and peroperative cholangiography following laparotomy.

Our team performs both cadaveric liver transplantation and living donor liver transplantation.

Within 5 years, a total of 420 adult and pediatric liver transplants have been performed in our centre.



Prof. Dr. Ayhan Dinçkan Prof. Dr. Mehmet Tokaç Dr. Lect. Eryiğit Eren Surg. Dr. Alaaddin Aydın

LIVER TRANSPLANT INDICATIONS



Any patient with liver cirrhosis should be evaluated for transplantation according to international guidelines. Besides the severity of liver disease, the clinical status of the patient and the development of complications affect the transplantation decision.

- Cirrhosis
- Liver tumours that have not spread outside the liver
- Acute liver failure
- Some parasitic diseases such as alveolar hydatid cyst
- Some innate metabolic diseases and haematological diseases
- After trauma, transplantation can be performed in major liver injuries.



Timely transplant surgery with a suitable donor liver results in a success rate of approximately 90-95%.



Supervisor Housekeeper Pelin Kanbur

MONOSEGMENT BACK TABLE SURGERY



CROSS-OVER LIVER TRANSPLANT

Cross transplantation, in which organ transplant recipients who do not have the chance to receive organs from their own relatives due to medical and surgical technical reasons, have the chance to share organs mutually with another suitable double donor and have the chance of healthy

transplantation; It is also applied in liver transplantation and is a method that is used when the donor's liver capacity or problems related to vascular / biliary tract anatomy prevent it, except blood group incompatibility, and allows two people to be transplanted at the same time. This technique is successfully applied in our centre.



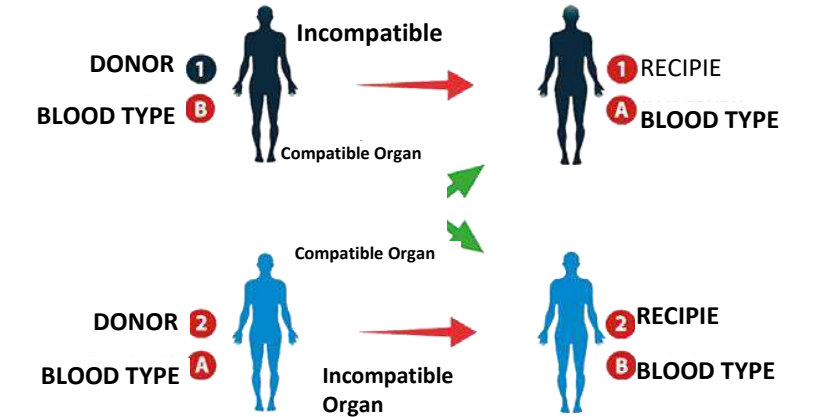
Two patients aged 54 and 55 years underwent ABO incompatible living donor crossover liver transplantation with a donor match of their children.


Çapraz 'cancığer' kardeşler
Anadolu Ajansı 4 gün önce





© Anadolu Ajansı
Çapraz 'cancığer' kardeşler



Gastroenterology is the medical discipline that focuses on the diagnosis and treatment of diseases related to the organs within the abdomen, excluding the kidneys. It encompasses diseases of the esophagus, stomach, small intestine, large intestine (colon), rectum, liver, gallbladder and bile ducts, pancreas, and abdominal wall.

Diagnosis And Treatment methods:

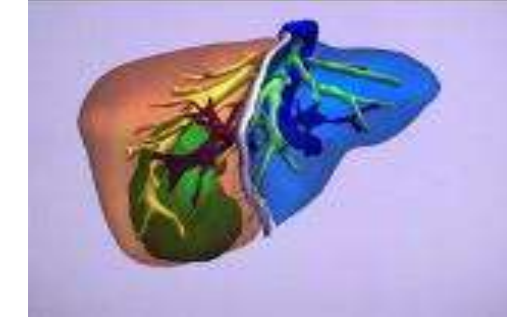
- Gastrosopies (Özefagogastroduodenoscopies)
- Treatment of oesophageal varicose veins
- ERCP (Endoscopicretrogradecholangiopancreatography)
- 24-hour pH monitoring and impedance
- Esophageal manometer
- Capsule endoscopy
- Gastric balloon
- Placement of a feeding tube (PEG)
- Colonoscopy and Sigmoidoscopy
- Polypectomy
- Treatment of haemorrhoids (sclerotherapy and ligation)
- Rectal manometry is performed in our hospital.



**Spec.Dr. Fatih Ensaroğlu Spec. Dr.
İhsan Habiboğlu Gastroenterology**

Radiology Technology Used in Our Centre

- 256-slice CT
- 2 tesla MRI
- Liver volume calculation using Liver Vision software program
- Intraoperative Doppler ultrasonography



Dr. Lect. Yıldırım Tutpınar
Radiodiagnostic

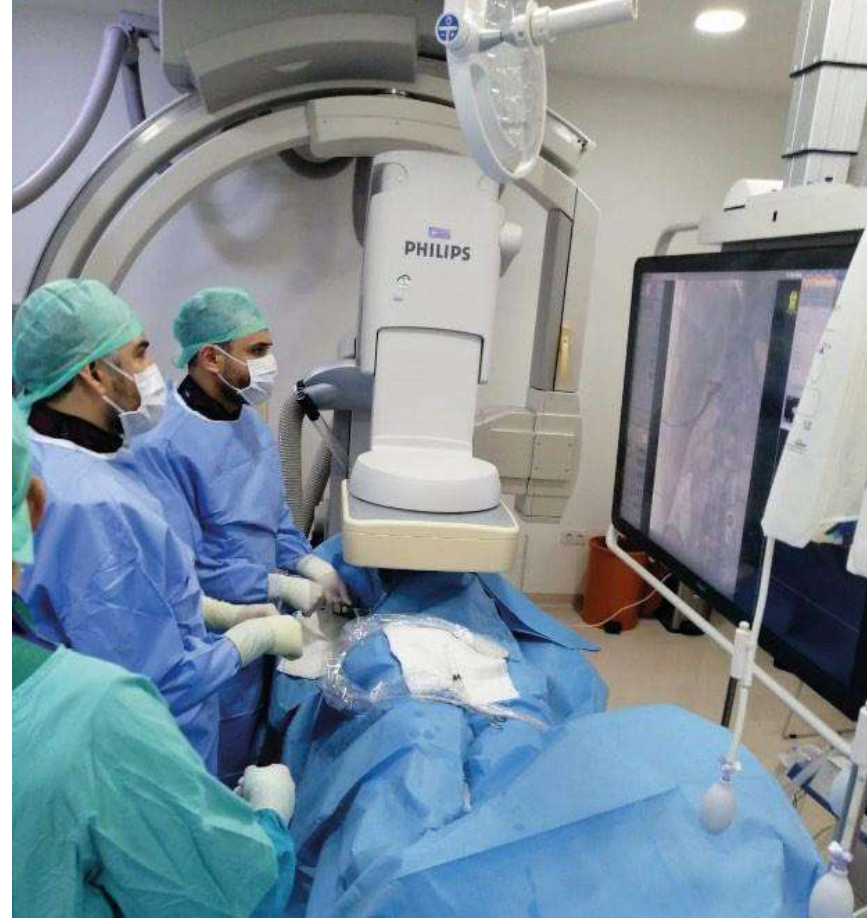


PRE VE POSTTRANSPLANT INTERVENTIONAL RADIOLOGICAL PROCEDURES

Vascular and non-vascular interventional radiological procedures are performed in a highly solution-oriented manner before and after transplantation, thanks to the advancements in medical technology and the expertise of interventional radiology specialists.

Operations Carried Out:

- TAKE,TARE, microwave ablation, and RF ablation for liver tumors in transplant candidates
- Diagnostic liver and kidney biopsies
- Drainage of pleural and peritoneal collections
- Nephrostomy and antegrade stent placement
- Balloon dilation procedures for ureteral strictures
- Lymphocele and urinoma drainage
- Vascular interventions in liver and kidney transplantation
- Intraoperative hybrid interventional procedures for portal vein stenosis or occlusion
- Antegrade dilation and stent procedures for biliary strictures and leaks
- Transjugular intrahepatic portosystemic shunt (TIPS) procedures



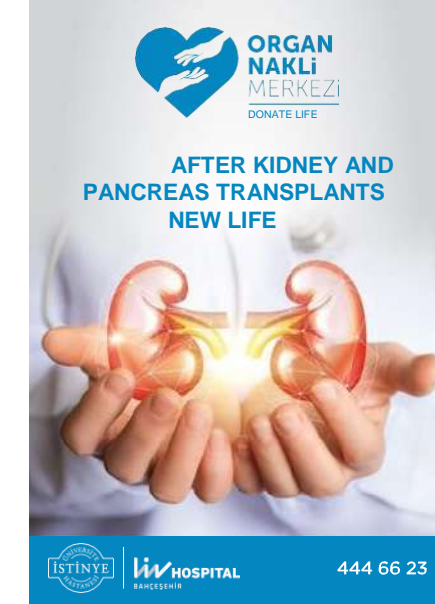
AFTER TRANSFER

Organ Transplantation Outpatient Clinics: On the 2nd floor of the hospital, there are coordination, nephrology, gastroenterology and surgical examination rooms and a council room in the organ transplant department isolated from other departments. Preoperative preparation and postoperative follow-up of the patients are carried out here.

Kidney Transplant Guidebook: After the operation, while preparing kidney transplant patients for their new life at home, the table of medications and lifestyle trainings are accompanied by a handbook.

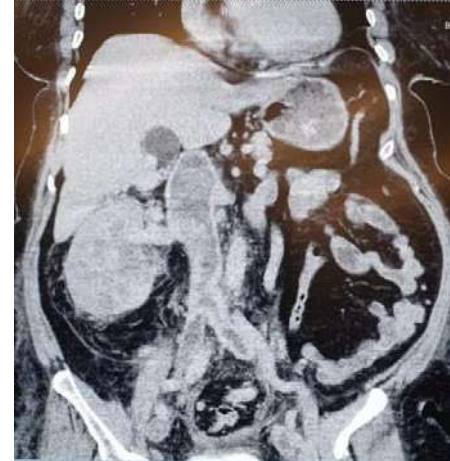
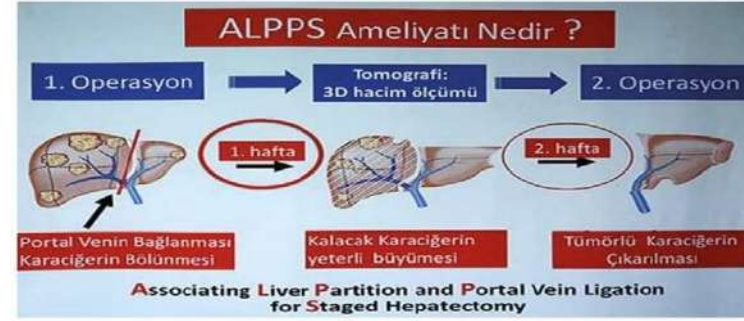
Liver Transplant Guidebook: After the operation, while preparing liver transplant patients for their new life at home, the table of medications and lifestyle trainings are accompanied by a handbook.

Transportation: Our organ transplant service vehicle is used to transport patients coming from outside the city from the bus station or airport, and patients coming from within the city from places such as hospitals and haemodialysis centres.



Hepatopancreatobiliary surgery (HPB) is a specialised field that includes the surgical treatment of patients with liver, pancreas, gallbladder and biliary tract. Besides, some benign diseases such as liver cysts, biliary tract injuries and chronic pancreatitis may also require surgical treatment.

- Malignant tumours of the liver
- Benign tumours of the liver
- Hydatid cyst of the liver
- Portal hypertension shunt surgeries
- Gallbladder operations (laparoscopic)
- Biliary tract tumours
- Pancreatic cancers
- Pancreatic cyst surgeries
- VCI infiltrating kidney tumours



72-year-old Whipple patient with pancreatic head tumour from Ukraine



Hepatocellular cancer patient from Ghana



Biliary tract cancer patient from Kosovo



Colon cancer liver metastases patient from Bulgaria



77-year-old living donor right lobe liver transplantation from his son for HBV-related chronic liver disease.



75-year-old living donor right lobe liver transplantation from his son for NASH-related chronic liver disease.

LABORATORIES



Immunology and Genetics: Tissue group determination, CDC and flow cytometric cross match, PRA, DSA and single antigen tests and all kinds of genetic tests are carried out at Istinye University and in our laboratories headed by **Prof. Dr. Mahmut Çarin**.

Biochemistry and Microbiology: All types of biochemical and microbiological tests, including drug levels of tacrolimus and cyclosporine, as well as microbiological culture monitoring, are performed under the supervision of **Specialist Dr. Ali Enis Fer** in our university hospital.



MULTIDISCIPLINARY TEAM



Under the leadership of Prof. Dr. Ayhan Dinçkan, our team with years of experience in liver, kidney, and pancreas transplantation (over 6000 kidney-pancreas transplants and over 1350 liver transplants) provides rapid solutions to patients' health issues during both surgery and follow-up stages, ensuring a high success rate and patient and organ survival.

Our center makes a difference not only in the field of organ transplantation but also in organ donation efforts in our country and region, thanks to the dedicated work of our experienced organ transplant coordinators. Both kidney and liver transplants enable patients who are living donors but cannot undergo surgery because they are not suitable for transplantation to access this miracle treatment by matching them from its own cross-transplant pool.



Organ Transplantation Council



Anaesthesiology and Reanimation

Assoc. Dr. Ali Sait Kavaklı
Dr. Lect. Taylan Şahin Dr. Lect. Hakan Parlak

PEDIATRIC INTENSIVE CARE



PEDIATRIC INTENSIVE CARE UNIT

The intensive care needs of the paediatric age group are different from the intensive care needs of adults or newborns. In our unit, diagnosis and treatment of paediatric diseases requiring intensive care are performed by specialist physicians with the most appropriate technical equipment, and critically ill children aged between 28 days and 18 years, whose vital signs are at risk, are monitored 24 hours a day uninterruptedly. With the X-ray device in our paediatric intensive care unit, x-ray imaging of patients can be performed in the unit and at the bedside, and advanced examinations are performed with mobile echocardiography and ultrasonography devices when necessary.

- Isolated and single rooms
- Bedside X-ray - ultrasonography - echocardiography
- Extracorporeal treatments (hemodiafiltration, plasma exchange, ECMO - Extracorporeal membrane oxygenation)
- Follow-up after pediatric kidney and liver transplantation
- Follow-up after pediatric cardiac and vascular surgery



Dr. Lect. Ayhan Yaman
Pediatric Intensive Care (PICU)

PEDIATRIC LIVER TRANSPLANT



PEDIATRIC LIVER TRANSPLANT

The most effective treatment method for liver failure that has developed in infancy or later and has become chronic, or for acute fulminant liver failure in an otherwise healthy child, is liver transplantation. A total of 69 pediatric liver transplantations have been performed in our center within a 5-year period, with the youngest recipient weighing 3.5 kg.

Indications:

- Biliary atresia
- Congenital hepatic fibroz
- Genetic diseases such as Wilson's disease, alpha-1 antitrypsin deficiency, tyrosinemia, etc.
- Metabolic disorders, familial hypercholesterolemia, Crigler-Najjar syndrome
- Cholestatic liver diseases, primarily PFIC-2
- Hepatoblastoma
- Acute fulminant liver failure



Dr. Lect. Cansu Altuntaş
Pediatric Gastroenterology



A 10-month-old patient with chronic liver disease due to biliary atresia and severe ascites. After a monosegment liver transplantation from the father, the patient, weighing 5.5 kg, showed improvement.

GENERAL INTENSIVE CARE



CLOSED SYSTEM NEONATAL INTENSIVE CARE ROOMS

Our KVC, Adult, Coronary and Paediatric intensive care units at Istinye University Hospital Liv Hospital Bahçeşehir serve with "closed room system". Each patient receives treatment in their own dedicated area, separated from other patients and service areas by sliding glass doors.

- ADULT INTENSIVE CARE
- NEONATAL INTENSIVE CARE
- CORONARY INTENSIVE CARE
- CVS INTENSIVE CARE
- PEDIATRIC INTENSIVE CARE



MEETINGS



Meetings we organise regularly

- Congresses
- Organ Transplantation Councils
- Scientific Meetings
- Challenging Case and Pathology Conferences
- Organ Donation Week Events
- Participants/observers from abroad



TRAIN



Prof. Dr. Aziz Sümer from Istinye University Faculty of Medicine, Department of General Surgery was trained for liver transplant surgery between 2020-22.

In 2023, Dr. Lect. Selman Alkan from Necmettin Erbakan University Faculty of Medicine, Department of General Surgery will be with us for educational purposes for liver and kidney transplantation.



Dr. Lect. Tutkun Talih from the Department of General Surgery, Erciyes University Faculty of Medicine, received training at our center for one year in 2019 in the field of kidney and liver transplantation surgery.



Zor tedavilerde transplantasyon / Renal Yetmezliği, Öncelikle Akut Böbrek Yetmezliği ve Sürekli Böbrek Transplantasyonu / Çocuk Böbrek Nakli

16 Mayıs 2020
09.00-17.30

Yer: İktisadi İşleri Bakanlığı Topkapı Konferans Salonu, Ankara

ÇOCUK BÖBREK NAKLİ GÜNCELLEME SEMPOZYUMU-III

Organ Nakli Merkezi

Çocuk 1-6 Yaş Arasındaki Çocuk Organ Nakli Kurulması İçin AŞILAMA ve KDRUNMA

Organ Nakli Merkezi



INTERNATIONAL PATIENT CENTER



Distribution of liver and kidney transplant patients by country:

- MENA (%30)
- Balkans (%10)
- Eurasia (%45)
- Asia (%5)
- Africa (%5)
- Other (5%)

Our UHM team, consisting of members fluent in 20 languages, provides services to organ transplant patients from 32 different countries.



Turkey rises as key organ transplant hub, draws many foreign patients

Continually increasing a key health tourism hub, more and more foreigners seek Turkey for organ transplants because of its skilled doctors and improved health infrastructure.

TURKEY recently made it to the health tourism map as a key organ transplant hub, drawing many foreign patients. The country's health tourism industry is growing rapidly, and Turkey is becoming a key organ transplant hub. The country's health tourism industry is growing rapidly, and Turkey is becoming a key organ transplant hub. The country's health tourism industry is growing rapidly, and Turkey is becoming a key organ transplant hub.

NAKİLE İKİNCİ HAYATA TÜRKİYE'DE 'MERHABA'

Burkina Faso'dan böbrek nakline geldi

Organ Nakli Merkezi

A Brief History of Organ and Tissue Transplantation in Azerbaijan

At the Central Clinic Hospital, kidney transplant was started by Drs. Taryel Nadirov, Zaur Khalilov, and Dr. Ayhan Dinckan from Turkey in 2012, with transplants still being performed today. They have performed 44 living donor kidney transplant procedures.

At the Central Clinic Hospital, living donor liver transplant was started in 2018 by Drs. Taryel Nadirov, Zaur Khalilov, and Dr. Ayhan Dinckan (from Turkey), who performed procedures in 5 patients. In 2019, Drs. Eldar Ahmadov and Jeyhun İsayev performed procedures at Bona Dea Hospital in 5 patients and continue working today. In total, 252 liver transplants have



Our four-year-old patient with VACTERL syndrome was started on peritoneal dialysis in the neonatal period and haemodialysis in 2018. From July 2020, catheter problems for haemodialysis started and effective dialysis became impossible. The kidney of a 42-year-old deceased donor, received through the urgent kidney waitlist system, was placed in the right retroperitoneal space of the patient, who is currently under intensive care monitoring due to pulmonary edema and heart failure, despite weighing only 9 kg. Postoperative discharge was completed in two weeks.

4 YAŞINDAKİ BUSE, EVİNE VE KARDEŞLERİNE KAVUŞUYOR KOĞUŞTA BÜYÜDÜ KADAVRA BÖBREĞİ İLE KURTULDU

ÖZEL HABER Organ yetmezliği sebebiyle doğduğu günden beri hastanede kalan **Buse, kadavradan nakille normal hayata dönüyor**

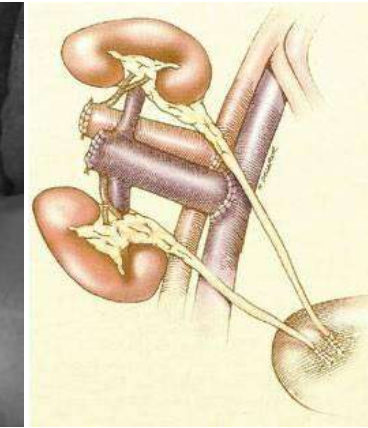
» Günde 12 saat diyaliz
» Hayali koşup oynamak

Ağır bir şekilde yaşam mücadelesi veren kızları Buse için bir şans daha doğdu. 42 yaşında ölen bir kadavradan nakille normal hayata dönüyor. Günde 12 saat diyaliz...



11 year old Sümeyye TUNÇ, had been on haemodialysis for six years due to chronic renal failure caused by neurogenic bladder. Since there was no living donor in the family, she was on the cadaver waiting list for many years.

Both kidneys of a 3.5 month old donor, whose organs were donated by her family, were transplanted to our patient Sümeyye with the En-block transplantation method, which is a special technique performed without separating the vessels from each other. For the first time in Turkey, the organs of a baby donated at such a young age were transplanted to a donor.



ÖZEL HABER

Sümeyye Tunç

Bağış rekoru

Türkiye'de ilk defa **3,5 aylık bir bebeğin organları** nakledildi...

» Samsun'da ölen 3,5 aylık erkek bebeğin böbrekleri, beş yaşından bu yana tedavi gören Sümeyye Tunç'a (11) özel bir teknikle nakledildi. Diyalizden kurtulan Sümeyye'nin yeni böbrekleri, kendisiyle birlikte büyüyecek.

ZİYNETİ KOCABIYIK'IN HABERİ » 12'DE

PEDIATRIC KIDNEY TRANSPLANTATION

Born at 33 weeks, Ayşe had serious health problems due to premature birth. She spent 80 days in the intensive care unit, during this time she had several lung and brain haemorrhages and her heart stopped. After intervention, little Ayşe, who was connected to dialysis for a while, was kept alive with a kidney transplant.

The kidney was found by the family of a 17 year old boy who had a brain haemorrhage and donated the organs of their son. Ayşe won the fight for life with this kidney.



KIDNEY-PANCREAS TRANSPLANTATION (TYPE 1



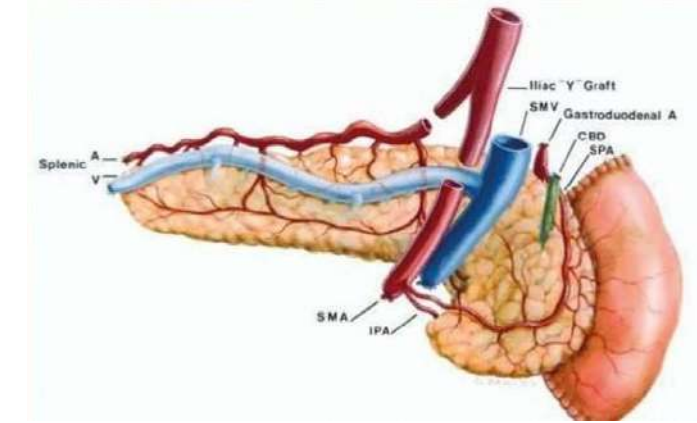
FŞ: 24 years old

- Type 1 diabetes and chronic kidney disease
- Kidney transplant from the father
- Pancreas transplant from cadaver



NA: 32 years old

- Type 1 diabetes and chronic kidney disease
- Kidney transplant from the mother
- Pancreas transplant from cadaver



atient with ar 2022



RIGHT POSTERIOR SECTOR LIVER TRANSPLANTATION



HK, 15 years old, 43 kg patient was followed up for PFIC type 3 and liver transplantation was planned upon development of severe pruritus and ascites.

Donor 50 years old HK (still)

The patient recovered with right posterior sector living donor liver transplantation.

During hospital stays, various social activities were organized for pediatric patients, including celebrating birthdays, holding fashion shows, celebrating New Year's, engaging in deep conversations, fostering sibling solidarity, discussing football matches, and many other socialization activities were conducted.

HK, a 15 years old patient weighing 43 kg

Being followed up for PFIC type 3 was planned for liver transplantation because of severe pruritus and ascites in addition to a MELD score of 18.

The only donor in the family was his 50-year-old aunt HK. Due to insufficient residual capacity of the left lobe observed in volumetric evaluation, a liver graft of 503 grams from the right posterior sector was used for the transplantation.



PEDIATRIC COMBINED KIDNEY-LIVER TRANSPLANT FROM A SINGLE DONOR



AT, is 12 years old and weighs 40 kg. She has been diagnosed with oxalosis and have bilateral kidney stones and also a candidate for combined liver-kidney transplantation.

47-year-old mother is the only potential donor in the family. Due to insufficient residual liver volume for a right lobe liver transplantation, the patient underwent a left lateral segment APOLT liver transplantation from the same donor, along with a simultaneous kidney transplantation.

MHL is a 14 year old patient weighing 34 kg, undergoing hemodialysis for a year due to chronic kidney disease and has chronic liver disease associated with Caroli disease. The MELD score is 40. Combined liver-kidney transplant candidate

The only donor candidate in the family is his 46-year-old uncle. Left lateral segment liver transplantation from the same donor, along with a simultaneous kidney transplantation.

A 2 year old, 11 kg patient, AA, was diagnosed as oxalosis by genetic testing. The patient had bilateral nephrocalcinosis and GFR value was 20 ml/min.

With the decision of the organ transplantation council, the 35 year old 64 kg mother was prepared for kidney and liver grafting.

The patient underwent a left lateral segment liver transplant initially, and after a week of follow-up without any complications in the clinical course, a right native nephrectomy was performed on the seventh day of the first transplant. Subsequently, a right kidney graft was obtained from the same donor, and a sequential liver-kidney combined transplant was performed.



HYBRID TECHNIQUE IN PORTAL VEIN THROMBOSIS

66 years old patient MB, patient with tense ascites due to cryptogenic liver cirrhosis and MELD score 15 was diagnosed with Yerdel type 4 portal vein thrombosis. During the live donor right lobe liver transplantation from the son, FB, who is 28 years old, an intraoperative balloon angioplasty of the portal vein, allograft iliac graft, and endovascular graft stent were utilized using a hybrid technique to achieve anatomical integrity and flow, allowing for a successful transplantation. A PTFE graft was used for anterior sector drainage at the same time during implantation of 1150 g liver in a patient who had 15 litres of ascites aspirated perioperatively.



NIEMANN-PICK DISEASE

13 year old Deniz Humbatlı has been under treatment in his country Azerbaijan for 10 years due to Type B Newman Pick disease. In recent years, he had developed interstitial lung disease with lung involvement and liver failure (MELD score 33). After a long hospitalisation and preoperative preparation, he recovered with left lateral segment liver transplantation from his uncle and simultaneous splenectomy (splenic involvement) at the most appropriate time. During follow-up, oxygen addiction disappeared and he returned to his daily life.



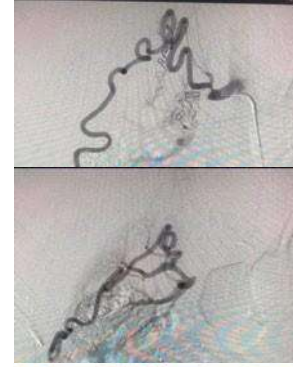
KIDNEY AUTOTRANSPLANTATION



Kidney autotransplantation. Renal autotransplantation is a special technique described by Novick in 1980 for ureteral injury and renovascular diseases and is a surgery with proven safety and benefit that is now rarely performed only in experienced centres.

After the kidney is removed by laparoscopic technique, after the pathology is eliminated with perfusion in the back table procedure, transplanting is performed through the same incision from the groin through which the kidney was removed, again with anastomosis to the inguinal vessels and ureteroneocystostomy.

24 year old female patient who had previously lost her left kidney due to unsuccessful by-pass to the renal artery underwent right kidney autotransplantation at İstinye University Hospital Liv Hospital Bahçeşehir Organ Transplantation Centre due to fibromuscular dysplasia obstructing the right renal artery 100%.



Böbrek Naklinin Ardından Tüm Organlarını Bağışladı
23 Ağustos 2018, 12:11

Böbrek damarındaki tıkanıklık nedeniyle ilaçlarla yaşayan ve böbreğini kaybetme noktasına gelen 24 yaşındaki Rabia Uçan, nadir uygulanan bir nakil cerrahisiyle sağlığına kavuştu.

Böbreği kasiğına nakledildi!

Böbrek damarındaki tıkanıklık nedeniyle hayatı tansiyon ilaçlarına bağlı olan ve böbreğini kaybetme noktasına gelen 24 yaşındaki genç kız, nadir uygulanan bir nakil cerrahisiyle sağlığına kavuştu. Yapılan operasyonda önce genç kızın böbreği dışarı alınıp, tıkalı damar kısmı çıkarıldı. Daha sonra ise böbrek, sağlıklı damar ucu kullanılarak hastanın kendi kasiğına nakledildi

23.08.2018 - 13:32 | Güncelleme: 23.08.2018 - 17:55



PEDIATRIC LIVER TRANSPLANT



İlhan Karadeniz, who was 8 months old, 7 kg and had tyrosinaemia and a PELD score of 28, underwent liver transplantation with a 290-gram left lateral segment taken from his uncle.



2 years old, 8.2 kg patient with a PELD score of 24 due to biliary atresia underwent monosegment liver transplantation from his 31 years old mother.

Haberler » Güncel » Haber

2 Yaşındaki Bebeğin Karaciğeri 6 Aylık Bebeğe Hayat Verdi

İstinye Üniversitesi Hastanesi'nde gerçekleştirilen operasyonda, epilepsiden hayatını kaybeden ve organları ailesi tarafından bağışlanan 2 yaşındaki Aras Mete Can'ın karaciğeri, 6 aylık Ömer Sarıkoç'a hayat verdi.

9 Şubat 2018 Cuma 15:26



Madina Aliyeva, 6 years old, 16 kg Azeri Madina Aliyeva, who had severe ascites due to congenital hepatic fibrosis and had a PELD score of 56, underwent living donor liver transplantation with a 240-gram left lateral segment taken from her 31-year-old mother.

PEDIATRIC MONOSEGMENT LIVER TRANSPLANTATION



5 month old 6.1 kg baby Aruzat, with a PELD score of 36 due to biliary atresia, underwent living donor liver transplantation with segment 3 monosegment transplantation from a 35 years old father.



A 1 year old 6.2 kg Jood baby with biliary atresia and severe variceal bleeding underwent living donor liver transplantation with a monosegment graft from the father.



Blin, a 3.5 month old 5.1 kg baby with tyrosinaemia type 1, underwent living donor liver transplantation with a 150 gram monosegment (segment 3) from a 35 year old father.



COMBINED LIVER-KIDNEY TRANSPLANTATION



Ramazan Yıldız, 41, diagnosed with Oxalosis, confirmed by genetic testing due to the presence of bilateral kidney stones in the examinations for chronic kidney disease, was transplanted with simultaneous liver and kidney transplantation from a cadaver donor.



Recep Altinkum, 38 years old, 42 kg, with chronic kidney disease due to IgA nephropathy and tense ascites due to cryptogenic liver cirrhosis, was transplanted simultaneously with liver and kidney from a cadaveric donor.

COMBINED LIVER-KIDNEY TRANSPLANTATION



MK, 25 years old, diagnosed with PD type 1, was operated ten times for kidney stones. Due to 7 years of follow-up due to compensated chronic kidney disease, when it came to the dialysis stage, the source organ of the disease, the liver, and the target organ, the kidneys, needed to be transplanted.

38 year old sister AB donated her liver and 34 year old sister EA donated her kidney and got rid of her disease without starting dialysis.



KIDNEY TRANSPLANTATION IN A PATIENT WITH



Çocukluğundan beri diyalize giren kadın kardeşinin böbreğiyle şifa buldu

İstanbul'da kronik böbrek yetmezliği nedeniyle yaşamını yıllardır diyalize bağlı sürdüren 30 yaşındaki kadın, gönüllü bağışçı olan 18 yaşındaki kız kardeşinden nakledilen böbrekle yaşama tutundu.

İstanbul'da yaşayan Selahattin ve Yayla çiftinin 5 çocuğunun en büyüğü olan Lale Yaşık, 7 yaşında böbrek yetmezliği nedeniyle diyalize girmeye başladı. Rahatsızlığı artan Yaşık, kadavradan ya da gönüllü bağışçıdan böbrek nakli bekledi.

Yaşamını yıllardır diyalize bağlı sürdüren ve uygun donör bulunamayan kadın, 35 kiloya kadar düştü. Ablasının bu durumuna çok üzülen Damla Yaşık, gönüllü bağışçı olabilmek için yasal sınır olan 18 yaşını doldurur doldurmaz böbreğini vermek için başvurdu.

Testlerde, böbrek nakli için Damla'dan alınan dokuların uygun olduğunun görülmesi üzerine hazırlıklara başlandı ancak Lale'nin uzun yıllar diyalize girmesi nedeniyle boyun ve kasık damarlarının tıkalı olması operasyon riskini artıran faktör olarak görüldü.

Yürüme zorluğu da yaşayan Lale Yaşık, kız kardeşinden alınan böbreği, İstinye Üniversitesi Hastanesi Organ Nakli Merkezi sorumlusu Prof. Dr. Ayhan Dinçkan'ın başarılı bir operasyonla nakletmesiyle sağlığına kavuştu.

Lale'yi ve böbreği veren kız kardeşi Damla'yı sağlıklı gören aile üyeleri, mutluluk yaşadı.

"Bana mucize gibi bir hediye oldu"

Lale Yaşık, AA muhabirine, yaşlılarının parklarda oyun oynadığı dönemde kendi çocukluk yıllarının diyaliz merkezlerinde geçtiğini söyledi.

COMBINED LIVER-KIDNEY TRANSPLANTATION



MK, 25 years old, diagnosed with PD type 1, was operated ten times for kidney stones. Due to 7 years of follow-up due to compensated chronic kidney disease, when it came to the dialysis stage, the source organ of the disease, the liver, and the target organ, the kidneys, needed to be transplanted.

38 year old sister AB donated her liver and 34 year old sister EA donated her kidney and got rid of her disease without starting dialysis.



49 years old and 93 kg, our patient had been on haemodialysis treatment since January 2020 due to bilateral nephrocalcinosis, a chronic kidney disease. Oxalosis was diagnosed with oxalate crystals in kidney biopsy.

From his 32 years old brother, right lobe liver graft and from his 65 years old brother, left kidney (laparoscopic technique) graft were used for simultaneous combined transplantation.



CROSS-OVER LIVER



Liver volume incompatibility cross-liver transplantation

Patient: 48 years old, 121kg male. Meld score 13 and HCC focus

Donor: 21 years old (780 grams right lobe)

Patient: 61 years old, 74kg female. Meld score: 15

Donor: 36 years old (1160 grams right lobe)



54 years old, 93 kg UV, a chronic liver patient due to HCV from Mongolia, was transplanted with DUAL lobe liver transplantation with right lobe (500 g) grafts from his nephew, 22 years old NO and left lobe (230 g) grafts from his 36 years old wife, OT, due to MELD score 22 and development of ascites.

DUAL-LOBE LIVER TRANSPLANTATION

In cases where **the BMI of the recipient is high** the liver piece taken from a single donor does not satisfy the metabolic needs of the recipient, 2 separate liver pieces taken from two donors are transplanted to a patient in the same session. It is considered in cases where liver transplantation is mandatory (emergency, lack of cadaveric donors).

MB, 56 years old and 155 kg, had undergone sleeve gastrectomy 4 years ago for morbid obesity. In the last 1 year, the patient regained weight and had undergone gastric by-pass surgery 4 months ago, but the patient, having chronic liver disease due to NASH, went into decompensated liver failure after this procedure.

The patient with a MELD score of 27 and hepatorenal syndrome with encephalopathy was unable to walk due to ascites and oedema after the last operation.

The patient undergone dual lobe living donor liver transplantation and was discharged on postoperative day 35 with a weight of 102 kg and normal liver function tests.

54 years old, 93 kg UV, a chronic liver patient due to HCV from Mongolia, was transplanted with DUAL lobe liver transplantation with right lobe (500 g) grafts from his nephew, 22 years old NO and left lobe (230 g) grafts from his 36 years old wife, OT, due to MELD score 22 and development of ascites.



Donor 1:

28 years old. 179 cm and 92 kg 970 grams Right lobe graft



Donor 2:

21 years old. 181 cm and 102 kg 520 grams left lobe graft



SITUS INVERTUS TOTALIS PATIENT LOB LIVER TRANSPLANT

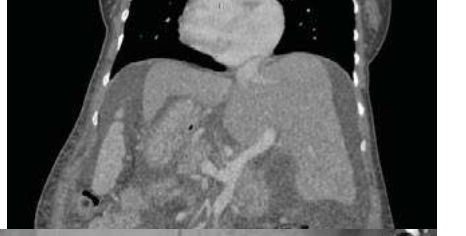
Situs inversus is a mirror-shaped displacement of the thorax and abdominal organs with a rare abnormality with a prevalence of 0.01% in the general population.

People may not realise that they have situs inversus totalis unless they have received medical treatment for some reason. Displaced organs do not need to be cured because they cannot be replaced.

The heart is located on the right side of the chest, the stomach and spleen on the right side of the abdomen, the liver and gall bladder on the left side of the body.

Songül Ertaş, 45 years old and 85 kg, had a MELD score of 18 due to NASH. The patient had chronic liver disease and treatment-resistant ascites and encephalopathy attacks. Her investigations revealed situs inversus. Her 19-year-old son was the donor.

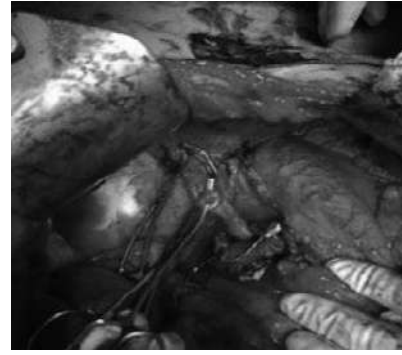
600 grams of MHV was transplanted with a left lobe liver graft that was fully anatomically compatible.



LRLT TRANSPLANTATION IN PORTAL VEIN

Liver transplantations were performed for two patients. The first patient, a 37-year-old male with cryptogenic cirrhosis and a MELD score of 19, received a right lobe liver graft from his 47-year-old sister. The second patient, a 22-year-old female with cryptogenic cirrhosis and a MELD score of 26, received a right lobe liver graft from her 20-year-old sibling. Both patients had complete occlusion of the portal vein starting from the confluence, and retropancreatic allograft venous implantation was performed to address the issue. The liver transplantations were successfully completed.

*LRLT: Yaşama Bağlı Karaciğer Transplantasyonu



PORTAL VEIN THROMBOSIS

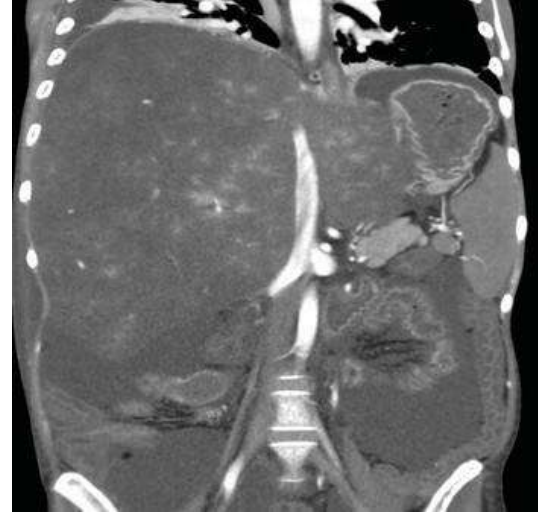
A live donor right lobe liver transplantation was performed for Pınar Turgut, a 33-year-old patient with 80% severe stenosis due to Yerdel type 2 chronic portal vein thrombosis. Following native hepatectomy, a hybrid method was employed, including intraoperative balloon angioplasty to achieve sufficient diameter and flow in the portal vein, and then the liver transplantation was carried out.



24 Mart 2019 Pazar
Milliyet
Nakille sağlığına kavuştu
'UMUT'la gelen hayat
Rahatsızlığı nedeniyle eski eşinin kızı için velayet davası açtığı Pınar Turgut, Umur Çelik'ten nakledilen karaciğer parçasıyla hayata döndü. Genç kadın, "Şimdi sıra kızımın velayetinde" dedi
Annesine velayet şoku
"Kızı annesiz büyümesin diye""Eşinden helallik aldım"

NTI, 20 years old and 47 kg, had ascites for 9 months. He had protein S and C deficiency, factor 5 leiden mutation and MELD score was 23.

Hepatic veins could not be visualised in CT. Perioperative transplantation of 8 litres of ascites and 4 kg of native liver was performed. The donor was 42 years old and male.



Hürriyet
Günlük/Gazete
İstanbul

Tarih :2020-07-16
Sayfa No:4
Stk:0
R.E(TL) :12.964

NAZLI HEMŞİRE HAYATA TUTUNDU

Kronik karaciğer hastası olduğu ortaya çıkan hemşire Nazlı Tuğçe İmamoğlu, 54'ten 31 kiloya düştü. Ölümün eşğine gelen Nazlı hemşire, amcasının karaciğeriyle sağlığına kavuştu.

SAKARYA'da yaşayan hemşire Nazlı Tuğçe İmamoğlu (22), geçen ekim ayında, karın ağrısı şikâyetiyle acile gitti. Doktorlar, yumurtalık kisti patlaması olduğu düşünerek, Nazlı hemşireyi ameliyata aldı. Ancak ameliyat sırasında genç hemşirenin kronik karaciğer hastası olduğu ortaya çıktı. Yaklaşık 1 ay boyunca yapılan tetkikler sonrasında Faktör V Leiden mutasyonu' denilen vücutta aşırı pıhtılaşmaya yatkın bir genetik hastalık olduğu anlaşıldı. Doktorlar, Nazlı hemşireye, hayatta kalabilmesi için karaciğer nakli olması gerektiğini söyledi. Ancak bu kez de koronavirus süreci nedeniyle ameliyat olamadı. Öte yandan tetkikler sonucunda anne, baba ve kardeşi de taşıyıcı olduğu için, donör olamayacakları anlaşıldı. Bu süreçte Nazlı hemşire 54 kilodan 31 kiloya düştü. Durumu hızla kötüleşince, acil olarak özel bir hastaneye sevk edildi. Burada,

Prof. Dr. Ayhan Dinçkan ve ekibi tarafından gerçekleştirilen 7 saatlik ameliyatta amcasından yapılan karaciğer nakliyle sağlığına kavuştu.

'İNANDIK VE BAŞARDIK'

Sağığına kavuşan hemşire İmamoğlu yaşadıklarını şu sözlerle aktardı: "Anne ve babamın akrabası olmamasına rağmen yaşadığım genetik hastalık kardeşimde de vardı, bu sayede onun da tedavisine başlanmış olundu. Ameliyatta karımdan 8 kilo asit boşaltıldı ve 4 kilo ağırlığımda hastalıklı karaciğerim de çıkartılmış. Yoğun bakım sürecimin daha uzun olacağı düşünülüyordu ancak çok hızlı toparladım. Değerlerim çok iyi ve amcamın karaciğeri çok hızlı uyum sağladı. Hayatım pamuk ipliğine bağlıydı. Ama bizler inandık ve doktorlarımız sayesinde sağlığıma kavuştum." Yeğenine hiç tereddüt etmeden karaciğerini veren Hakan İmamoğlu duygularını "O benim canım, hasta olması bizi çok üzdü. Birbirine çok bağlı bir aileyiz. Abim de olsa benim için aynı şeyi yaparlardı. Yeğenim iyileştiği ve buna vesile olduğum için çok mutluyum" sözleriyle dile getirdi.

Medya Takip Merkezi
Tarih :2020-07-16
Sayfa No:4
Stk:0
R.E(TL) :12.964

Milliyet
Günlük/Gazete
İstanbul

Tarih :2018-12-16
Sayfa No:6
Stk:0
R.E(TL) :0

AYNI GÜN HEM BAYPAS HEM DE KARACİĞER NAKLİ Hayat veren mucize

MERT İNAN
İstanbul

İstanbul'da tıp literatürüne girecek bir ameliyata imza atıldı. Karaciğer yetmezliği nedeniyle nakil için hastaneye yatan Ahmet Çobanoğlu'nun (62) kalp damarlarında ciddi daralma tespit edildi. Doktorlar hem karaciğeri hem de kalbi açısından çok yüksek risk gördükleri Çobanoğlu'nun yaşamaya için aynı gün hem nakil hem de baypas gerçekleştirmesine karar verdi. Çobanoğlu, toplam 18 saat süren iki ameliyatın ardından sağlığına kavuştu. Ahmet Çobanoğlu, Hepatit B'ye bağlı karaciğer sirozu nedeniyle nakil olmak amacıyla İstanbul Üniversitesi Hastanesi Liv Hospital Bahçeşehir'e yatış

Ahmet Çobanoğlu, oğlu Hakan Çobanoğlu ve çifte operasyonu başarıyla gerçekleştiren doktorlar...

Prof. Dr. Ayhan Dinçkan şunları söyledi: "İki operasyonu aynı anda yapılması gerektiğini hastamız ve hastaya karaciğeri verecek olan oğulla paylaştık. Önce başarılı baypas operasyonu yapıldı. Sonra hastamız, oğlu ile birlikte karaciğer nakil ameliyatına alındı. 18 saatlik operasyonun ardından sağlığına kavuşan baba ve oğlu daha sonra taburcu edildi."

Ahmet Çobanoğlu, oğlu Hakan Çobanoğlu ve çifte operasyonu başarıyla gerçekleştiren doktorlar...

Hayatı önemdeydi'

Yaptı. Ancak nakil öncesi kalp damarlarında hayati risk taşıyan darlıklar tespit edildi. İki branşın cerrahları riske rağmen aynı gün içinde peş peşe baypas ve karaciğer nakli yapılmasında karar kıldı. 18 saat süren ameliyatlardan sonra Çobanoğlu yaşama tutundu. Ahmet Çobanoğlu, "Beni yaşama döndüren hekimlerimiz sayesinde şu an hiçbir şikâyetim yok" dedi. Babasına karaciğeri veren Hakan Çobanoğlu (38) ise "Hayatımda ilk kez hastaneye gelip iğne oldum. Korkularıma rağmen babamın hayatı söz konusu olunca hiç tereddüt etmedim. Babacığım sağlığına kavuştu. Ben de sayesinde hastane fobim yendim" diye konuştu.

Medya Takip Merkezi
Tarih :2018-12-16
Sayfa No:6
Stk:0
R.E(TL) :0

Ahmet Çobanoğlu was 62 years old. He had HBV-related liver-S, DM and coronary artery disease. The MELD score was 21.

At the age of 38 years, a 4-vessel CABG was performed 1 day before a living donor right lobe liver transplantation from his son.



Şefik Yalçın was 68 years old. He had NASH-related liver-S, DM and coronary artery disease. MELD score was 24.

His 32-year-old son had undergone mini-thoracotomy CABG without sternotomy 15 days before living donor right lobe liver transplantation.

*CABG: Koroner Arter Baypas Grefti

Alveolar Hydatid Cyst and LRLT

Hayvanlardan geçen parazit, iki kardeşin karaciğerini bitirdi

23.10.2018 - 04:47 | Son Güncelleme: 23.10.2018 - 04:52



Hayvanlardan geçen parazit.



LIVER TRANSPLANTATION IN PATIENTS WITH



During the live donor right lobe liver transplantation procedure performed on a 28 year old patient with centrally located alveolar cyst infiltrating the IVC, the continuity of the right hepatic vein was established by resecting it along with native hepatectomy and using a Dacron graft.



45-year-old woman with cryptogenic liver cirrhosis, retrohepatic VCI was completely obliterated. After native hepatectomy, right lobe liver transplantation (right hepatic vein was anastomosed to the graft) was transplanted with living donor after VCI continuity was provided with PTFE graft.

Liver Transplantation for Polycystic Liver Disease Due to Huge Liver With Related Complications: A Case Report



The liver of a 44-year-old patient with polycystic liver disease, who was transplanted from a cadaver donor, went down in medical history as one of the heaviest livers in the history with 25 kg.

4 year old Kosovar patient with life-threatening GI haemorrhage due to prehepatic portal hypertension has undergone **Rex shunt** using the coronary vein and intraparenchymal left portal vein. The patient, whose varices regressed and shunt functioned during the follow-up endoscopy, had their first outpatient clinic visit 6 months later.



The giant hepatoblastoma of 2 years old Sofia, admitted to our clinic with liver transplantation recommendation, was resected by extended right hepatectomy.

Milliyet
Günlük/Gazete
İstanbul
Tarih : 2019-09-07
Sayfa No: 3
StxCm : 0
R.E(TL) : 13.809

Küçük Sofia şifayı Türkiye'de buldu

CİHAT ASLAN İstanbul

Moldova'da yaşayan eczacı Cristina Gaina (30) ile öğretmen Juoloz Gaina (25) çiftinin 2 yaşındaki kızları Sofia'nın karaciğerinde dev kitle tespit edildi. Moldova'daki doktorlar, çocuğu ameliyata almalarına rağmen kitleyi çıkaramadılar ve tek çarenin karaciğer nakli oldu.

İstanbul'a gelen aile, kızları Sofia'yı İstinye Üniversitesi Hastanesi Liv Hospital Bahçeşehir'e yatırdı. Karaciğer nakli için ise anne gönüllü oldu.

12 santimlik kitle

İstanbul'daki doktorlar, Sofia'nın karaciğerindeki tümörün temizlenebileceğini ve nakle gerek olmadığını belirledi. Ka-

raciğerindeki 12 santimlik tümörün başarılı bir ameliyatla alınmasıyla küçük kız sağlığına kavuştu. Ameliyatı yapan Prof. Dr. Ayhan Dinçkan, "Kitle, karaciğerin sağ tarafındaydı, sol taraf ise sağlıklıydı. Karaciğer nakline gerek olmadığını gördük. Tümörü çıkarırız' deyince aile ağladı ve 12 santimlik kitle başarıyla alındı" dedi.



Sofia ve annesi Cristina Gaina



Thanks to cadaveric organ donation at İstinye University Liv Bahçeşehir Hospital Organ Transplant Centre, which opened in December 2017, the 1000th transplant was performed on 27.12.2021 with the liver transplant performed on our 55-year-old patient named NK.



"Quality is never an accident; it is always the result of intelligent efforts." (John Ruskin)

WE ARE THE CADAVER DONOR CENTRE...



We are the cadaver donor centre...

- With the rate and number of family approvals as a result of brain death in the intensive care unit of our hospital, we became the centre with the highest donation rate in Istanbul BKM in 2021 and 22, and we gave hope to many families on donation nights.
- As a result of the 47 year old's last cadaver donation organisation of the year, one of the kidneys donated in the intensive care unit of our hospital was transplanted to 37 year old AD, who has been on haemodialysis for 6 years, the other to 61 year old ZD, who has been on dialysis for 3 years, and the liver to 55 year old AK, who had 30 litres of acid drained from his abdomen during surgery.



FIRST TRANSPLANTS IN 2023



First transplants in 2023

- The first liver transplantation of the year was operated using a right lobe graft from MC, a 51-year-old patient from the Democratic Republic of Congo with HCV-associated cirrhosis and MELD score 23, whose 30-year-old daughter NN was the donor.
- The first kidney transplant of the year was performed preemptively in a 57 year old Kodalak couple who had been followed for 5 years for compensated chronic kidney disease due to hypertension.



Domino liver transplant

- Yaman (7 years old) and Rayan (9 years old) both have Maple Syrup Urinary Disease (MSUD) and are followed by the same metabolic physician. Upon the beginning of neurological attacks, left lateral segment liver transplantation was carried out from the mother (HNR, 40 years old) for Yaman and from the father (HNR, 43 years old) for Rayan.
- Simultaneously, double domino liver transplantation was successfully performed by preemptively transplanting the native liver of the younger brother to YT (4 years old), who was on the cadaver waiting list for PH type 1, and the native liver of the older brother to HG (39 years old, 54 kg) as a complete graft.



Neurogenic Bladder and Kidney Transplantation

The normal function of the bladder is to gather urine at low pressure and, when the urge to urinate occurs, to empty it in a controlled manner on demand.

In the case of a neurogenic bladder that develops as a result of trauma, disease or dysfunction of unknown cause, renal failure can be prevented if timely treatment is performed.

When chronic kidney disease develops as a result of neurogenic bladder, kidney transplantation can be possible with some effective treatments.

Both patients aged 13 and 15, who underwent bladder augmentation simultaneously with transplantation, are already 3 years past since they were saved from dialysis with the kidney donated by their mothers...



Glycogen storage disease and liver transplantation

18 months old MZ was diagnosed with glycogen storage disease after severe life-threatening episodes of hypoglycaemia.

Liver transplantation was planned when the results of medical treatments did not change and severe fibrosis was detected in liver biopsy performed on the patient with severe hepatomegaly.

The 10 kg patient, who was transplanted with a left lateral segment liver graft from his 27 year old uncle YS, had a native liver of 1.5 kg.



Obesity, NASH and Liver Transplantation

When liver steatosis is associated with inflammation, it is defined as NASH. Non-alcoholic fatty liver disease, NASH, turns into chronic liver disease when it is not treated and does not reverse.

NASH is the most common cause of liver failure and the leading cause of liver transplantation in the USA and the western world.

When 37 years old 150 kg RA with BMI:54 and chronic liver disease due to NASH progressed and MELD score increased to 26, transplantation became inevitable. A liver transplant was done with a graft from his 26 year old son with a GRWR of 0.6.





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WITH SSI AND PRIVATE
HEALTH INSURANCES.**



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