

Ex-situ machine perfusion for extracorporeal preservation of livers for transplantation

Information for the public

Published: 16 January 2019

www.nice.org.uk

There are no major safety concerns with this procedure, but there is not much good evidence about how well it works. This procedure can be used but only when patients have regular checks to see how well it is working.

A liver for a transplant is usually stored with cold fluid and ice until it is put into the patient. In this procedure, a machine is used to give an oxygenated solution to the donor liver. The aim is to reduce damage to the liver after it has been removed from the donor, increase how long it can be stored before a transplant and improve how it works once it has been transplanted. It is also possible to assess how well the liver is working before it is transplanted.

The [NHS website](#) may be a good place to find out more. NICE's information on [interventional procedures guidance](#) has more about what a procedure is and how we assess them.

Is this procedure right for me?

If you've been offered this procedure, your healthcare professionals should discuss with you what is involved, and tell you about the risks and benefits. They should talk with you about your options, and listen carefully to your views and concerns. Your family can be involved too, if you wish. All of this should happen before you agree (consent) to have the procedure. You should also be told how to find more information about the procedure. Read more about [making decisions about your care](#).

Some questions to think about

- What does the procedure involve?
- What are the possible benefits? How likely am I to get them?
- What are the risks or side effects? How likely are they?
- What happens if the procedure doesn't work or something goes wrong?
- What happens if I don't want the procedure? Are there other treatments available?

ISBN: 978-1-4731-8841-9