

ABSTRACT

Liver transplantation is one of the desirable treatments for patients suffering from the health issues like cirrhosis of liver, acute liver failure, decompensated liver disease and hepatocellular carcinoma. Being an advance technological health treatment, liver transplant demands advanced technical trainings of the health care providers. Consequently, Myanmar is facing many challenges in performing liver transplantation.

A cross-sectional descriptive study was carried out by employing both quantitative and qualitative methods in order to examine current status and challenges of living donor liver transplant based on 19 cases of liver transplant in Yangon Specialty Hospital (YSH). Quantitative data was derived from medical record of the hospital together with the descriptive finding in order to highlight the background characteristics, the operation outcomes of both donors and recipients of living donor liver transplant and the challenges that the health care providers from YSH have to face in dealing with living donor liver transplant. The first-hand data was collected by doing an In-depth interview with eight respondents.

The fact is found out that the majority of the recipients were age range of 50-59 years 12(63.2%), especially male patients 16(84.2%) with the characteristics of having the history of alcohol taking 11(57.9%), the underlying liver disease of both cirrhosis of liver and hepatocellular carcinoma was 12(63.2%), having hepatitis C 8(42.1%) and hepatitis B 7(36.8%) infection. The average duration of liver disease was from 5.9 to 6.8 years and the average waiting time for transplant was 2.1 to 2.6 months. The majority of the donors were in the age group of between 20-29 years with no significant gender difference but have the second-degree relation with recipients.

The intra-operative outcome of both recipients and donors were found out to be alive. The average duration of hospital stay was between 18.7 and 23.2 days. Moreover, the fact that the survival status of the recipient was 16(84.2%) and that of donors were 100%. The cause of death of the recipients were acute pulmonary edema, refractory hypoxemia. From the qualitative analysis, the six important themes were emerged as ministerial support, manpower, budget, training and skills, departmental collaboration, and donor selection. Finally, the results of the present study indicate that the accomplishment of operating living donor liver transplant still in need of ministerial support in terms of both finance and training for skillful and advanced technology locally or in abroad.