

Adult Liver Transplantation Program



**Mount
Sinai**

*Recanati/Miller
Transplantation
Institute*

MISSION OF RMTI

For the Recanati/Miller Transplantation Institute at Mount Sinai Medical Center to remain a leading center for transplantation and end-stage organ disease management with an emphasis on quality through patient-centric care and a multidisciplinary team approach.

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Message from the RMTI Directors

Located in New York City, The Mount Sinai Medical Center is the oldest not-for-profit hospital in the United States and provides world-class leadership in patient care, research, and education. The Recanati/Miller Transplantation Institute (RMTI) was inaugurated in 1998 with an endowment from a former transplant recipient. Under the structure of an institute, we are able to provide resources that are essential to creating an environment that fosters innovation and excellence in patient care.

As a proven leader, Mount Sinai and RMTI have had many “firsts:”

1967: First Kidney Transplant at Mount Sinai — one of first in the region

1988: First Liver Transplant at Mount Sinai and first in New York State

1996: First Laparoscopic Donor Nephrectomy in New York State

1998: First Intestinal Transplant in New York State

1999: First HIV+ patient to receive a Liver Transplant in New York State

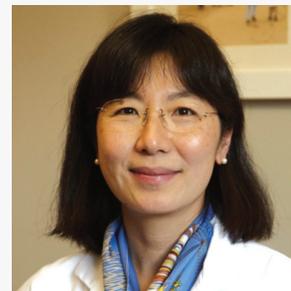
2001: First HIV+ patient to receive Kidney Transplant in New York State

2010: First Paired Exchange “Swap” Kidney Transplant

Over 40 years and 5,500 liver, kidney, pancreas, and intestinal transplants later, Mount Sinai and RMTI have a long and proven record of excellence. We are proud to be one of the largest and most comprehensive adult and pediatric abdominal transplantation centers in the world.



Sander S. Florman, MD
Director
Recanati/Miller
Transplantation Institute

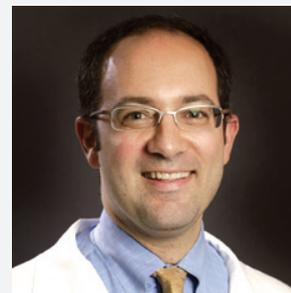


Leona Kim-Schluger, MD
Associate Director
Recanati/Miller
Transplantation Institute

Message from the Directors of the Adult Liver Transplantation Program

Mount Sinai's leadership in liver surgery and transplantation is built upon its longstanding excellence in the field of liver diseases. In 1926, the institution appointed Paul Klemperer, MD, who was particularly interested in hepatic histopathology, as the first fulltime chairman of the Department of Pathology. Mount Sinai became an international leader in liver pathology with the recruitment of Hans Popper, MD, in the 1950s, who was known as the "Father of Modern Hepatology." In collaboration with Fenton Schaffner, MD, Dr. Popper published the first modern English-language textbook on the pathology of the liver, and the two were founding members of the Association for the Study of Liver Diseases and the International Association for the Study of the Liver.

The Mount Sinai Liver Transplantation Program is one of the oldest and largest in the nation. It was established in 1988 under the visionary guidance of Arthur Aufses, MD, who chose Charles Miller, MD, to lead and develop the program. In September 1988, we were the first in New York State to perform a liver transplant when a 20-year-old gentleman with primary sclerosing cholangitis received an organ for end-stage liver failure.



Sander S. Florman, MD
Surgical Director



Thomas D. Schiano, MD
Medical Director

Message from the Directors of the Adult Liver Transplantation Program *(Continued)*

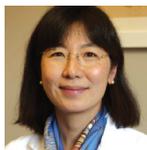
The Adult Liver Transplantation Program at Mount Sinai now resides within the Recanati/Miller Transplantation Institute (RMTI). With the founding of RMTI, we have developed a world-class hepatobiliary surgery program, formed a multimillion dollar research center, and created the **Zweig Family Center for Living Donation**, whose mission is to provide compassionate and unimpeachable care to those incredible people who volunteer to donate one of their kidneys or a piece of their liver to save another person's life.

Because of our reputation as one of the nation's leading liver transplant programs and our history as a tertiary referral center for patients with all forms of liver disease, we often tackle the complex problems of very sick patients. We give every patient equal consideration in terms of clinical eligibility for transplant.

Our Team



Sander S. Florman, MD
Director, RMTI
Surgical Director
Adult Liver



Leona Kim-Schluger, MD
Associate Director



Thomas D. Schiano, MD
Medical Director
Adult Liver



**Dianne LaPointe
Rudow, DNP**
Director
Zweig Family Center
for Living Donation



Marcelo Facciuto, MD
Surgical Director
Live Donor Liver
Transplantation



Codette Barton, RN
Senior Coordinator
Adult Liver



Jawad Ahmad, MD
Transplant
Hepatologist



**Antonios
Arvelakis, MD**
Transplant Surgeon



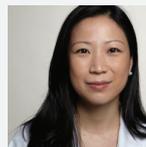
Charissa Chang, MD
Transplant
Hepatologist



Priya Grewal, MD
Transplant
Hepatologist



Gene Im, MD
Transplant
Hepatologist



Jennifer Leong, MD
Transplant
Hepatologist



Lawrence Liu, MD
Transplant
Hepatologist



Jang Moon, MD
Transplant Surgeon



Joseph A. Odin, MD
Transplant
Hepatologist



**Ponni
Perumalswami, MD**
Transplant
Hepatologist

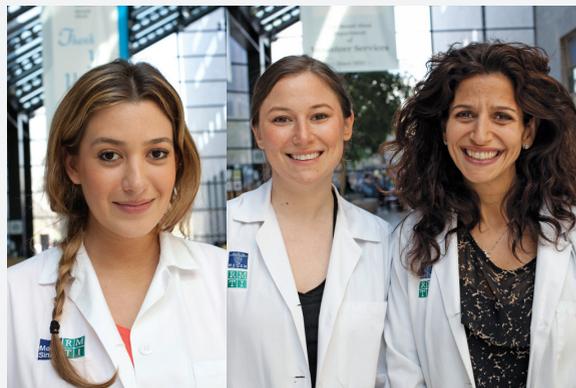


Juan Rocca, MD
Transplant Surgeon

Our Team



Clinical Coordinators



Clinical Social Workers



RMTI Transplant Dietitians



Administrative Staff

To make an appointment at RMTI

There are several ways to initiate an appointment with our transplant team.

Call 212-731-RMTI (7684)

Ask to speak with the referral coordinator. Make sure to have your primary and referring MD information as well as your insurance card on hand at time of call.

Or contact our Outreach Liaison

The outreach liaison is a professional health care provider who is available to assist all patients and providers with access to care, transplant education, and customer service at RMTI.

Our Director of Outreach is:

Sharyn Kreitzer, MSW

PHONE 212-659-8027

E-MAIL mountsinaitransplant@mountsinai.org

RMTI has satellite offices in Chinatown, Staten Island, Long Island, Westchester, and New Jersey. Please contact our outreach liaison for more information about these offices or our Pediatric Liver, Intestinal, and Kidney/Pancreas Transplantation programs.

Medical and Surgical Management of Liver Diseases

While a primary goal of RMTI is to provide superior transplantation services, we are also devoted to delivering the highest quality care to patients who are afflicted with liver disease but may not need a transplant. We frequently treat patients with the following conditions:

- **Viral Hepatitis:** Inflammation of the liver that is caused by a viral infection—typically from either the hepatitis B or hepatitis C virus. Both can become chronic conditions, meaning that the body is unable to fight off the infection. This happens most of the time with hepatitis C. Left untreated, hepatitis can slowly cause cirrhosis (scarring) of the liver.
- **Cholestatic Disease:** A disease that causes the flow of bile from the liver to be disrupted. This can lead to significant damage to the liver. Two such diseases are primary biliary cirrhosis (PBC) and primary sclerosing cholangitis (PSC). Both are chronic conditions that cause inflammation and may lead to destruction of the bile ducts.
- **Autoimmune Liver Disease:** A condition in which the body's immune system begins to attack the cells of the liver, leading to cirrhosis if the disease is not properly diagnosed and treated.
- **Liver and Bile Duct Malignancy:** A cancerous growth on either a bile duct (cholangiocarcinoma) or on the liver itself (hepatocellular carcinoma). If detected early enough, the preferred treatment is to surgically excise (remove) the entire tumor, thus achieving a cure. Growths on the liver can also be benign. Depending on the size or growth of such lesions, they may be removed or simply left in the patient and monitored.

With any of the conditions listed, it is possible for damage to the liver to become so extensive that liver function is impaired and the patient enters liver failure. If that occurs, transplantation is likely the only remaining treatment option. In such a situation, the patient benefits from RMTI's ability to provide the full spectrum of care—from diagnosis to pre-transplant treatment, to the transplant itself, to post-operative monitoring. Such continuity of care—in which the patient is tracked by the same team of physicians throughout the duration of his or her treatment—is ideal for both the patient and the community medical providers.

The Liver Transplant Evaluation Process

Before one can be considered for liver transplantation, our transplant team will perform a thorough medical and psychosocial evaluation. The purpose of this evaluation is to determine whether liver transplantation is the best treatment option. The patient and family/supports will meet with a number of specialists, including a transplant surgeon, transplant hepatologist, clinical coordinator, social worker, dietician, and financial coordinator. Our multidisciplinary team will work hard to make the evaluation process as comprehensive and convenient as possible.

Transplant social workers are on hand to assist with emotional counseling and can provide information on resources and support.

Transplant financial counselors are available to help you prepare for the costs related to transplant and provide information on private and government organizations that can assist as needed.

Finding a Liver For You



Marilyn—deceased donor liver recipient—with her children

There are two main types of liver transplants: Deceased Donor Transplant and Living Donor Transplant.

Deceased Donor Transplant—A liver is taken from a person who has just died and whose family chooses to donate their organs.

If the patient does not have a living donor, or they are medically not appropriate for living donation, the patient's name will be placed on the national waiting list for a deceased organ. When placed on the list, patients are given a score based on the results of blood work. Three lab values (bilirubin, creatinine, INR) are used to produce a score that will determine the severity of liver disease—the “MELD score.” A higher MELD score results in a higher placement on the wait list. To learn more about this, go to www.unos.org.

Living Donor Transplant—A person elects to donate a portion of his or her liver to the patient. The donor can be a blood relative, such as a child or sibling, or a nonblood relative, such as a spouse or close friend.

Living donation is increasingly an excellent option for treatment. It offers a high-quality organ in a shorter period of time, given the limited number of deceased donor livers relative to the patient

population awaiting transplant.

The procedure is based on the ability of the human liver to regenerate. Depending upon the recipient's size and needs, 40 percent to 60 percent of a donor's liver is removed and transplanted into the recipient. Over time (for the donor, within 1–2 months), the portions of the liver in both donor and recipient should regain full function and normal size.

A potential living donor undergoes a complete evaluation to ensure that he or she is healthy enough to undergo and fully recover from the procedure. This evaluation is covered primarily by the recipient's insurance.

The donor's blood type must be compatible with the recipient's.

In 2010, RMTI created the **Zweig Family Center for Living Donation** whose mission is to provide dedicated care to those incredible people who volunteer to donate one of their kidneys or a piece of their liver. Please contact the Zweig Center to learn about its services and educational seminars on donation: **212-659-8096**.



Edward — living donor liver recipient
— with his liver donor (and daughter)
Kathleen

Post Liver Transplantation

If post-operative care progresses as expected, the average hospital stay is 10–14 days.

Liver transplant recipients will have to take certain medications every day for the rest of their lives.

These drugs work to suppress the immune system so that the new organ is not rejected and also to prevent infections. Following discharge, the transplant team will monitor for early signs of rejection or infection.

Below is a typical appointment schedule:

- Twice per week for the first month
- Once per week for the second month
- Every other week for the third month

If the recipient is clinically stable three months after transplant, he or she will return to their primary care internist or gastroenterologist. The transplant team will continue to monitor the patient in scheduled intervals and will closely collaborate with all involved community physicians.

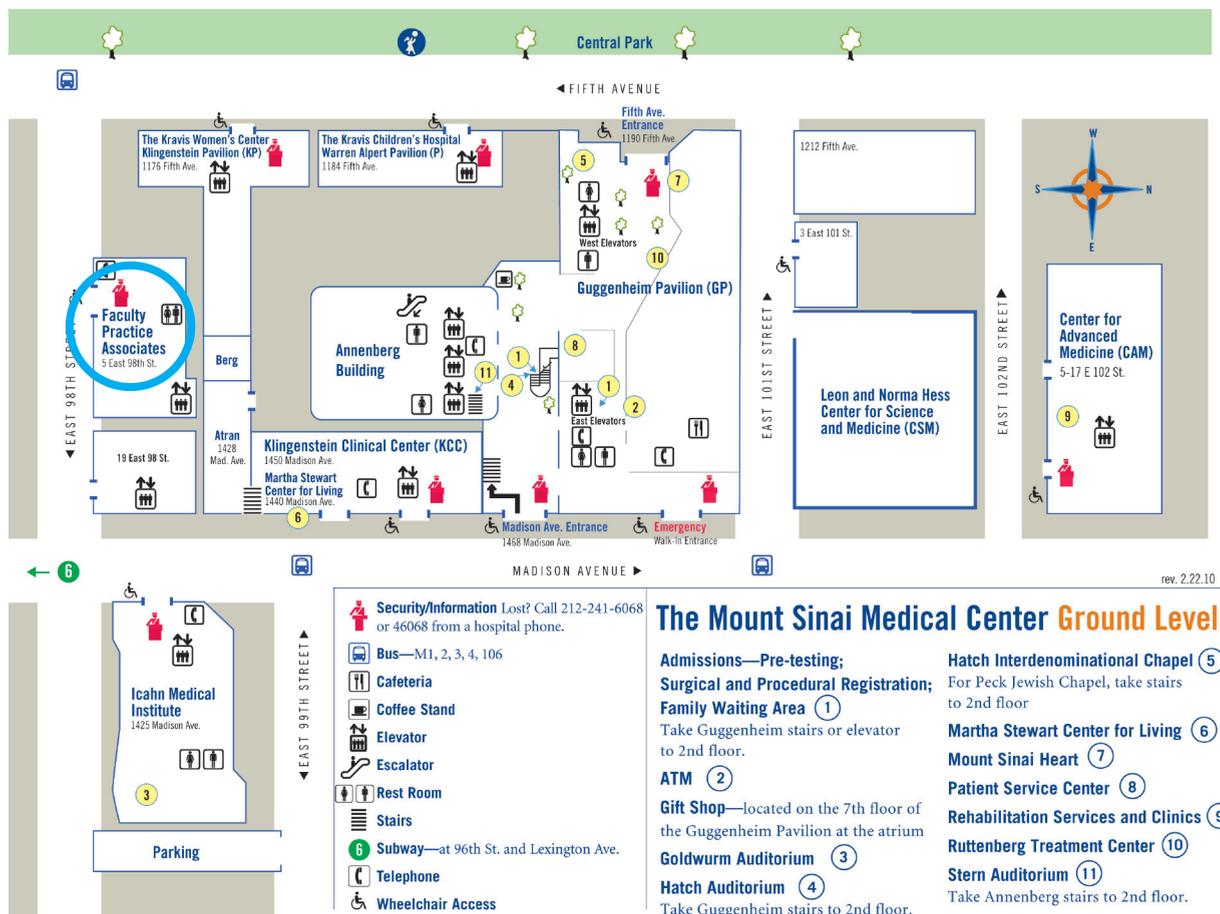
Most patients recuperate within three months of their transplant and lead relatively normal, active lives.

The Transplant Living Center

The Transplant Living Center (TLC) provides a “home away from home” for transplant patients and their families. The TLC offers secure, comfortable, and affordable housing near Mount Sinai Medical Center. To make a reservation, please call [212-348-3308](tel:212-348-3308).

Visiting Us

The **RMTI Faculty Practice** is located in New York City at 5 East 98th Street (between Madison and Fifth Avenues), 12th Floor





Administrative Offices

1425 Madison Avenue, 4th Floor

Clinical Offices

5 East 98th Street, 12th Floor
New York, NY 10029

Telephone

212-731-RMTI (7684)



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