The Recanati/Miller Transplantation Institute at The Mount Sinai Medical Center

Adult Liver Transplantation Program
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 multi-disciplinary team approach.
Message from the 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 pediatric and adult patient care.

As a proven leader, Mount Sinai and RMTI have had many accomplishments:

- 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
- 1993: First Pediatric Living Donor Transplant in New York State
- 1998: First Isolated Intestinal Transplant in New York State
- 1999: First Multivisceral Transplant in New York State
- 1999: First HIV+ patient to receive a Liver Transplant in New York State
- 2008: 3,000th Liver Transplant
- 2010: 250th Living Donor Liver Transplant

Over 40 years and 5,500 pediatric and adult 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

The foundation of Mount Sinai as a leader in liver surgery and transplantation was predicated upon its storied history in the understanding of liver diseases. In 1926, the institution appointed Dr. Paul Klemperer, who was particularly interested in hepatic histopathology, as the first full-time chairman of the Department of Pathology. Establishment of Mount Sinai as the international leader in liver pathology was sealed with the recruitment of Dr. Hans Popper in the 1950s. At the time of his recruitment, Dr. Popper was known as the “Father of Modern Hepatology.” In collaboration with Dr. Fenton Schaffner, 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 Dr. Arthur Aufses, who chose Dr. Charles Miller 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.

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 multi-million 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.
Despite this legacy, we will not rest on our laurels or prior accomplishments. We remain committed to cultivating an environment of innovation and excellence in patient care, including translational research, with the goal of providing cutting-edge technology and therapies directly to our patients.

Sander S. Florman, MD  
*Surgical Director*  
RMTI Adult Liver Transplantation Program

Thomas Schiano, MD  
*Medical Director*  
RMTI Adult Liver Transplantation Program
Our Team

Sander S. Florman, MD
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Transplant Surgeon

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Alan Contreras-Saldivar, MD
Transplant Surgeon

Ponni Perumalswami, MD
Transplant Hepatologist

Priya Grewal, MD
Transplant Hepatologist

Juan Rocca, MD
Transplant Surgeon
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 above conditions, 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 their family/supports will meet with a number of specialists including a transplant surgeon, transplant hepatologist, clinical coordinator, social worker, dietician, and financial coordinator.

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 prepare for the costs related to transplant and provide information on private and government organizations that can assist as needed.

Our multidisciplinary team will work hard to make the evaluation process as comprehensive and convenient as possible.
Finding a Liver For You

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

**Deceased Donor Transplantation:** 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, their 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.

Marilyn—deceased donor liver recipient—with her children
**Living Donor Transplantation:** 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 non-blood 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, 40–60% 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.

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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 a portion of their liver. Please contact the Zweig Center to learn about its services and educational seminars on donation: **212-659-8096**.
Post Liver Transplant

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

The liver transplant recipient 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, they 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.
To make an appointment at RMTI

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

- **Call our Main Phone: 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.

- **Contact our Transplant 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 Senior Liaison is:*

  Sharyn Kreitzer, MSW
  212-659-8027
  mountsinaitransplant@mountsinai.org

RMTI has satellite offices in Chinatown, Staten Island, Long Island, Westchester and New Jersey. Please contact our Transplant Liaison for more information about these offices or our Pediatric Liver, Intestinal, and Kidney/Pancreas Transplantation Programs.
Visiting Us

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

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.