

Optimising outcomes after liver transplantation

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Propositions

Optimising outcomes after liver transplantation

Pathophysiology of biliary injury and the application of machine perfusion

1. Livers donated after circulatory death are an underutilized resource in Australia. (this thesis)
2. Endotoxins are potent inducers of biliary injury even at low dosage. (this thesis)
3. Increased permeability of the blood-biliary-barrier is associated with the development of LPS-induced biliary injury. (this thesis)
4. Normothermic machine perfusion of the liver is a complex undertaking as liver metabolism, hepatocellular and biliary viability need to be assessed prior to transplantation. (this thesis)
5. The use of machine perfusion will have major implications for the future of liver transplantation as it holds the potential to increase the number of livers available by more than 15%.
6. Sarcopenia identified before surgery by single-slice CT is associated with impaired overall survival in gastrointestinal and hepatopancreatobiliary malignancies, and increased postoperative morbidity in patients with colorectal cancer with or without hepatic metastases. (Levolger *et al.* Br J Surg 2016)
7. Immunosuppression can be safely withdrawn with preservation of liver function and histology in selected liver transplant recipients, particularly in children. (Feng S, Curr Opin Organ Transplant 2016)
8. Bariatric surgery prior to, during or after liver transplantation is considered safe and could be used to prevent recurrence of non-alcoholic fatty liver disease after transplantation. (Lazzati *et al.*, Obes Surg 2015)
9. Without data you're just another person with an opinion. (William Edwards Deming)
10. Absence of proof is not proof of absence. (Michael Crichton)
11. Gentle healers make stinking wounds. (Dutch Proverb)