PREOPERATIVE CARE
- Obtain a complete nursing history and physical examination. A complete preoperative nursing assessment provides baseline data for comparison after surgery.
- Provide routine preoperative care as ordered (see Chapter 7). Preoperative care is similar to that provided for other clients undergoing major surgery.
- Discuss preoperative and postoperative expectations with the client and family. Introduce to the intensive care unit, and discuss anticipated drainage tubes and supportive measures in the immediate postoperative period. Provide information about visiting policies and family accommodations (if available). Preoperative teaching helps relieve anxiety in the client and family members. Clients return from surgery to an intensive care or specialized care unit. Restrictions on the number of visitors and the time they may spend with the client are common.
- Once a donor liver is located, check for evidence of infection; if no infection is present, begin preoperative antibiotics as ordered. An acute or chronic infection may contraindicate liver transplantation as drugs given postoperatively to suppress rejection of the transplanted organ also impair the ability to fight infection.

POSTOPERATIVE CARE
- Provide routine postoperative care as outlined in Chapter 7.
- Maintain airway and ventilatory support until awake and alert. Until the new liver clears the anesthesia, the client requires measures to support respiration and ventilation.
- Monitor temperature and implement rewarming measures (such as warming blankets, heating lamps, and head covers) as indicated. The client often is hypothermic after liver transplant, necessitating careful rewarming while maintaining hemodynamic stability.
- Frequently monitor hemodynamic pressures, including arterial blood pressure, central venous pressure, and pulmonary artery pressures. Postoperative fluid volume status may be difficult to determine without careful pressure measurements. The rate and type of fluids administered are determined by hemodynamic status.
- Monitor urine output hourly; maintain careful intake and output records. Weigh daily. Urine output and weight provide additional information about fluid volume status. In addition, renal function may be altered after liver transplant; acute renal failure is a significant risk. See Chapter 27 for more information about acute renal failure and its management.
- Monitor for signs of active bleeding, including excess drainage, increasing abdominal girth, bloody nasogastric drainage, black tarry stools, tachypnea, tachycardia, diminished peripheral pulses, or pallor. Report immediately. Altered coagulation in the early postoperative period increases the risk for bleeding. Blood products to replace volume and clotting factors may be necessary.
- Monitor serum electrolytes and laboratory values related to blood coagulation, liver function, and renal function. Report abnormal results or significant changes immediately. Electrolyte imbalances are common postoperatively. Altered liver or renal function tests may indicate rejection of the transplanted liver or acute renal failure. Other early signs of transplant rejection include fever, a drop in bile output, or a change in bile color and viscosity (Urden, Stacy, & Lough, 2002).
- Monitor neurologic status. With good function of the transplanted organ, mental status should clear within days of the transplant.
- Provide discharge teaching:
  a. Teach how to reduce risk of infection, and signs of infection to report.
  b. Instruct to recognize and report signs of organ rejection.
  c. Discuss all medications, including their purpose, schedule, adverse effects, and potential long-term effects. Stress the importance of complying with all prescribed medications and postoperative precautions for the remainder of the client’s life.
  d. Discuss possible changes in body image and psychologic responses to receiving a transplanted organ. Refer to a counselor or support group as indicated.
  e. Refer for home health services for continued assessment and teaching.
  f. Stress importance of continued follow-up with transplant team and primary care provider.