



Living Liver Donation: Medical Toolkit

CHAPTER • 6

Liver donation for people who use alcohol, tobacco, or drugs

If you are considering being a living liver donor, you need to be as healthy as possible. This includes knowing if substances such as alcohol, tobacco, drugs, and medicines can affect you and your liver.

Can I be a living liver donor if I drink alcohol?

This depends on how much alcohol you drink. Drinking too much alcohol can raise your chance of liver damage.

For most people, the safe limit is **1 drink a day for women** and **2 drinks a day for men** – more than that can affect your health.

A drink is a:

- 12-ounce can of beer
- 5-ounce glass of wine
- 1.5-ounce shot of liquor

What are the guidelines for liver donors and alcohol?

Different transplant centers have different rules, but usually:

- Before surgery, your transplant team will require you to stop drinking alcohol during evaluation. If you used to or currently have an alcohol use disorder, you must be able to show the team you can be sober (not drink alcohol) for a certain period of time
- After surgery, do not drink alcohol until your liver has grown to a healthy size (regenerated) and the team tells you it's okay. The stress of the surgery may trigger some donors to drink too much alcohol, which can damage their liver and prevent a healthy recovery

Before donation, in your evaluation, be open and honest about your alcohol use with your psychosocial team (social worker, psychologist, or psychiatrist). Tell your team if you are drinking more than the safe limit so they can help you.

Can I be a living liver donor if I use tobacco?

Yes, but using tobacco can affect how well you recover after

donation surgery, such as keeping your wounds from healing and raising the chance of infections and other health problems.

What are the guidelines for liver donors and tobacco?

Different transplant centers have different rules, but usually:

- For at least 4-6 weeks before surgery, your team will require you to stop using tobacco – this can help your wounds heal after surgery
- After surgery, do not use tobacco until your liver has regenerated – your team will tell you when this has happened. The stress of surgery and limits on your physical activity can make it hard to stay tobacco-free, which can prevent a healthy recovery

Before donation, in your evaluation, tell your transplant team if you use tobacco, such as smoking cigarettes, vaping, or chewing tobacco. Tell your team if you need help quitting tobacco.

Can I be a living liver donor if I use drugs or take certain medicines?

Maybe – it depends on the type of drug or medicine you are taking. Prescribed substances such as cannabis, benzodiazepines, and opioids are also associated with substance use disorders. Some donors start using a substance again (relapse) after donation.

Cannabis (marijuana)

Doctors don't yet know if or how cannabis (marijuana) may affect healing after donation surgery.

Guidelines: In your evaluation, be open and tell your transplant team if you use cannabis. Usually:

- At least 4-6 weeks before surgery, your team may require you to stop smoking or eating any substances – this can help your wounds heal after surgery. If you have a cannabis use disorder, you must be able to show the team you can be cannabis-free for a certain period of time
- After surgery, do not smoke or take any substances until your liver has regenerated – your team will tell you when this happens



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CHAPTER • 6

Donors may have pain, anxiety, nausea, and trouble sleeping after surgery, which may lead some donors to use cannabis. Ask your team for other ways to cope with symptoms, such as certain medicines.

Benzodiazepines

Prescribed benzodiazepines such as alprazolam, lorazepam, and clonazepam can be safe in liver donation. They can help with overwhelming anxiety and trouble sleeping.

Guidelines: In your evaluation, tell your transplant team if you take a benzodiazepine. Usually:

- If you take daily benzodiazepines, you will need to discuss them with your team – benzodiazepines are not recommended to long-term use because they are addictive and can lead to problems with memory and function
- If you have a substance use disorder with benzodiazepines, you must be able to show the team you can be benzodiazepine-free for a certain period of time

Opioids

Doctors often prescribe opioids such as hydrocodone, oxycodone, and morphine to help with a donor's pain after the surgery.

Guidelines: In your evaluation, tell your transplant team if you take an opioid, such as for chronic (long-term) pain. Usually:

- If you take an opioid medicine for chronic pain, you will need to discuss this with your team – taking an opioid daily for longer than 2 weeks can lead to brain changes and require a person to need bigger amounts to get the same effect (tolerance)
- If you have chronic pain but don't take daily opioids, the team may carefully assess your mental health to find any issues that may complicate donation or your pain after surgery
- If you have an opioid use disorder or opioid addiction, the team may contact the doctors who prescribed them to help make a pain management plan for you

Illegal drugs

In your evaluation, your transplant team will test you for illegal drugs such as heroin, cocaine, and others.

Guidelines: In your evaluation, tell the team if you take any illegal drugs, because these drugs can make the surgery very risky. Usually:

- If you have a substance use disorder, your team may require you to have addiction treatment and show that you can stay drug-free before they will consider you for donation

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Note: This information is the opinion of the Living Donor Community of Practice (LDCOP) of the American Society of Transplantation. The LDCOP is a group of health care professionals and researchers who specialize in living donation. The LDCOP's recommendations are meant to offer you helpful information, but you may find opinions from other groups or organizations that are helpful to you, too.