

Hepatic Happenings

Miracle transplant Unique operation saves two lives



Aggie Meads with her baby Alika.

Life is full of unexpected surprises. We didn't know our world could be totally turned upside down in a normal day. This story is about my daughter-in-law who had acute liver failure and received a donor liver at 24 weeks pregnant. We are very honoured to share our story and hope it can help others during their most difficult time of life. Once again we give heartfelt thanks to the donor family, thank you for your selfless giving that saved both my daughter in law and granddaughter.

Yen-Ching Su Meads (known as Aggie) and Peter Meads married in March 2012 while studying at university.

After Aggie finished her bachelor's degree, they decided to have a break and planned to have their first child before Aggie continued her masters study. She worked at a coffee shop, then was delighted to find she was pregnant. They had the usual GP visits and scans that revealed she was carrying a baby girl.

Apart from some nausea and tiredness, she was well until suddenly on Friday October 4th 2013 at 24 weeks pregnant Aggie was admitted to Waitakere and then Auckland Hospitals with acute liver failure.

Intensive Care

Aggie was in intensive care, delirious, skin turning yellow and fighting for her life. The doctors were still hoping her liver would regenerate. Aggie was gravely ill, the baby was still alive, and the liver team coordinators, Margaret and Barry who kept us informed, were a tower of strength and support.

Aggie's liver didn't regenerate, Peter and I met with the Intensivists and were told Aggie needed a liver transplant but had not yet met the criteria. They were going to concentrate on saving Aggie and put the baby "aside", very sad but the baby was not expected to survive. By Sunday Ag-

Miracle transplant	1
Post transplant mum	2
Standing on top of the world	3
Fionna Burgess - Transplant co-ordinator.	5
Professor Munn honoured	5
Unstoppable performer	6
Skin care post transplant	6
Catching the travel bug	7
Australian Transplant games	8
Liver transplant website	8
Liver research unit	9
Anniversaries	10
Beware yellow	11
From the 15th Floor	12

gie deteriorated and met the criteria, but we were told she would only survive maybe another two days, so the agonising wait for a donor liver began. It was an emotional roller coaster hoping for our miracle in time to save Aggie but with the realisation another person would lose his/her life to give our loved ones a chance of survival. With Peter and Aggie's Christian faith, family and friends, we were surrounded by loving support and prayers.

Induced Coma

Aggie was put into a coma to help prevent her brain swelling, but as she worsened doctors inserted a brain monitor to measure this. That afternoon the coordinators were advised a liver had become available so the operation was scheduled for midnight. Feelings of immense relief for our girl but sadness and grief for the donor family. We still had a long way to go. The operation was going as well as expected but Aggie had some contractions that they had managed to control. They had moved the baby in the uterus out of the way while the liver was transplanted.

Nine hours later, the surgeon, Steve, advised the op went well but Doppler Ultrasound showed the blood flow in one of the veins was not good so she would have to go back to theatre.

Three hours later Steve said he was really sorry the news was not good. The

Continued page 4



How lucky are we?

A post transplant mum

How lucky are we? All of us. So lucky to be given a second chance.

I was diagnosed with Acute Autoimmune Hepatitis on January 29 1999. Two days later I went into liver failure and my family (I was too encephalopathic to understand) entered the world of Liver Transplants.

I was 27 and had been married 9 months and mortgaged 7 months, it was certainly not how we expected to start 1999. The 5th of February was to be no ordinary day – I was lucky

enough to become recipient #15.

A whole new world of healing, pills, clinic appointments, putting on weight, getting back to work and being 'normal' again became our new focus. I was also involved with TV, magazine and speaking appearances to help fundraise for Transplant House.

It all seems such a long time ago now – it will be 16 years in February. 16 years of extra life I have had through the utter selfless generosity of someone else's family. I often ask myself "Would my donor be proud of me today?" I hope

he/she would most days. I have done my best to live a normal, healthy and productive life. I thank my donor for the chance to be a Mum and to continue being a wife, daughter, granddaughter, niece, cousin, friend, dental therapist and employer.

Our children were born in 2001 and 2003. Elise a 'Cyclosporine' baby and Harry a 'Tac' baby. Neither have ever had even a drop of breast milk and they are both happy, very healthy children. If you ever get the chance to be a transplant Mum go for it.

Debbie Eaton



Caring co-workers

Donna Veldkamp a recent transplantee (left) with Angel Luo and Jossie. Donna works in the hospital staff creche and Angel was one of her nurses in ward 71. Donna frequently looks after Jossie in the creche.

Standing on top of the world



Peter Snowdon (centre) and members of his Himachal Pradesh expedition to cross Pin Parvati Pass in 2014.



Peter Snowdon didn't let a transplant keep him from the roof of the world.

I first went to India in my early 20's and, like many people, continued to return, to experience the diverse culture, people and scenery that makes up that vast country. I had visited regularly taking groups of people on mountain treks to Himachal Pradesh.

My liver condition had reached a stage where it was severely impacting on my health and the need for a liver transplant became urgent. In addition to the immedi-

ate impact on my day to day life I knew that my travels to India would have to cease. After my successful transplant a visit back to India became a focus. Through a strict diet, exercise and medication programme I was able to make a low key visit in 2012.

I was able to return this year leading a group over the 5,300m Pin Parvati Pass situated in a remote part of Himachal Pradesh. We spent 10 days slowly ascending up the Parvati Valley.

Everyday the views were stunning, huge peaks all around and a barren alpine val-

ley, brimming with wildflowers. We stood on top of the pass on August 28. I do not know if I was the first transplant patient to cross this pass, but there could not be too many others. There was certainly a deep sense of satisfaction when I stood with the team on the top, gazing down the valleys and across at the peaks and glaciers.

I hope my experience will show other transplant patients that it is possible to challenge yourself and to continue to participate in and enjoy the activities that are important to you.





Aggie Meads and baby Alika in recovery

liver was fine, they had trimmed it to fit Aggie's smaller body and untwisted the vein but the brain monitor showed an elevated reading, indicating a brain bleed. We were in absolute shock and horror thinking we had lost Aggie and baby.

CT scan

Steve said the only other reason may be an equipment failure, so they were doing a CT scan to check her brain. The next 45 minutes were the worst ever but then Steve and his team came to tell us Aggie and baby were fine. The brain monitor probe had dislodged and was sitting between her brain and skull and when flushed had heated to a dangerous level.

I think everyone in the room shed tears, this time of joy! The surgeon left part of the incision open, because of the baby and swelling. They now had two patients.

Waking

By Wednesday Aggie was waking, recognised Peter and was responsive to the nurses. She called to Peter asking where "Alika" was, thinking she had already give birth to the baby and was expecting another!

Alika

They named their baby Alika, which we later found out meant "most beautiful". Obstetrician, Bronwen, had concerns for the baby if Aggie took a turn for the worse as they had never performed a liver transplant on a pregnant woman in NZ before and only five in the world, so it was unknown how the cocktail of drugs Aggie was on would affect the baby even though individually they were "babysafe".

Aggie's wound was joined, she watched the baby kicking on Ultrasound and the anti rejection drugs were increased. She was moved to the liver ward still being fed by a nasal gastric tube, but Alika's heartbeat was good.

Third operation

Few days later, a CT showed a problem the artery on the donor liver had narrowed at both ends and was not coping with the blood flow so Aggie was back to theatre again, with Steve.

Even though Alika survived Aggie's third operation, the obstetrician advised they would do an MRI of Alika's brain at Aggie's 30 weeks pregnant as there was a possibility that Alika may have brain damage from the drugs and the cut off blood supply during Aggie's

third operation.

At 30 weeks Aggie and I went to Starship for the MRI and we were told Alika's brain was fine - what wonderful news and what a miracle she was to survive all the trauma and drugs.

Bronwen and her team danced when they read the report! At the beginning of November after a few liver biopsies Aggie had to have a new anti rejection treatment which was monitored for a week. Then good news from the doctors, liver tests were good and the Ultrasound showed Alika was fine, Aggie saw her hair, face and she was sucking her finger. Aggie was to go home but had to have 24/7 care for eight weeks. Friends and family made a roster to help Aggie and Peter get through this.

Then on 13th December Aggie was admitted back to Auckland hospital with severe abdominal pain and vomiting. Even after extensive tests and scans the doctors could not find a cause and Aggie was losing weight so there were now concerns for Alika's welfare.

Delivery

Six days later Bronwen, with the Liver team made the decision to deliver Alika by caesarean, six weeks early,



Peter Meads with his daughter Alika

and do an exploratory operation. They discovered adhesions tightly wrapped around Aggie's bowel so then she had a bowel resection, her fourth operation. At 11.55am on December 19th, 2013 Alika Qiji Meads was born, weighing 1.88kg. Peter and Aggie were grateful parents of their most beautiful miracle. (Qiji means miracle in Chinese) Alika was perfect and remained in NICU until Aggie went home and was then transferred to Waitakere hospital until she was discharged. In October 2014, ten months after Alika was born, Aggie carried her for an hour while climbing Mt Taranaki.

Alika is very healthy, she is crawling, has seven teeth & saying "Hello Dad dad"! Peter and I have survived the stress and trauma of watching a loved one almost slip away and now we all look forward. We will be forever thankful to the amazing team of surgeons, specialists, doctors and staff at Auckland hospital as they indeed perform miracles. Also to our dear family and friends, for without their continued love and support we could not have survived this trauma.

Pam and Peter Meads

MEET THE TEAM

Fionna Burgess Transplant Coordinator

I joined the Liver Transplant Unit in May 2013 and it's hard to know where the time has gone.

Going back just a few years I started nursing at Auckland Hospital as a new graduate in 1991- working in General Surgery Ward 5A. Over the years I have worked as a Clinical Nurse Advisor and with the Trauma team as a Trauma Coordinator. My last role was 10 years as a Charge Nurse of the Neurology / Neurosurgical Ward at Auckland Hospital.

The role of Liver Transplant Coordinator was an opportunity for me to return to Auckland hospital after a very brief job in the private sector...I haven't looked back since returning.

It is a privilege to meet and care for the patients who come under the care of the Liver Transplant Unit. I work with a fantastic group of people in many dif-

ferent disciplines. Whilst some days can be extremely busy, sometimes heartbreaking and often challenging, I feel like I have one of the best jobs in the world. I have the opportunity every day to make a difference in the life of somebody.

I have learnt so much in the last two years and appreciate the very supportive team I work with.

I am a Mum to two awesome children – Alexandra has started her midwifery training and Samuel is in his last year at school with his mind set on medical training.

In my spare time (between work and two teenagers) I enjoy reading, fishing, walking and lots of time with friends and family. I also have to admit I'm proud to be a Waikato girl and still support Waikato rugby and the mighty Chiefs – always loyal!



Fionna Burgess, Transplant coordinator

So next time you're in clinic or I answer the phone, don't be afraid to introduce yourself.

Fionna Burgess

Professor Stephen Munn honoured



Professor Stephen Munn receiving the Officer of the NZ Order of Merit (ONZM) from the Governor General Lt Gen The Rt Hon Sir Jerry Mateparae for his services to health particularly his role in the establishment and continued success of the NZLTU in Auckland.

Unstoppable performer



Joel compares scars with his donor cousin

In April 2013, I was a fit teenage boy who enjoyed mountain/trail running, mountain biking, adventure racing and hunting. I was a multisport racer and in my spare time I trapped possums for pocket money.

Early May 2013 I started feeling really sick. Within two weeks of knowing I had Hepatitis, I was in liver failure and was transplanted just 32 hours after being airlifted to Auckland City Hospital. My cousin generously gave me part of his liver. We were later told this was due to a viral non A- non B hepatitis. My cousin and I are doing fine now,

he's back to his snowboarding and I am back to my sports - although a bit slower than before!

While staying at Transplant House in Auckland my recovery was going well, I decided to enter The Goat alpine run around Mt Ruapehu. I had a few complications like rejection and bile leaks up until race day 6/12/13, but I managed and competed in some mountain bike races and an 18 kilometre trail run leading up to the Goat.

It finally became race day and I found myself standing at the base of the mountain on a cold foggy showery day.

The course was stunning but towards the end it became very cold and started sleeting while gale force winds added to the mix. I crossed the finish line backwards as the wind made it hard to breathe!

From then till now I have become much fitter and spend lots of my time in the bush trapping possums, on my mountain bike and running. I still try to race as much as I can while I continue to become fitter. I don't think anything much is going to slow me down anytime soon.

Joel Wilson

Skin Care Post Transplant

Why do we regularly have reviews on skin care in Hepatic Happenings?

Because it is the most common cancer, post transplant and you can help prevent this becoming a killer.

Facts

- Skin Cancer is the most common cancer after transplantation, increased risk up to 100 times
- Skin Cancer will affect the majority of long term transplant recipients
- Some patients develop numerous skin cancers, decreasing quality

of life

- Some patients may even die from skin cancer
- Immunosuppression and sun damage cause skin cancers

Prevention

- Daily use of sunscreen (broad spectrum UVA/UBV SPF>30) to all sun exposed areas especially face, ears, lips, neck, chest, arms and legs.
- Marine Blue SPF 30 is available on prescription. Ensure your prescriber writes on prescription "immunocompromised patient"
- Reapply sunscreen regularly and

immediately after swimming

- Avoid sun exposure between the hours of 10.00am and 3.00pm
- Wear protective clothing and a wide brimmed hat
- Wear sunglasses
- Avoid natural or artificial tanning
- Get regular surveillance by a dermatologist
- Do regular self examination

What to look for

- Any sore that does not heal, any-where on the body.
- Any change in the colour or size of a freckle or mole.
- Any sort of skin lesion that chang-

Catching the travel bug

After getting the go ahead to travel overseas I knew I wanted to revisit as many friends & family as I could and also to experience travel as a well person.

My travel experiences, pre transplant, while in chronic poor health left no doubt that 2012 would be the last time I'd ever travel - more likely to be housebound than anything. But a liver transplant in April 2013 changed my world and gave me my life back. Although it took me a bit of time to adjust to the medications it wasn't long before I was out of the starting block with goals in mind. I had always enjoyed hiking and I finally got the chance to do the Tangariro Crossing eleven months later. I did better than my boots which had sat unused for some time in the garage, because the soles fell apart as we headed off. Not to be out done I strapped them up with duct tape and traversed the 19km without a hitch.

Then, after the family put me in charge of all the planning and on line bookings for our overseas trip we left for USA & Europe in August 2014. The online health and travel insurance brokers provided insurance & because we were going to be in four different time zones I kept to my NZ times when I took my meds with my wristwatch alarm set to remind me. My little day pack was



bulging with a month of medication and not once did any airport custom/ border control ever ask to inspect my bags. We flew in to San Francisco, then on to London, Paris & then Germany, Italy and Austria before flying into Washington DC and New York City staying with friends & family along the way. We did a lot of walking and a lot of eating (fresh & hot) although I do have a weakness for fresh pretzels. The whole trip went by without a hitch.

I saw this trip as an amazing opportunity to revisit places I'd worked and lived in with new eyes and also reconnect & share my transplant story with old friends. Consequently, we are already having return visits from some starting next month! Looking forward to it. Just hope my boss will give me some time off work!

Liz Gassner

es over a period of time, especially if the borders become irregular.

- Any patch of skin that is consistently itchy for a period of time.

Specifically

- Squamous Cell Carcinoma (SCC), most common in transplant population
- Scaly rough thick lesions, often with red irritated base. They may develop a nodule in the middle. High risk nodules are in the location of the head, temple, ear and lip
- Basal Cell Carcinoma (BCC)
- Raised lesion with a pearly sheen, sometimes has blood vessels at the edges and ulceration in the centre. They look like a non-heal-

ing sore.

- Most common on shoulders, chest, back and arm
- Melanoma = pigmented, asymmetrical lesions which are changing, usually >6mm

What to do

- Do not ignore this
- See your GP, dermatologist or transplant team



Marine Blue is available on prescription for transplant patients

The 14th Australian Transplant Games

The Transplant Games are an opportunity for transplant recipients to keep fit but also to promote the message "Have the chat that saves lives..." Discover, Decide, Discuss Organ and Tissue donation.

These games were held in Melbourne. The eight representatives from New Zealand included four liver transplant recipients (Sharleen Forbes, Greg Hampton, Ken Newlands and Nilesh Ram) three hearts (Aaron Coull, Brian Eckersey and Alan Power) and a double lung recipient (Saint Kennach). The team were joined by eight supporters, many of whom also competed in supporters events.

The team competed in ten different sports from fun runs, petanque, ten pin bowls, table tennis and golf to events such as tennis, swimming, cycling, badminton and athletics.

The team had a great time and were able to share life experiences with hundreds of other transplant recipients and donor families. In total the team won 13 gold, 9 silver and 9 bronze medals, supplemented by 3 gold and 1 silver medal won by supporters. For the second year New Zealand won the International Shield, presented to the most successful visiting country team on a



A big thankyou on the Opening Day of the transplant games.

per competitor basis. The games are held on an age category basis, to make the competition more even.

The Australian Games are very friendly and encourage family members to take part in a limited range of events, a great opportunity to take the family away and to catch up with relatives and friends in different parts of Australia. This year these Kiwi Aussie friends joined the team at the opening ceremony increasing the apparent size of the New Zealand contingent. The next Australian Games are scheduled for 24 Sep - 01 Oct 2016 in Western Sydney.

There is an International Transplant Snow week and annual Trackers camp for child transplant recipients, 18-25 January 2015 Anzere, Switzerland. The next World Games are in Argentina 23-30 August 2015. While participants are expected to pay their own way the Association hopes to be able to raise sponsorship to help with uniforms. Planning is well underway for the New Zealand team.

Further details available from the team manager sheryl@transplantnewzealand.org.nz or Ken at knewlands@unitec.ac.nz

Liver Transplant website

The website www.livers.org.nz was created by Bethli Wainwright (Liver transplant recipient #62) for New Zealand Liver Transplant recipients and their families, to provide information on what to expect before and after a liver transplant, to share their stories and experiences, and foster awareness within the community at large of the life-saving benefits of receiving an organ.

With the passing Bethli of in 2011 the New Zealand Liver Support website ceased to be updated.

In April 2014, Richard Gordon received a liver transplant through the NZLTU. During his recovery he reached out to Bethli's sister Kylie, and offered to update the website, and make it easier to maintain going forward. This meant an update of the site with easier menus,

better navigation and the addition of a discussion forum.

If anyone has other information they would like to see on the page or would like an article published or has something updated, feel free to contact Richard or Kylie to have it reviewed and uploaded.

Facebook

There is also a Facebook site the NZ Liver Transplant Support Group for New Zealanders facing or having had a liver transplant, and their caregivers. It was set up about nine months ago, and currently has 38 members who are either liver-transplant recipients, on the waiting-list, or caregivers. The group was established by Kylie Burling, in memory of her sister Bethli Wainwright. The site is intended for all liver transplant patients and their caregivers who

feel there would be some benefit in talking with others who have taken the same journey.

<https://www.facebook.com/groups/558284947611727/>

or you can use

<http://tinyurl.com/ppghngs>



Liver Research Unit



Liver research unit enjoying their spectacular views of Auckland harbour.

From left: Lay Cunningham, Jane Biddulph, Faye Manu, Victoria Oliver, Dr Bill Abbott, Angelle Lockie, Dr Sum Team Lo.

The liver research unit based at Auckland City Hospital is an internationally recognized facility involved in the development of new therapies in liver disease.

Our unit is led by Professor Ed Gane who himself is a global leader in Hepatitis C treatments.

We are involved with clinical trials in viral hepatitis, encompassing hepatitis B and C as well as hepatoma, non-alcoholic fatty liver disease, primary biliary cirrhosis and HIV/hepatitis co-infection studies.

Our clinical trials range from Phase 1 first-in-human to phase 4, post-marketing. The comprise a combination of pharmaceutical sponsored studies involving new therapies and investigator-led where there is an important scientific question to be answered to help guide clinical management of liver disease.

Our team has expanded in 2014 and is now comprised of 7 senior nurses, 1 registrar and 1 research scientist. We also welcomed Dr David Orr as Principal Investigator on studies for non-alcoholic fatty liver disease and primary biliary cirrhosis.

We have excellent research facilities and thanks to Professor Gane's international recognition and leadership, we have achieved many accolades for being first in the world to recruit patients so we are at the cutting-edge of new treatments in development.

2015 is an exciting and busy year for us ahead. We will be continuing our research in Hepatitis C with new combination therapies with shorter treatment duration in new patient populations. Also for liver cancer working with new medicines designed to target specific genetic cell mutations and molecular pathways to slow progression of the disease. We have a range of new studies starting as well involving Hepatitis B vaccines, non-alcoholic fatty liver disease and primary biliary cirrhosis studies.

Being involved in clinical research in our unit allows development of future therapies to advance medical knowledge in liver disease.

Jane Biddulph
(Research Nurse)

Did you know?

Since February 1998 the NZLTU has performed:

- 596 liver transplants (104 were children)
- 53 live liver donors
- 1106 assessments for liver transplant

In 2014 there were:

- 43 transplants, 12 were children, 4 had live liver donors
- The age range was 4 months to 73 years, with the average age being 39 years old
- 26 were male; 17 female
- Transplant recipients waited on average 121 days, with the shortest wait 1 day and the longest being 506 days
- The transplants took a total of 14,390 surgical minutes, averaging 335 minutes

**15 year anniversary
1999-2014**

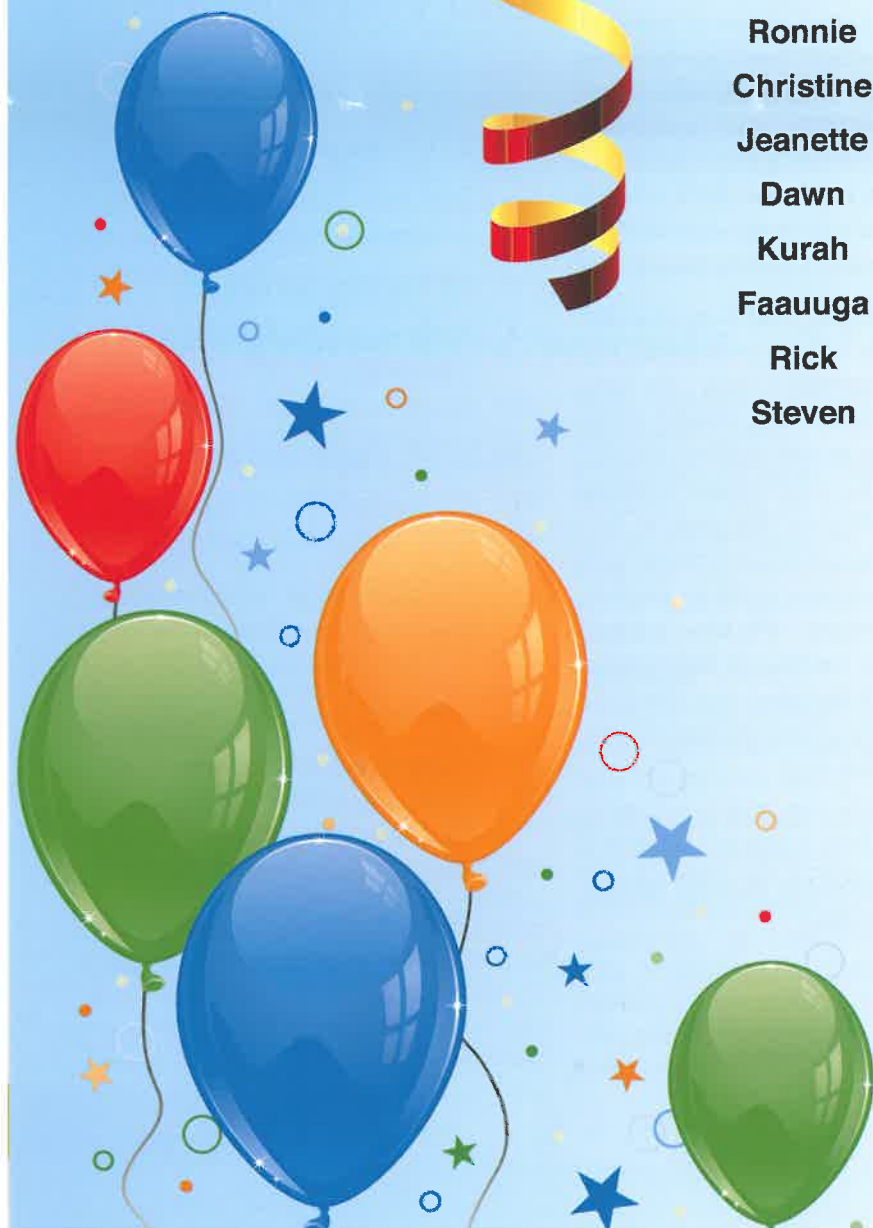
Margaret
Linda
Valerie
Marion
William
Te Hau
Pamela
Brian
Michael
Michael
Fiaave
Josephine
Jane
Greg
Deborah

**10 year anniversary
2004-2014**

Oshan
Emma
Donna
Ross
David
Tausili
Viliami
Grant
Jack
Otemoa
Ian (Ken)
Sebastian
William
Simon
Glen
Ronnie
Christine
Jeanette
Dawn
Kurah
Faaauga
Rick
Steven

**5 year anniversary
2009-2014**

Te Pounamu
Joseph
Mayawati
Nathan
Karene
Isabelle
Alice
Tunufai
Jordan
Allan
Leanne
Leo
Ross
Janice
Maria
Lloyd
John
Graham
Ekta
Clive
Stephen
Paul
Braxton
Toss
Felicity
Barry
Jude
Roxanne
Awhi
Eric
Mark
Charles
Mandica
Kitekeiaho
Huan



Beware Yellow

Fighting liver disease in babies

Did you know that every month at least one baby is born in New Zealand with severe liver disease?

The commonest liver disease in newborns is biliary atresia, where there are no bile ducts to drain bile out of the liver to the intestine.

If discovered early, surgeons can perform a Kasai operation to drain bile out of the liver. Even when the Kasai is done early, it is only successful in around 60% of babies. However, if the disease is found late, then a Kasai may not be possible at all and liver failure can occur very early. Biliary atresia is the commonest reason that a child needs a transplant and the later the disease is found, the later the Kasai and the bigger the chance that the child will need transplantation. Our goal is therefore to try and detect the disease as early as possible.

Biliary atresia should be easy to detect. Not only are the babies jaundiced but the stools (bowel motions) are very pale in colour because bile can't get out of the liver so the stools only contain digested milk. The bile eventually leaves the baby's system in the urine which becomes very dark. Pale stools and dark urine are very unusual findings in babies and should make people think that there may be something wrong with the baby. Unfortunately though, jaundice is common in newborn babies, especially those who are breastfed and therefore it is often assumed to be normal baby jaundice.

Dr Helen Evans at Starship Hospital has been researching biliary atresia for a while. The disease is more common

in New Zealand. It is at least 3 times more common in Maori children and probably also in children from Samoa and Tonga. However, despite the disease being more common, the babies come to hospital for tests later than babies who live in other countries such as the UK, United States and Australia. This means that New Zealand children with biliary atresia are more likely to need a transplant. With our low donor rate in New Zealand, there are not enough livers for everyone and sometimes these babies die before transplant.

Dr Evans and some summer students working with her interviewed parents of children with biliary atresia. What they discovered was that mothers often think that pale stools are normal in their babies. Often, when they ask for advice about the baby's jaundice from healthcare professionals, they are not asked about the pale stools and dark urine. They are then reassured by the healthcare professionals that this is just newborn jaundice and time goes on.

With all this in mind, the Kids Foundation charity along with the Paediatric Gastroenterology team from Starship Hospital and the Paediatric Society of New Zealand have launched a campaign called Beware Yellow to raise awareness of neonatal liver disease.



The Starship Paediatric Gastroenterology team at the launch of Beware Yellow. L-R: Karyn Sanson, Kim Herbison, Lucy Robinson, Kaajal Dijkstra, Rebecca Dean, Cate Fraser-Irwin, Prashna Primulopathi, Amy Kostrzewski.

The first Beware Yellow day was held to coincide with World Rare Diseases Day in 2014 and a repeat event is planned for 2015. The Beware Yellow team has put together posters for parents and healthcare professionals in the community with clear, but brief, messages about when to investigate babies with jaundice. The team is actively working with the Ministry of Health and the Paediatric Society to roll out education to GPs, midwives and community nurses and to possibly introduce a neonatal stool screening programme. A pilot study of stool screening is currently planned for the Wellington region throughout 2015.

Dr Evans and her team at Starship will continue to work on both research into neonatal liver disease and raising awareness of the disease. Anyone who has any ideas about how to help is welcome to contact Dr Evans at hevans@adhb.govt.nz

Are you an adult with biliary atresia? If so, you may be able to help Dr Evans with her research. She is currently trying to trace as many biliary atresia patients in New Zealand as possible to be able to accurately look at outcomes.

Please contact Dr Evans at hevans@adhb.govt.nz or 09 307 4949 ext 22292 or via the Transplant Co-ordinators. Your help will be very much appreciated



Paediatric team with one of their patients, one year old Slade. L-R: Dr Carmen Basu, Lucy Robinson, Karyn Sanson, Dr Helen Evans, Rebecca Dean, Robyn Agnew.



Dr Santosh Mallappa, Professor Stephen Munn, Dr Heidi Su, Dr Siva Pulusa, Margaret Johnston, Dr Parminder Chandhok, Karyn Lowe, Professor Ed Gane, Victoria Oliver, Oonagh Lithgow, Jane Biddulph, Dr David Orr, Angelle Lockie, Lay Cunningham, Dr Adam Bartlett, Fionna Burgess, Faye Manu, Kathy Oliver, Teresa Hawke, Dr Sum Team Lo, Lily Zhao.

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Contributions for 2015 issue welcome.
Tell us your story.

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Hepatic Happenings would benefit from any sponsorship or financial contribution to printing costs of this annual publication. If you or your company feel inclined to help with a small donation, please contact Margaret Johnston at above address.

From the 15th Floor

2014 was a good year from the liver transplant side of things with 43 transplants, one less than our annual record. Of course we are always so grateful to the donors and donor families. The impact their selflessness on patients and their families is overwhelming.

Staff at the NZLTU have been stable throughout 2014, with very few changes. In early 2015 we welcome Dominic Ray-Chaudhuri, Hepatologist from North Shore Hospital. He will be taking a new position as our 4th Hepatologist. Some of you may remember Dominic as he was seconded to NZLTU for a short time when David Orr was on sabbatical in 2012.

Professor Stephen Munn received the Officer of the NZ Order of Merit (ONZM) from the Governor General Lt Gen The Rt Hon Sir Jerry Mateparae for his services to health particularly his role in the establishment and continued success of the NZLTU in Auckland.

Professor Ed Gane has also been high on the list for awards. In November 2014 he received the Health Research Council of NZ's distinguished Liley Medal. This was in recognition of his outstanding work in studies for the treatment of Hepatitis C, of which many NZLTU patients have been involved.

Barry Harrison is the athlete of the NZLTU. In February 2014 he completed the Tarawera 60km ultra marathon in 7 1/2 hours (Rotorua-Kaw-

erau). He is currently training for the 2015 Tarawera 100km ultra marathon. Barry manages to fit his busy training schedule in by either running or biking to work every day (21km each way!)

We had a very busy time in the transplant coordinators office switching everyone on Tacrolimus Prograf to Tacrolimus Sandoz. This was a very labour intensive exercise, spending many hours organising clinics and following blood results. The patients involved with this were great attending clinics and getting the extra bloods done and I had the pleasure of travelling throughout the country and catching up with some of you I hadn't seen for quite a few years, and to visit you in your own centre. This had to be the highlight of my year. There weren't any major complications with the switch, and now everyone is safely on Tacrolimus Sandoz.

Hepatic Happenings is a bit late this year, I'm sorry about this. I'm looking for some help next year, so if you or someone you know are able to help, please give me a call. I have to say a big thank you to all those who have contributed stories this year also to Liz Gassner for a donation towards the printing costs.

Hopefully 2015 will be an extra special year for you all and you remain fit and well. Best wishes from us all at the NZLTU.

Margaret Johnston