

# Donors' livers 'too fatty'

## Obesity weighs down value of transplant organs

AUSTRALIA'S obesity epidemic means donor livers are getting fatter and, in some cases, unusable. Not only are more obese people requiring transplants because of fatty liver disease but surgeons are reluctant to use some donor livers coming from increasingly overweight people.

Princess Alexandra Hospital liver transplant physician Graeme Macdonald said donors were more prone to be overweight or obese.

"The liver donors are getting fatter and the problem there is the livers aren't so good," Associate Professor Macdonald said.

"Once there's a certain amount of fat in the liver, we're reluctant to transplant because there's a high risk that it's never going to work properly."

Queenslanders Donate medical director Russell Strong said livers with more than 30 per cent fat were unable to be transplanted because

they often failed to function. In the early days of liver transplantation decades ago, people given fatty livers often died or required another transplant.

"We were not aware then that people with severe fatty infiltration of the liver when you took that liver, cooled it down and transplanted it ... the liver just doesn't function," he said.

However, he stressed that other organs were still usable.

Where a donor's liver was found to be too fatty, the lungs and other organs were often all right and could be used for transplantation.

Australians wanting to register as potential organ donors should discuss their wishes with family and friends and can download a form from the Medicare website at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) or phone 1800 777 203.

Janelle Miles



FIGHTING obesity ... Dr Dennis Young watches his diet after a liver transplant. Picture: Rob Maccoll

## Shock diagnosis, surgery led to lifestyle change

Janelle Miles  
HEALTH REPORTER

DRUGARM Australia's CEO Dennis Young is used to supporting people on liver transplant waiting lists but never expected to find himself in the same situation after life as a teetotaler.

Although Dr Young, 60, was well aware of the damage alcohol and drug abuse can do, he had little idea of the toll his own lifestyle and obesity were taking on his liver.

When he was put in hospital in August, 2005, for tests, weighing 140kg, he was shocked when doctors diagnosed fatty liver disease and told him he would need a transplant.

"I've never drunk alcohol. To end up with a liver disease that one commonly associates with that was a bit of a surprise," Dr Young said.

"Mine was purely through, I guess, being obese. I've always had jobs where I've been out on the road. You don't always have appropriate meals. You grab takeaway and things like that.

"I was like any maturing man. We don't really look after our health very much," he said. But that's changed since his life-saving transplant in Brisbane's Princess

Alexandra Hospital in May, 2006. The former policeman has taken out gym membership, watches his diet and has trimmed down to 102kg.

"When you've been given a gift like I have, you have an ultimate responsibility to take so much more care of it," he said.

"I was very fortunate to get a transplant when I did. My situation was deteriorating quite quickly."

Princess Alexandra Hospital liver transplant physician Graeme Macdonald said doctors were seeing an increasing number of obese people with liver damage.

"It's retreating what's happening in terms of obesity in Australia — it's all part of the spectrum of obesity-related problems," he said.

"It's potentially preventable if people exercise and control their weight."

Associate Professor Macdonald said about one in five adult Australians had non-alcoholic fatty liver disease but only a small percentage would develop cirrhosis, or scarring, of the liver putting them at risk of life-threatening complications.

Researchers are unsure why some people develop cirrhosis and others don't but they suspect genes may play a role.

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