The incredible team at the Stanford Children’s Health Transplant Center used an existing procedure in a new way, filtering out the blood cells that caused rejection. It saved Vivi’s life.

— Miriam Stern, Vivi’s mom
Liver & Intestinal Transplant Program: Overview

Our Pediatric Liver and Intestinal Transplant program is one of the largest in the country and has a long history of transplant innovation and superior outcomes, contributing to our worldwide reputation as a leader in the field.

Our surgeons perform isolated liver and intestinal transplants and combined organ transplants, including liver-kidney, liver-heart, liver-lung and multivisceral transplants. We utilize ABO-incompatible donors and segmental donor organs to increase the donor pool and minimize the waiting period for transplants, ultimately providing all patients with the best chance for a successful transplant.

With an increase in the number of children waiting for liver transplants, more patients and their families are deciding to explore the option of living donor liver transplants. The outcomes for living donor liver transplants at Lucile Packard Children’s Hospital Stanford (LPCH) are as good, if not better, than for deceased donor transplants. If we had enough deceased donors, living donor liver transplants would not be necessary. Unfortunately, the organ shortage is reaching epidemic proportions, and living donor liver transplants have become essential, even in urgent situations, to give children an opportunity to survive. Packard Children’s has a robust living donor liver transplant program and is able to expedite the living donor evaluation when the clinical situation of the child requires it. Living donors receive the same exceptional level of care as the recipients.

The clinical manifestations of liver disease in children are highly variable, from mild elevation of liver tests to liver failure. To manage the complexity of liver disease cases, LPCH has created an extraordinary multidisciplinary team and, as a result, has evolved into a referral center for treating children with benign and malignant liver tumors. In conjunction with the oncology team, our transplant physicians offer medical or surgical therapy options that may include tumor removal or liver replacement. Such cases are discussed collaboratively in a monthly regional tumor board.

Children are also referred to LPCH for the management of portal hypertension that may be the result of occlusion (thrombosis) of the portal vein, causing high pressure in the veins (varicose veins) that can lead to life-threatening bleeding if they rupture. Our physicians are adept at managing these children medically or with corrective surgery to relieve the high pressure in those friable veins.

Packard Children’s also has a comprehensive intestinal rehabilitation and transplant program. Our multidisciplinary team provides comprehensive care to high-acuity cases, including surgical, medical and advanced nutritional support and successful intestinal rehabilitation that reduces the need for transplantation.

Program Directors

William Berquist MD  
Medical Director, Liver Transplant

Clark Andrew Bonham MD  
Surgical Director, Intestinal Transplant and Living Donor Program

Ricardo Castillo MD  
Medical Director, Intestinal Transplant

Carlos Esquivel MD, PhD  
Surgical Director, Pediatric Liver Transplant Program and Chief of the Division of Abdominal Transplantation
Liver & Intestinal Transplant Program: Milestones

A dedicated teen clinic for adolescent transplant patients helps them transition to adulthood by promoting responsibility and educating them to take care of themselves effectively.

Intestinal rehabilitation program demonstrates efficacy of ethanol lock therapy, showing dramatic reductions in central line infections and the need for line removal.

We have performed 751 pediatric liver and intestinal transplants.

Received a $6.9M grant from the National Institutes of Health to study post-transplant lymphoproliferative disorder (PTLD), a form of cancer that strikes children who have received solid organ transplants.

We perform transplants for patients from 10 outreach sites in the western United States.

More than 20 years of experience performing pediatric liver and intestinal transplants.

Median waiting time 2.3 months at our hospital compared to 15.2 months in the nation.
Liver & Intestinal Transplant Program: Volume & Recipient Age

Transplant volume

As one of the largest programs in the United States, we are a national leader in liver and intestinal transplants and have achieved outstanding outcomes and expert utilization of organs, including those from living donors.

Recipient age

Most of our liver transplant patients are less than 5 years old, but we also perform a significant amount of transplants on older children and adolescents suffering from liver failure.
Liver & Intestinal Transplant Program: Survival Rates

Patient survival rates (liver only)

The graphs below compare the 1- and 3-year survival rates for liver transplant patients in our program with the national average. Our program has the highest 3-year liver transplant patient survival rate in the country.
Transplant Program Contact Info
Liver & Intestine: (650) 725-8771
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Heart: (650) 721-2598
Lung & Heart-Lung: (650) 724-8236