“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 — one of the largest in the country — has a long history of innovation and superior outcomes, contributing to our global reputation as a leader in the field.

Our surgeons perform liver, intestinal, and combined-organ transplants, including liver-kidney, liver-heart, liver-lung and multivisceral transplants. We use 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.

As the number of children waiting for liver transplants grows, more patients and their families are exploring the option of living donor liver transplants. The outcomes for living donor liver transplants at Lucile Packard Children’s Hospital Stanford are as good, if not better, than those for deceased donor transplants. As the organ shortage reaches epidemic proportions, living donor transplants have become essential, even in urgent situations, to give children a chance at survival. Packard Children’s robust living donor liver transplant program can expedite the living donor evaluation if the child’s clinical situation requires it.

The clinical manifestations of liver disease in children can range from mild elevation of liver tests to liver failure. Packard Children’s has created an extraordinary multidisciplinary team to manage complex liver disease cases and has evolved into a referral center for treating children with benign and malignant liver tumors. Our Pediatric Regional Liver Tumor Program, a multidisciplinary consortium, holds monthly case-review teleconferences to discuss complex patients and encourage real-time collaboration.

Today’s young liver cancer patients have many more options — and much better odds — than they did just a few years ago, thanks to progress in chemotherapy, interventional radiology, hepatology, surgical technique and transplantation.

A number of conditions can be effectively addressed with organ transplantation, including some metabolic disorders that were previously untreatable. Our metabolic team helps identify and address these genetic errors of metabolism, which can lead to disabling or deadly disorders such as organic acidemias and urea cycle disorders. Biochemical genetic screening at our world-class Stanford Biochemical Genetics Laboratory can identify these patients early, often before they have a metabolic crisis and sometimes even before they are born. These disorders can strike quickly and cause irreversible damage, so doing quick biochemical genetic analyses right here at Stanford makes a big difference.

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

Program Directors

William Berquist MD
Medical Director, Liver and Intestinal Transplant

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

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

Median waiting time **2.2 months** at our hospital compared to 12 months in the nation.

Intestinal rehabilitation program demonstrates efficacy of ethanol lock therapy, showing dramatic reductions in central line infections and the need for line removal while intestinal transplant program demonstrates 100% graft and patient survival since 2014.

We have performed **813** pediatric liver and intestinal transplants.

Received a **$9M** grant from the National Institutes of Health to study developing biomarkers to identify rejection and post-transplant lymphoproliferative disorders (PTLD), a form of cancer that strikes children who have received solid organ transplants.

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

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.

Transplant volume chart data includes all transplant patients from 2014–2018.

Recipient age chart data includes all transplant patients from 2014–2018.
Liver & Intestinal Transplant Program:
Survival Rates

Patient survival rate for age <=18 years

The graphs below compare the 1- and 3-year survival for liver transplant patients in our program with the national average. Our program has the highest 3-year liver transplant patient survival in the country. Our intestine program has had 100% patient and graft survival since 2014.