

SPEAKER 1: The study's actually unique and we explain a unique way of patient care and liver transplant patients. Our program started in 1998. Early on, we recognized that some patients are well enough, even though they need a liver transplant, and they don't need to go to the intensive care unit. In the rest of the world, in any other transplant program, to the best of my knowledge, liver transplant patients go to the intensive care unit after liver transplantation.

After we realized that some patients are healthy enough, we decided to change the way we treat these patients. And we identified a subgroup of patients who can bypass the intensive care unit altogether. So these patients, after the liver transplantation, just like any other surgical patients, they go to the recovery room. They recover from the anesthesia. They are liberated from the ventilator. And then they go to a normal surgical ward.

This finding is actually a two-piece study. And the first piece, which was published approximately two years ago, we looked at our results. And we identified certain groups of patients. And when we looked at the data, approximately 55% of our patients we were able to bypass the ICU altogether.

In the second study, we decided to look at some objective criteria, how we can move forward and identify these patients objectively at the time of transplant. Previously, this decision, whether to send the patient to the intensive care unit or what we call a fast track, bypassing the ICU, was essentially up to the attending surgeon of the case and the anesthesiologist of the case. It was more of a subjective decision.

With the second study, our aim was to find an objective way of doing that, so perhaps other programs who were interested in this kind of patient care can use these criteria. So their patients can also benefit from this approach.

Bypassing the intensive care unit, you're essentially not exposing your patients to the intensive care unit environment with the resistant bugs, with prevention, and avoiding the ventilator-- staying on the ventilator. And also the intensive care unit is very costly. Every time you step into the intensive care unit, you spend a lot of resources, not just for your patients. Also, there's a halo effect for the other services that uses the intensive care unit. So this has very strong implications of resource utilization.