

BURCIN TANER: The transplant program is unique at Mayo Clinic Florida in that all the transplant professionals are within the same department in the same physical space. And that creates a culture that we do take care of a transplant patient in a unique way. So the care is not partitioned, it's a total approach surrounding the patient.

ANDREW KEAVENY: The liver transplant program was established in 1998. Since that time, we've done over 3,200 liver transplants over a 20 year period. We are one of the busiest and most successful liver transplant programs in the country.

Our transplant rate is significantly higher than the national average, so patients have a greater chance of being transplanted more quickly here, when placed on our list.

BURCIN TANER: The average wait time for our program is about four months. That's much different than many other institutions in the country. We have been performing consistently at a very high level. Over 150 liver transplants per year, year after year, matched with a very high quality of the outcomes, both before and after liver transplantation.

ANDREW KEAVENY: We have been at the forefront over the past 10 years of applying new technologies and medications effectively to patients. In addition, our length of stay is significantly lower than many other centers. Six days.

BURCIN TANER: Our program accepts patients with acute and chronic liver failure.

ANDREW KEAVENY: We have utilized in some individuals, the use of hepatitis C positive organs in patients who aren't infected with hepatitis C, and knowing that those individuals will become infected with the virus from the donor organ. However, that can be effectively treated with these new medications. And that strategy offers a promise of addressing the end organ failure from liver disease in a more timely manner.

BURCIN TANER: And one of the unique things about Mayo Clinic Florida is that we are now able to transplant patients with a diagnosis of either hilar cholangiocarcinoma, or intrahepatic cholangiocarcinoma. These patients, after undergoing chemo and radiation treatment, they become eligible for liver transplantation. And the success rate is very high in these patients.

ANDREW So really when I'm talking to referring providers, I always encourage patients be referred to us

KEAVENY:

early, rather than late in their disease state, because it gives us the opportunity to evaluate the patient. I want to see them alive in five years, 10 years. That should be the goal. We need to be looking to try and help patients recover from their liver failure, so that they live long, meaningful life.