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Liver Transplant Program at Methodist Specialty and Transplant Hospital Recognized as Best in the Nation

San Antonio, Texas... The Liver Transplant Program at Methodist Specialty and Transplant Hospital (MSTH), a campus of Methodist Hospital, has been recognized as the best liver transplant program in the country, based on data recently released by the Scientific Registry for Transplant Patients. This is the first time a San Antonio hospital has ranked first in the United States for liver transplant outcomes.

The MSTH program has the best one-year patient survival rate in the United States among patients with the most seriously advanced liver disease, according to data from the Organ Procurement and Transplant Network (OPTN)/SRTS Annual Data Report. Nationally, the MSTH program is in the top 10 percentile in the U.S. for three-year survival rates.

The program has continuously maintained the best one- and three-year patient survival rates in Texas for the past 4.5 years. Most recent statistics show a 97.56 percent survival rate for patients one year after their transplant (82 patients) and 86.57 percent for patients (57 patients) three years after their transplant. No other San Antonio hospital ranks in the top 10 in either category.

“Key to becoming the top program in the country is having a hospital and staff devoted to abdominal transplant surgeries with both outpatient and inpatient services,” said [Preston F. Foster, MD, FACS](#), Surgical Director, Liver Disease and Transplant Program, Texas Transplant Institute, a department of Methodist Hospital. “Our highly experienced and devoted team of physician specialists, nurses and other care coordinators takes an individualized approach to each patient. We manage their health care needs from diagnosis of liver disease, evaluation for transplant, transplant surgery, recovery and a return to normal activities. We continue to care for these patients and monitor their progress in our outpatient clinic setting.”

The Liver Transplant Program at MSTH began in 2001 and has performed 290 transplants since that time. Liver transplant procedures can be especially complex because many patients are at life-threatening stages of liver disease and prone to complications. Some unique aspects of the program that help improve the rate of survival include:

- A hospital dedicated to transplant services: the only hospital in the world with “transplant” in its name

- All key physicians and nurses are in one office and one program at the Texas Transplant Institute (TTI) building which is part of MSTH. [Francis Wright, MD](#), directs all of the Abdominal Organ Transplant Program including, liver, kidney and pancreas transplant. The institute is a blend of extraordinarily talented and experienced hepatologists including [Madhavi Rudraraju, MD](#), and [Victor Ostrower, MD](#), and liver transplant surgeons Preston Foster, MD, [Juan Palma, MD](#), and [Luke Shen, MD](#).
- Outpatient Liver Clinic at Texas Transplant Institute maintains one chart on each patient resulting in continuity of care throughout the entire treatment process of managing liver disease, liver transplant and recovery.
- Unparalleled coalition of specialists with 10 to 20 years each of personal experience in the care of transplantation including, hospitalists, anesthesiologists, interventional radiologists, nephrologists, cardiologists, pulmonologists, endocrinologists, interventional radiologists, and pathologists.
- Real-time multi-disciplinary rounds every day on inpatients.

Unique clinical management approaches include

- Preservation techniques used for the healthy liver during implantation
- Revascularization approach of the healthy transplanted liver
- Special venous bypass machine to prevent low-blood pressure and low-body temperature during the transplant operation
- Techniques used to allow for the lowest amount of immunosuppressive drugs following the transplant
- Multi-disciplinary care of patients throughout transplant process
- Early and aggressive treatment to prevent hepatitis C related injury from developing in new liver

Patient Profiles

Philip Ostrander, 54

Transplanted January 23, 2004

Philip Ostrander developed liver disease as the result of hepatitis C and cirrhosis of the liver. In May 2003, his physician advised him of the problem and by October he was told he needed a new liver. Just before Thanksgiving that year, his condition began to deteriorate and he was hospitalized and released. On December 23, his wife could not wake him up and he returned to the hospital. “By January 8, one of the doctors advised my wife to make funeral arrangements,” said Ostrander. “Luckily, Dr. Foster said to wait. I was placed on the liver transplant wait list on January 17, and on January 23 I had my transplant.”

“My transplant gave me a whole new lease on life,” he said. “I am closer to my family than I have ever been. In 2004 my granddaughter was born, and then in 2007, my grandson was born on my birthday. I now run grandpa daycare. He’s my little buddy and is with me all the time.”

Judith Liss, 69

Transplanted January 14, 2010

In October 2003, Judith Liss was diagnosed with primary biliary cirrhosis, an autoimmune disease of the liver that is marked by the slow and progressive destruction of the

small bile ducts within the liver. When ducts are damaged, bile builds up and over time damages the tissues, causing scarring, fibrosis and cirrhosis.

After a biopsy, her doctor told her she had four years to live. “A year after my biopsy I was referred to the liver clinic at Methodist Specialty and Transplant Hospital, and the doctors there told me that they were going to get me well so that I could have a transplant,” said Liss. “The doctors at Methodist have got to be geniuses, both intellectually and as physicians. They never gave up on me.”

Because of complications, Liss became quite ill after her transplant. She had renal failure, failure to thrive and sepsis. She also said that sarcoidosis, an abnormal collection of chronic inflammatory cells in organs, contributed to the complications. “Dr. Foster invested a whole lot of time and talent on me,” said Liss. Though she had expected to be in the hospital two weeks after the transplant, she was in the hospital for four months, including two months in intensive care.

“I feel genuinely blessed,” she added. “I can’t thank the doctors enough. They treated me as a whole person. It’s just mind boggling to me how far I have come. My goal was to live to care for my two adopted sons, now ages 14 and 16. I want to get them through high school.”

Maurice Ward, 64

Transplanted August 27, 2010

“I like to tell people that I celebrate two birthdays each year—one on August 20, the day that I was born, and the other on August 27, the day I received my life-saving liver transplant,” said Maurice Ward.

Ward experienced no liver disease symptoms until mid-July 2010 when he began experiencing night fevers and sweats. Doctors attributed the disease to a virus. A resident of Luling, he was treated at hospitals in Luling and Kyle before being referred to Methodist Specialty and Transplant Hospital.

He was hospitalized on August 22, and doctors had trouble getting his blood to coagulate. “The hospital staff said I had the highest bilirubin count they had ever seen,” joked Ward. Bilirubin is an end product of the filtration of red blood cells in the liver. A high count usually means a malfunctioning or diseased liver.

“I’ve been called ‘the miracle man,’” he said. “I was in a coma for three days. I had my transplant on Friday, and the doctors said that I would not have lasted until Monday. After performing another liver transplant that morning, the team operated on me from about 4:30 to 11 p.m.”

Lionel Craft, 63

Transplanted August 16, 2011

Though he had lived with hepatitis for more than 20 years, Lionel Craft began to feel its effects last year. He was being treated by a physician in Austin, when the physician noticed a growing tumor on his liver which was diagnosed as cancerous. This physician sent him to Dr. Foster at the Methodist Specialty and Transplant Hospital liver clinic.

“My transplant went as well as I could have wanted,” said Craft. “It has changed my life. I am still recuperating and eventually, I know I will get all my strength back.”

About the Liver

The liver is the largest internal organ in the human body, weighing about three pounds. The liver and other organs work together to digest, absorb and process food. The liver’s main job is to filter the blood coming from the digestive tract before it travels to the rest of the body. The liver detoxifies chemicals and metabolizes drugs. The liver also makes proteins that the body uses for blood clotting and other functions.

About the Texas Transplant Institute

Texas Transplant Institute was the first organization of its kind in the nation to combine both solid organ and blood and marrow stem cell transplant programs into a single entity. As part of Methodist Healthcare, the Texas Transplant Institute team focuses on providing patients with individualized care before and after their transplant. Texas Transplant Institute programs are approved and/or accredited by the United Network for Organ Sharing (UNOS), the Foundation for the Accreditation of Cell Therapy, and the Center for Medicare and Medicaid Services. Visit www.TexasTransplant.org to learn more.

About Methodist Healthcare

Since 1963, Methodist Healthcare has provided outstanding medical services and constantly strives to keep pace with the technological advances being made in health care. What truly makes Methodist Healthcare special is the people: a team of compassionate, dedicated health care professionals working to fulfill our mission of *Serving Humanity to Honor God*. It is our goal at Methodist Healthcare to create healing experiences. We have worked hard to earn your trust and we appreciate every opportunity we have to care for you and your loved ones. Visit www.SAHealth.com to learn more.

About SRTR

The Scientific Registry of Transplant Recipients is an ever-expanding national database of transplantation statistics. Founded in 1987, the registry exists to support the ongoing evaluation of the scientific and clinical status of solid organ transplantation, including kidney, heart, liver, lung, intestine, and pancreas. Data in the registry are collected by the Organ Procurement and Transplantation Network from hospitals and organ procurement organizations (OPOs) across the country. Go to www.srtr.org to find out more.