

## Guidance Material for Liver Transplant

A fitness assessment will depend on a number of factors and the associated ongoing risks. For Class 1 the highest level of aeromedical certification is with an operational multi-pilot limitation (OML) because of the ongoing risk of complications. For Class 2, 3 and LAPL unrestricted certification may be possible.

The earliest a fitness decision may be considered is 1 year post transplant when post-operative infection and rejection risks have sufficiently diminished and the applicant is likely to be on monotherapy (i.e. stopped oral steroids). LAPL and restricted Class 2 medical certification may be considered earlier, 6 months or more after transplant.

Reports should be obtained from the applicant's consultant specialists (e.g. transplant surgeon and hepatologist) which should include details of:

- Underlying condition causing liver failure and any ongoing risks associated with the condition
- Liver function
- Outcome of the transplant procedure and the post-operative period and complications associated with the underlying condition or transplant, including:
  - hepatic artery thrombosis
  - infection post-transplant
  - acute and chronic graft rejection
  - post-transplant lymphoproliferative disorders and other malignancies
- Medication including steroids
- Ongoing follow-up plan

Screening for diabetes and cardiovascular assessment (to include exercise ECG) will also be required prior to recertification and then as part of ongoing follow-up. Applicants are also likely to have ongoing screening for malignancies.

AMEs should assess functional ability following transplant, obtain reports and then for Class 1 and 3 applicants refer to a CAA Medical Assessor and for Class 2 and LAPL assess the applicant in consultation with the CAA Medical Assessor.