LIZMARIE RICHARDS

cholangitis.

In February this year he was back again - this time with an intestinal obstruction. Part of his small intestine had to be removed. But he continued to get one infection after another.

You keep hoping your child isn't seriously ill, then you realise he is,' Wayne says, cradling his son.

Annabel says Connor received the part of her liver on the same day it was removed. "It wasn't that painful because I was under heavy sedation for four days in intensive care. I was very worried about Connor during this period, but everyone assured me he was doing fine.

"I've got a long scar under my ribs from one side to the other, just like Connor. It's painful but I'm just happy we could do something to help our child."

The Mollisons hope the liver transplant will allow Connor to start being a normal child. He can't roll over yet, whereas Keegan is crawling and starting to walk.

Keegan stayed with Wayne's mother while Annabel recovered from the op and Wayne spent day and night in Connor's hospital room. When Wayne had to return to Durban for work, Keegan went with him. Annabel's mom is now looking after him.

Now it's Annabel's turn to share Connor's hospital room, and she sees Wayne only at weekends. "Initially I wanted to spend as much time as possible with Connor because I didn't know how much longer he'd live for," she says.

Wayne says the children don't really know each other any more but hopefully that will change when Annabel and Connor finally return home in mid-August.

Life won't necessarily be easy for Connor in future. He'll have to stay on medication for the rest of his life so his body doesn't reject her liver. And the medication will weaken his immune system, making him more vulnerable to infection than other children.

But apart from that, the couple are looking forward to raising the twins like ordinary little boys.

YOU NEWS

SA'S FIRST RECIPIENT

Chloé Deetlefs (2) of Pretoria was the first recipient of a livingdonor liver after receiving a section of her mom Jenny's liver in March. Chloé was two



months old when she was diagnosed with biliary atresia and placed on the waiting list. Chloé's op at the Donald Gordon Medical Centre in Joburg was a success but Jenny suffered complications. "I've still not recovered completely," she says, four months after the operation. But she has no regrets. "Chloé's tummy used to be distended; now it's nearly flat. She moves more easily and is more active. If I had to choose again I'd do it all over."

DONOR Donor's liver is sectioned Inferior vena cava Main bile duct Liver Portal vein section for recipient Liver

RECIPIENT Inferior vena cava Liver is transplanted Bile duct is attached to the small Portal vein intestine Liver artery

GIVING AND RECEIVING

WHO CAN BE A DONOR?

There are four criteria for donors, says paediatrician Dr Michele Zuckerman, who specialises in stomach and liver conditions.

- They must be between 18 and 55.
- The donor and recipient must be of the same blood group.
- The liver's left lateral section must fit into the child's body and be the same size as the liver it replaces.
- The shape of the blood vessels and bile ducts must be identical in the livers of the donor and recipient, or the recipient's body could reject the transplant.

THE OPERATION

Step 1 The left lateral section (330 g) of Annabel's liver was removed. The liver is connected to the rest of the body via a portal vein, hepatic artery, hepatic vein and bile duct. Each split into right and

left vessels before joining the liver. The vessels on the left are removed together with the piece of Annabel's liver so they can later be joined to those in Connor's body. The liver is regenerative and Annabel's will grow back in four to six weeks. Step 2 Special preservative liquid is flushed through the vessels of the liver and it's stored at 4 °C until Connor was ready to receive it. The liver can be stored for up to 12 hours because the metabolic rate is lowered so much the organ doesn't need oxygen or nutrients, explains Professor Jean Botha of Wits University who led the surgical team. Step 3 Connor's portal vein, hepatic artery and hepatic vein were stitched to the donor liver. The liver then turned bright pink. Because Connor's bile duct was previously removed with his gallbladder, Annabel's liver's bile duct was connected directly to his small intestine.