

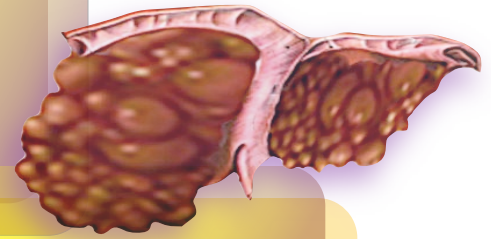
LIVER VOLUME

57% decreased liver volume, average
17% - 87% range of decrease following liver resection

6685 ml Average liver volume
9850 ml high
1100 ml Normal liver volume without disease
3300 ml Diane's 2009 PLD liver volume
12 years after liver resection - flat abdomen

TOTAL 141 PATIENTS

135 had liver resections
117 [83%] ADPKD
122 were women
19 were men
Mean age 51
Age span 34 - 80



SYMPTOMS

73% early satiety, nausea, dyspepsia, heartburn
65% pain
60% fullness and distention
45% fatigue
41% shortness of breath
22% malnutrition muscle wasting
17% leg edema
3% jaundice
1% cholangitis

135 LIVER RESECTIONS

7 had ovarian cysts
6 pancreatic cysts
21 aneurysms
14 vascular heart disease

*All but 6 early patients had their gallbladders removed.
Drainage catheters were removed on the average 21 days*

- 108 survivors were sent questionnaires. 73 questionnaires were returned.
- 73% returned to work full time
- 96% glad to have liver resection done
- 91% undergo again if needed

20 patients had imaging studies available at the Mayo
50% [or 10 patients] with follow up images available had their liver remnant remain the same or decrease in size documented by imaging.

Overall perioperative morbidity for liver resections alone [complications] 63%
3% - Overall perioperative mortality for liver resections [deaths] 3%

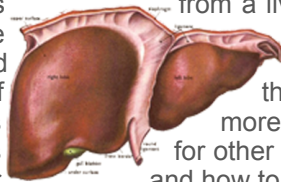
On first look this statistic might not seem so impressive but when one takes into consideration the mortality from a living donor giving a portion of their liver is 5% [the donor, the one giving the liver segment] has a 5% chance of dying, then Dr. Nagorney's statistics become very impressive.

The Mayo did liver cyst fenestration alone for a single cyst or 1 - 2 cysts that seemed to be the root of the individual's symptoms. Always this procedure has to be repeated, but can provide some temporary relief. A review of the cases in the literature revealed a 40% morbidity [complications].

0% - Liver cyst fenestration performed at the Mayo had a 0% morbidity [no complications].

The ten year survival rate for liver resections performed at the Mayo Clinic is 99%.

Complications from a liver transplant vs liver resection are about equal to a liver resection. A liver transplant requires a lifetime of drugs. Liver resections can now be performed with only one segment remaining as long as the blood supply to the liver remnant remains strong. Pre surgery MRI is directed to visualization of the blood supply to the PLD cystic liver blood supply. Dr. Nagorney's complications have lessened with his more recent cases. He outlines differences operating on PLD cystic livers as opposed to liver resections for other diseases. He explains to physicians and to liver surgeons what one can expect from a PLD cystic liver and how to avoid and recognize some untoward occurrences.



If one is a candidate for a liver resection, this surgery done by Dr. Nagorney, will hold the best possible outcome for each of us. Dr. Nagorney is the PLD liver resection surgeon with the most number of successful cases performed for PLD. This is not to say there have not been complications. Both Diane and Meg had some serious complications. Though in spite of this, each of us has repeatedly said we would do it again. Diane had no cyst growth, no liver remnant expansion documented over 12 years.