Could Split Liver Transplants Help Save More Lives?

April 14, 2017

Could split liver transplants help get more people off waiting lists and into recovery? After successfully dividing a donated liver between two patients in 2013, a surgeon at the University of Minnesota is now pushing doctors across the country to adopt the novel technique, Minnesota Daily reports.

Srinath Chinnakotla, MD, the surgical director of the university's liver transplant program argues that transplant wait times could be significantly reduced by amping up the number of doctors willing to perform the rarely used procedure — and that doing so could potentially save thousands more lives across the country every year.

Developed almost 25 years ago, the procedure essentially takes one donated liver and splits it into two lobes of different sizes that can be transplanted into two different patients. Although Chinnakotla's latest split liver surgery was conducted more than three years ago, the doctor says he has completed more than 20 split liver transplants throughout his career.

There are some caveats, however. For instance, Chinnakotla noted that patients have to be smaller in stature for the transplant to be successful, making children and women ideal candidates for the surgery. The donor also has to be younger than 40. Despite these requisites, the surgeon estimates nearly 2,000 livers are currently available across the country that can be split.

Though many doctors remain wary about the procedure, Chinnakotla points out studies have shown that patient survival rates are the same for split liver and whole liver transplant recipients. People who receive split transplants are about 10 percent more likely to develop bile duct and arterial complications post-surgery, but these are easily treatable.

Research policies that help allocate livers to patients in the United States don't currently favor splitting organs between multiple patients. However, given that nearly 10 percent of children and 20 percent of adult patients on waiting lists die before they can receive an organ, Chinnakotla argues that the surgery may be well worth the risk.

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