long-term follow-up should be consistently classified and systematically shared.

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Selection guideline for living donors

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Appropriate selection of a living donor for the living donor liver transplantation (LDLT) is one of the most important procedures for a successful LDLT. The risk of the living donor in LDLT is estimated more than 30% of morbidity and 0.5% of mortality. Thus, the donor evaluation for LDLT should start with the propriety of the LDLT to the recipient. The procedure of an appropriate donor selection should be performed with staged protocol. The donor candidate can be selected among the family members and a person who is defined by the Korean transplantation law. The legal donor should have the will of voluntary donation without any coercion from outside, and also the cancellation of donation should be guaranteed in all process of the protocol. The donor evaluation involves transplant surgeon, physician, coordinator, radiologist, anesthesiologist, and pathologist. The aim of the donor evaluation protocol is to preclude unsuitable donors to have safe and successful LDLT to patients, donor, and transplant team. The complete history and physical examination is necessary to find out co-morbid condition such as diabetes, hypertension, obesity, previous abdominal operation, and so on. The candidate should have no psychosocial, ethic issues, or concerns about the motivations of the donor. No active or uncontrolled psychatric disorder allowed for suitable donor. A candidate with BMI > 30kg/m^2 should have further-evaluation of the hepatic steatosis. It is an unsuitable donor candidate with abnormal liver function test, coagulopathy, pregnancy, active infection of the viral disease, chronic infection of the HBV, HCV, and HIV. Computed tompgraphy or magnetic resonance imaging of the liver could show degree of hepatic steatosis, and segmental volume of the liver. The volumetry of the imaging study usually overestimates about 10% of the actual liver volume. Liver biopsy is the gold standard to determine liver pathology, and the findings of the fibrosis, portal inflammation, NASH or >20~30% of steatosis are the contra-indication of the living liver donor. Appropriate remnant liver volume of the donor liver is considered at least 30% of total liver volume by the general consensus at Vancouver forum 2005 for living donors. And the appropriate size of the graft for the recipients regarded more than 0.8% of GRWR. The selection of the graft type among the candidate with normal psycho-medical condition dependson the liver volumetry, disease severity of the recipient, and center-specific preference.