Hepatic Haven

THE POWER OF CONNECTION

Liver Transplant Support Groups for Patients, Caregivers, Candidates, and Recipients

Peer support can turn isolation into connection.

A liver transplant changes far more than a laboratory value or an organ. It changes routines, relationships, expectations, and the meaning of ordinary days. Medical teams guide diagnosis and treatment, but many questions arise between appointments: What does waiting feel like? How do families manage uncertainty? Is fear after transplant normal? How does a caregiver remain vigilant without becoming exhausted?

Support groups create a place where those questions may be spoken aloud. They bring together people who understand the transplant journey from lived experience while keeping the transplant team at the center of medical decision-making. The strongest groups do not replace professional care. They strengthen it by helping members prepare questions, recognize when to seek help, and feel less alone.

In this issue

Why peer support matters; what happens at a meeting; support before and after transplant; the caregiver's experience; psychological safety; confidentiality; practical guidance for group leaders; and a special recognition of Aimee Muthe, who runs our support group.

Inside This Issue

A GUIDE FOR PATIENTS, FAMILIES, AND GROUP LEADERS

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Dr. Michael Baruch, FACS - Editor

FROM THE EDITOR

Dear Readers,

A transplant center can explain medications, laboratory trends, and follow-up schedules. Yet only another candidate may fully understand the strange tension of waiting for a telephone call that could come at any hour. Only another recipient may recognize the mixture of gratitude and worry that can accompany a second chance. Only another caregiver may understand how love, fatigue, vigilance, and fear can exist together.

That is where a support group becomes valuable. It is a community of experience. Members do not need identical diagnoses, identical operations, or identical outcomes to learn from one another. They need an environment where listening is practiced, privacy is respected, and medical questions are redirected to the appropriate professionals.

This issue is written for people at every stage of the journey. It also honors Aimee Muthe, whose leadership gives our group continuity, warmth, and purpose. Running a group means more than arranging meetings. It means making room for every voice and helping people find steadiness during an uncertain time.

With respect and hope,
Dr. Michael Baruch, FACS
Editor, *Hepatic Haven*
LiverTransplantGuide.com

Why Support Groups Matter

PEER SUPPORT COMPLEMENTS - BUT NEVER REPLACES - TRANSPLANT CARE

The transplant journey can be medically complex and socially isolating. A candidate may look well while living with fatigue, confusion, itching, swelling, or fear. A recipient may be told that recovery is going well while privately worrying about every new symptom. Caregivers may feel responsible for remembering everything and protecting everyone.

A support group offers recognition: the relief of hearing, "I understand what you mean." That recognition can reduce shame and help people find language for experiences that have been difficult to explain.

THE FOUR FUNCTIONS OF PEER SUPPORT

Emotional: being heard without having to defend or minimize feelings.

Informational: learning what questions other patients found useful to ask their clinicians.

Practical: sharing nonmedical strategies for travel, organization, meals, appointments, and daily routines.

Companionship: building relationships with people who understand life before and after transplant.

SUPPORT IS NOT ONE-SIZE-FITS-ALL

Some people benefit from a hospital-based group led by a social worker or transplant professional. Others prefer a community group run by recipients and caregivers. Virtual meetings may be essential for members who live far from a center, are immunosuppressed, or cannot travel. One-to-one peer mentoring can help people who are uncomfortable speaking in a larger group.

UNOS patient education materials describe hospital groups, local groups, Internet groups, written materials, and one-to-one support as different ways patients and families may connect. If one form does not fit, another may.

WHAT A GROUP CAN DO

A strong group can help members prepare for appointments, normalize common emotional reactions, exchange organizational ideas, identify caregiver strain, and celebrate milestones. It can also remind members that urgent symptoms and medication decisions belong with the transplant team.

The best measure of a meeting is not how much advice was given. It is whether members leave feeling better informed, less isolated, and more able to communicate with their own clinicians.

Before Transplant

CANDIDATES AND FAMILIES DO NOT HAVE TO WAIT ALONE

LIVING WITH UNCERTAINTY

The waiting period can feel suspended between two realities. A candidate may be ill enough to need transplantation but still uncertain when, or whether, an organ will become available. Plans become provisional. Telephones stay close. Every laboratory result may feel consequential.

Support groups help candidates discover that fear, impatience, hope, anger, and ambivalence can coexist. A person does not have to perform constant optimism to be a good candidate. Honest discussion can make it easier to tell the clinical team about depression, panic, confusion, sleep problems, or difficulty following the plan.

QUESTIONS PEERS CAN HELP YOU FORMULATE

- What should I keep packed?
- Who should be on my call list?
- How did others organize medications and appointments?
- What did caregivers wish they had prepared earlier?
- Which questions should I bring to my coordinator or social worker?

HOPE WITHOUT FALSE PROMISES

Peer stories can be powerful, but every medical course is different. A member's rapid recovery does not predict another person's recovery. A difficult experience does not mean the same complication will happen to someone else. Responsible groups allow stories to remain personal stories, not forecasts.

WHEN THE WAIT FEELS TOO HEAVY

Persistent hopelessness, thoughts of self-harm, inability to manage basic needs, severe panic, or marked changes in thinking require professional attention. A group leader should respond with compassion and help connect the member to the transplant team, a mental health professional, emergency services, or 988 when appropriate in the United States.

THE GROUP'S ROLE

The group can hold uncertainty without pretending to resolve it. It can offer a routine meeting, a familiar set of faces, and a place to ask the questions that emerge after the clinic visit is over.

After Transplant

RECOVERY INCLUDES THE BODY, THE MIND, AND THE FAMILY

A NEW KIND OF ADJUSTMENT

Transplantation may bring relief and gratitude, but it does not instantly erase fear. Recovery can involve pain, weakness, sleep disruption, changing appetite, new medications, frequent laboratory testing, and concern about infection or rejection. Some people feel pressure to be grateful at every moment, even while struggling.

A support group can make room for the complete experience. Gratitude does not cancel fatigue. A successful operation does not prevent anxiety. Asking for help is not a failure to appreciate the donor gift.

THE FIRST MONTHS

Members may exchange practical, nonmedical ideas: keeping a medication list current, using alarms, arranging rides, protecting rest time, preparing questions, or setting boundaries with visitors. Doses, symptoms, and laboratory results must always be discussed with the transplant team.

THE LONG VIEW

Years after transplant, concerns may shift toward returning to work, family roles, finances, body image, chronic kidney disease, diabetes, skin-cancer prevention, or the emotional meaning of transplant anniversaries. Long-term recipients are valuable members because they show that transplantation is not a single event but an evolving life chapter.

COMPARISON CAN HURT

Recovery does not proceed on a universal timetable. Comparing weight, energy, laboratory values, or medication regimens can create needless alarm. Helpful peers use phrases such as, "This was my experience; please ask your team what applies to you."

A PLACE TO CELEBRATE

Support groups also witness progress: the first walk around the block, the first meal enjoyed again, a return to a hobby, an anniversary, a caregiver's first restful night. Celebration is not trivial. It restores a sense that life is larger than illness.

Caregivers Need a Circle, Too

THE PERSON PROVIDING SUPPORT ALSO DESERVES SUPPORT

Caregivers often become the memory, transportation plan, medication checker, advocate, observer, and emotional anchor of the transplant journey. They may carry this responsibility while working, raising children, managing finances, or coping with their own health concerns.

Because the patient's needs are urgent, caregivers frequently postpone their own. Exhaustion may be interpreted as weakness. Irritability may be followed by guilt. Sleep can become fragmented by vigilance. A caregiver-focused portion of a meeting gives these experiences a legitimate place.

WHAT CAREGIVERS MAY NEED

- Permission to speak honestly
- Practical backup plans
- Help identifying burnout
- Time away without guilt
- Clear communication with the transplant team
- Recognition that caregiving changes relationships

SUPPORTING WITHOUT TAKING OVER

The goal of caregiving changes over time. Early after surgery, close assistance may be essential. Later, recovery often includes returning appropriate responsibility to the recipient. Groups can discuss how to negotiate this transition without framing independence as rejection or vigilance as control.

A SIMPLE CHECK-IN

At each meeting, ask caregivers: How are you sleeping? Who can relieve you? What task feels hardest this week? What information do you need from the team? What is one thing you will do for yourself before the next meeting?

SHARED, NOT IDENTICAL

Patients and caregivers travel the same road from different seats. A good group respects both perspectives. It does not ask one person to suppress distress because another person is medically sicker. Both forms of strain deserve attention.

Caregiver support is not an optional kindness. It helps preserve the people and relationships on which safe recovery often depends.

What Happens in a Good Meeting

STRUCTURE CREATES ROOM FOR HONEST CONVERSATION

A welcoming meeting is structured enough to feel safe and flexible enough to respond to the people in the room. Members should know who is facilitating, how long the meeting will last, what confidentiality means, and what to do when an urgent medical concern arises.

A RELIABLE 60-MINUTE FORMAT

0-10 minutes: welcome, introductions, and the confidentiality reminder.
10-25 minutes: brief check-in - one success, one concern, or one question.
25-45 minutes: featured topic or guest speaker.
45-55 minutes: open discussion and resources.
55-60 minutes: summary, safety reminders, and next meeting.

Members should always be allowed to pass. Listening is participation.

THE FACILITATOR'S TASK

The facilitator protects time, tone, and boundaries. This includes inviting quieter members, respectfully limiting monopolizing speakers, stopping shaming or misinformation, and keeping the discussion from becoming individualized medical treatment.

USEFUL GROUND RULES

1. Speak from personal experience.
2. Do not prescribe or change another person's treatment.
3. Protect privacy outside the meeting.
4. Make room for different emotions and outcomes.
5. Avoid graphic detail unless the group agrees it is appropriate.
6. Do not pressure members to disclose.
7. Redirect urgent concerns to qualified professionals.
8. Respect time and share the floor.

A good meeting does not require every problem to be solved. It requires every person to be treated with dignity.

Emotional Health

THE SAFEST GROUPS KNOW THEIR LIMITS

WHEN PEER SUPPORT IS NOT ENOUGH

Support groups are valuable, but they are not psychotherapy, crisis services, or medical evaluation. Liver disease and transplant can be associated with depression, anxiety, delirium, hepatic encephalopathy, medication effects, sleep disturbance, trauma reactions, and cognitive changes. A peer group cannot safely determine the cause.

A member should contact the transplant team promptly for new confusion, major behavioral change, inability to take medications, rapidly worsening symptoms, or concern about a medication effect. Emergency symptoms require emergency care.

CRISIS WARNING SIGNS

Statements about wanting to die, feeling that others would be better off without them, having a plan for self-harm, severe agitation, psychosis, or inability to remain safe require immediate action. In the United States, call or text 988 for crisis support; call 911 for imminent danger.

COMPASSIONATE REDIRECTION

A facilitator can say: "I am glad you told us. This sounds bigger than something the group should hold alone. Let us help you contact the right professional now." The goal is not to diagnose or interrogate. It is to preserve safety and connect the person with qualified help.

NORMAL FEELINGS STILL DESERVE CARE

Not every difficult feeling is a psychiatric disorder. Fear during listing, sadness after a setback, frustration with restrictions, and grief for a donor are understandable human responses. But normal reactions can still become overwhelming. Professional support may be useful even when no diagnosis is present.

The group should normalize seeking help. Mental health care is part of transplant care, not evidence that someone is failing the transplant journey.

MEDICAL DISCLAIMER

This newsletter provides general education only. It does not diagnose, treat, or replace advice from a transplant program or other qualified clinician.

Practical Knowledge

EXPERIENCE IS POWERFUL WHEN BOUNDARIES ARE CLEAR

WITHOUT PRACTICING MEDICINE

Peers often possess valuable practical knowledge. They know how it feels to receive a late-night call, how many questions arise after discharge, and how easily medical information can blur together. Sharing that wisdom is appropriate when the boundary between experience and treatment is clear.

HELPFUL LANGUAGE

- "Here is how I organized my questions."
- "My team asked me to call for that symptom."
- "This is what happened to me, but your situation may be different."
- "Would you like help writing that question for your coordinator?"

LANGUAGE TO AVOID

- "Stop taking that."
- "Your level is too high."
- "You definitely have rejection."
- "This supplement is safe for everyone."
- "You do not need to call the team."

TOPICS WELL SUITED TO PEER DISCUSSION

Medication organization tools; preparing for appointments; transportation; packing for the hospital; communicating with family; coping with waiting; finding a comfortable daily routine; asking for assistance; returning to hobbies; maintaining social connection; and discussing caregiver needs.

TOPICS THAT REQUIRE THE TEAM

Medication doses and interactions; interpretation of laboratory tests; new or worsening symptoms; fever; wound concerns; possible rejection; infection exposure; diet restrictions specific to an individual's condition; supplements; pregnancy; vaccines; dental procedures; travel clearance; and emergency decisions.

TURN ADVICE INTO A QUESTION

When a medical issue arises, the group can help the member write a concise message: What happened? When did it begin? What symptoms are present? What medications were taken? What did the transplant program instruct the patient to do? This supports communication without substituting for care.

Confidentiality and Respect

PRIVACY AND DIGNITY ARE THE FOUNDATION OF TRUST

PSYCHOLOGICAL SAFETY

Members may discuss diagnoses, complications, alcohol or substance history, family conflict, financial strain, mental health, donor relationships, or fears about death. The group must treat these disclosures with care.

Confidentiality means that personal stories are not repeated outside the group without permission. For virtual meetings, participants should use private spaces when possible, wear headphones if needed, and avoid recording or screenshots. Absolute confidentiality cannot be guaranteed in a peer group, so leaders should be honest about the limits.

CONSENT BEFORE SHARING

Do not post photographs, names, anniversaries, quotations, or medical updates on social media without explicit permission. Permission for one use is not blanket permission for future uses.

A GROUP FOR DIFFERENT STORIES

Members will differ in diagnosis, age, transplant center, religion, culture, finances, family structure, disability, and outcome. Some received living-donor grafts; others deceased-donor grafts. Some are listed; others were declined, deferred, or are still being evaluated. Respect does not require sameness.

AVOID THE HIERARCHY OF SUFFERING

No member should have to prove that their illness, fear, or recovery is difficult enough to deserve attention. At the same time, the group should avoid competitive storytelling in which each response must be more dramatic than the last.

REPAIRING A MISSTEP

When someone gives unsafe advice, dominates the conversation, or breaks a boundary, the facilitator should respond promptly and calmly. Name the rule, redirect the discussion, and follow up privately when appropriate. Consistent repair builds trust.

A safe group is not one in which nobody makes a mistake. It is one in which mistakes are addressed with clarity and dignity.

Recognizing Aimee Muthe

LEADERSHIP THAT GIVES A SUPPORT GROUP CONTINUITY AND HEART

Aimee Muthe

A NOTE OF APPRECIATION

This issue recognizes Aimee Muthe for running our liver transplant support group and for creating a dependable place where patients, candidates, recipients, and caregivers can meet one another with honesty and respect.

The visible part of leadership is the meeting itself. The less visible part is the preparation: welcoming newcomers, remembering the concerns members carry, choosing useful topics, making room for difficult conversations, maintaining boundaries, and helping the group return month after month.

A support group becomes a community through consistency. Aimee's leadership helps transform individual transplant stories into shared understanding. Her work reminds us that connection is not incidental to recovery. It is one of the ways people regain confidence, perspective, and hope.

WHAT GROUP LEADERS MAKE POSSIBLE

A welcome. New members often arrive anxious, uncertain, and unsure whether they belong. A leader sets a tone in which listening is enough and disclosure is never forced.

Continuity. Illness can make life feel unpredictable. A recurring meeting offers a reliable point of connection.

Balance. Good leadership protects space for candidates, recipients, caregivers, long-term survivors, and those coping with setbacks.

Boundaries. A leader keeps peer experience valuable by redirecting medical decisions to the transplant team and urgent concerns to appropriate care.

Hope with honesty. Support does not require false reassurance. It means facing uncertainty together while continuing to look for constructive next steps.

Thank you, Aimee, for the time, patience, and compassion required to sustain this community.

A Facilitator's Meeting Guide

A PRACTICAL FRAMEWORK FOR CONSISTENT, SAFE MEETINGS

BEFORE THE MEETING

Choose one clear topic. Confirm guest speakers. Prepare a short opening and ground rules. Know how to reach the affiliated transplant social worker or coordinator. Have crisis and emergency information available. For virtual meetings, check the link and privacy settings.

OPENING SCRIPT

"Welcome. This is a peer-support and education group. Please speak from your own experience and protect one another's privacy. Medical decisions belong with each person's transplant team. You are always free to pass. If an urgent concern arises, we will help connect you with appropriate care."

DURING THE MEETING

Watch the clock without becoming rigid. Invite, do not compel. Summarize themes. Interrupt unsafe advice respectfully. Notice who has not spoken. Allow emotion without rushing to fix it.

AFTER THE MEETING

Follow up on any safety concern. Send only resources the group agreed to share. Do not circulate private medical details. Note possible future topics without creating a clinical record. Ask yourself what voices were missing and how the next meeting might be more accessible.

IF CONFLICT OCCURS

Return to the shared rule rather than attacking the person: "We agreed to speak from personal experience, so I am going to stop us before this becomes a medication recommendation." If harm continues, pause the discussion and follow up privately.

ACCESSIBILITY CHECK

Can members hear clearly? Is printed material readable? Is the meeting location accessible? Can virtual participants use captions? Are breaks available? Can members join by telephone? Small design choices determine who can participate.

SUCCESS LOOKS LIKE

Members felt welcomed. No one was pressured. Unsafe advice was redirected. Caregivers were included. Questions were identified for clinicians. People left with one useful idea and a sense of connection.

Questions Worth Bringing

A STRONG QUESTION INVITES EXPERIENCE WITHOUT DEMANDING ADVICE

FOR CANDIDATES

What surprised you about evaluation? How did you organize appointments? What helped with waiting? How did you explain the process to family? What did you ask your social worker?

FOR RECIPIENTS

What helped you regain routine? How did you manage the emotional side of recovery? How do you prepare for clinic visits? Which nonmedical organizational tools have helped?

FOR CAREGIVERS

What responsibility feels heaviest? Who is your backup? How has caregiving changed your relationship? What helps you rest? What information do you need from the clinical team?

FOR LONG-TERM SURVIVORS

How has your understanding of transplant changed? Which habits have remained useful? What do you wish newcomers knew about adjustment over time?

TOPICS FOR FUTURE MEETINGS

- Preparing for transplant evaluation
- Living with uncertainty on the waiting list
- Medication organization
- Caregiver fatigue and backup plans
- Returning home after discharge
- Sleep, anxiety, and emotional adjustment
- Nutrition questions to bring to a dietitian
- Safe activity questions for the clinical team
- Communicating with family and friends
- Financial and transportation resources
- Long-term health maintenance
- Transplant anniversaries and donor gratitude
- When and how to seek professional help

ONE QUESTION TO CLOSE EVERY MEETING

"What is one thing you are taking with you from today's conversation?"

Answers may be practical, emotional, or simply the realization that another person understands. That is the quiet strength of a support group.

From the Hepatic Haven Kitchen

A SIMPLE MEAL TO SHARE - WITH INDIVIDUAL GUIDANCE FROM YOUR TRANSPLANT TEAM

Lemon-herb baked salmon with quinoa and roasted vegetables

LEMON-HERB SALMON PLATE

Makes: 4 servings **Preparation:** about 15 minutes **Cooking:** about 20 minutes

INGREDIENTS

- Four 4-ounce salmon fillets
- 1 cup dry quinoa, rinsed
- 2 cups water or no-salt-added broth
- 2 medium zucchini, sliced
- 1 red bell pepper, cut into pieces
- 2 tablespoons olive oil, divided
- Juice and zest of 1 lemon
- 1 teaspoon dried oregano
- 1/2 teaspoon garlic powder
- 2 tablespoons chopped fresh parsley
- Black pepper to taste

METHOD

1. Heat the oven to 400 F. Wash hands and clean the work surface. Keep raw fish separate from ready-to-eat foods.

2. Toss zucchini and pepper with 1 tablespoon olive oil, oregano, and black pepper. Roast on a lined pan for about 10 minutes.

3. Place salmon on the pan. Brush with the remaining oil, lemon juice, zest, and garlic powder. Continue roasting until the fish reaches 145 F at its thickest point, about 10-14 minutes depending on thickness.

4. Meanwhile, cook quinoa according to the package directions using water or no-salt-added broth. Fluff with a clean fork and add parsley.

5. Divide quinoa, vegetables, and salmon among four plates. Serve promptly.

TRANSPLANT-SMART NOTES

Use a food thermometer; appearance alone is not the best safety test. Refrigerate leftovers within two hours. Ask your transplant dietitian whether this recipe fits your sodium, potassium, phosphorus, kidney, diabetes, allergy, or medication needs. Avoid grapefruit or Seville orange substitutions because they can interact with some transplant medicines.

Poetry

ORIGINAL WRITING FOR THE TRANSPLANT COMMUNITY

THE DISTANCE BETWEEN CALLS

For patients, caregivers, and everyone who waits beside them

There is a distance between calls,
measured neither in miles nor hours,
but in the way a telephone rests
inside an open hand.

We learn the language of numbers,
of lists, of levels, of maybe;
yet beneath each careful question
a quieter sentence remains:
Please let there be more time.

Beside the bed, another waits -
keeping watch, keeping notes,
carrying courage in small containers:
a cup of water, a clean shirt,
the promise to return tomorrow.

Then morning enters differently.
Not as certainty. Not as forgetting.
As one step, and then another,
taken by people who have learned
that hope is rarely walked alone.

- An original *Hepatic Haven* poem

A POETRY INVITATION

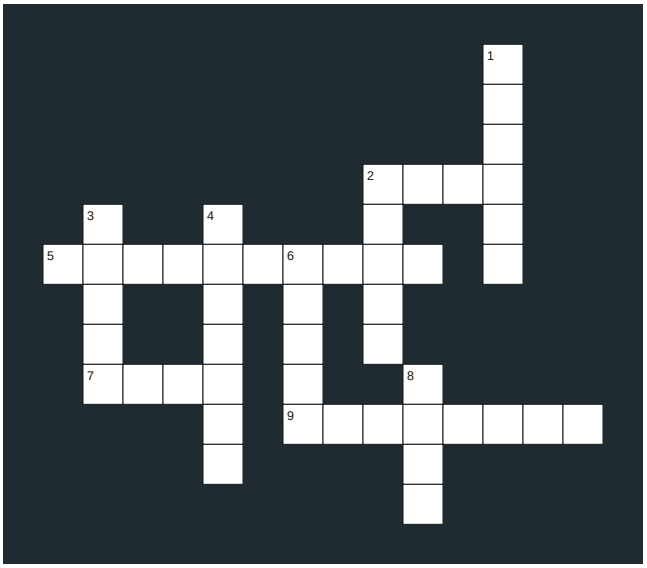
Support-group members may wish to bring an original poem, short reflection, or a few lines about waiting, caregiving, recovery, gratitude, fear, or renewal. Writers may read their work aloud or ask the facilitator to read it. Sharing is always optional; listening is participation, too.

Puzzle Break

A LIVER CROSSWORD AND AN ORIGINAL WEND WORD-PATH CHALLENGE

Liver Crossword

Write one letter in each white square. Answers appear on the next page.



Hepatic Haven Wend

Connect adjacent letters - up, down, left, or right.
Never move diagonally. Use every open tile exactly once.

L	I	V		D
B	I	E	R	O
E	L	R	O	N
C	A	R	E	
H	O	P	E	

ACROSS

2. An individualized eating plan.
5. A surgical procedure that replaces a failing organ.
7. A laboratory examination.
9. The continuing process of healing and regaining strength.

DOWN

1. Relating to the portal vein or circulation.
2. A person who gives an organ or tissue.
3. A transplanted organ or tissue.
4. Fluid buildup in the abdomen.

DOWN - CONTINUED

6. The organ that filters blood, makes bile, and performs many metabolic functions.
8. Optimism during a difficult journey.

WEND WORD LENGTHS

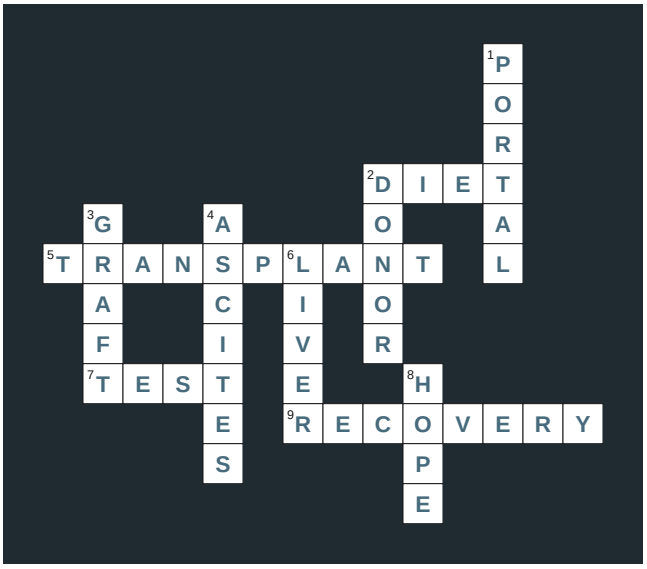
Find two 5-letter words and three 4-letter words. All five relate to the liver transplant journey.

Connect adjacent letters horizontally or vertically - never diagonally. Use every open tile exactly once. The completed color-coded answer paths appear only on the solutions page.

Puzzle Solutions

CHECK THE PATHS AND LETTERS AFTER GIVING BOTH PUZZLES A TRY

Crossword Solution



Wend Solution

ACROSS

2. DIET
5. TRANSPLANT
7. TEST
9. RECOVERY

DOWN

1. PORTAL
2. DONOR
3. GRAFT
4. ASCITES
6. LIVER
8. HOPE

Every uninterrupted horizontal or vertical run of white squares is a listed answer; all crossing letters agree.

WEND WORDS

LIVER - 5 letters
DONOR - 5 letters
BILE - 4 letters
CARE - 4 letters
HOPE - 4 letters

Each colored path follows only horizontal or vertical neighbors. Together, the five paths use every letter tile once; the three dark blocks are walls.

GROUP IDEA

Complete the puzzles together before a meeting begins, or invite members to contribute clues and original poems for a future issue.

Trusted Resources

FOR EDUCATION, SUPPORT, AND FURTHER READING

PATIENT RESOURCES

Organ Procurement and Transplantation Network (OPTN) Patient Services
1-866-OPTN-411 (1-866-678-6411)
hrsa.gov/optn/patients

Scientific Registry of Transplant Recipients - Patient Friendly Website
Plain-language information for patients and care partners, including the transplant journey and center information.
srtr.hrsa.gov

United Network for Organ Sharing (UNOS)
Patient education on waiting, transplantation, donation, and partnering with the transplant team.
unos.org/transplant

988 Suicide & Crisis Lifeline
Call or text 988 in the United States. Call 911 for imminent danger.

SELECTED REFERENCES

1. United Network for Organ Sharing. *Partnering With Your Transplant Team.* Patient education resource describing hospital, local, Internet, and one-to-one forms of support.

2. United Network for Organ Sharing. *What Every Patient Needs to Know.* Recommends asking a transplant social worker about peer mentoring or candidate support groups.

3. Scientific Registry of Transplant Recipients. *Getting Listed* and *Recovery After Transplant.* Patient-friendly resources that identify local and virtual support options.

4. De Pasquale C, et al. *A systematic review of the effectiveness of psychological interventions in solid organ transplantation.* 2025. Review reporting benefits including emotional support, reduced isolation, peer learning, and coping.

5. De Zwaan M, et al. *Psychosocial Diagnosis and Treatment Before and After Organ Transplantation.* 2023. Clinical practice guidance on psychosocial assessment and care.

6. Varshney M, et al. *Psychosocial Assessment and Management-related Issues Among Liver Transplant Recipients.* 2023.

7. FoodSafety.gov. *Safe Minimum Internal Temperatures.* Fish should reach 145 F (63 C).

8. Centers for Disease Control and Prevention. *Safer Food Choices for People With Weakened Immune Systems.*

ABOUT HEPATIC HAVEN

Hepatic Haven is an educational publication of LiverTransplantGuide.com, edited by Dr. Michael Baruch, FACS. It is written for patients, transplant candidates, recipients, caregivers, and the professionals who support them.

The information in this newsletter is general and educational. It is not a substitute for diagnosis, treatment, medication guidance, or individualized advice from your transplant team.

The support-group meeting image in this issue is an editorial illustration created for this publication. The photograph of Aimee Muthe was supplied for inclusion in this issue.

CONNECTION IS PART OF CARE