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Professor Yaman Tokat is a world leader and highly esteemed figure in the field of liver transplantation. He is a pioneer, performing the first successful DDLT in Türkiye in 1994 and the first successful LDLT in 1999. He has helped established programs across the world in a career spanning more than 30 years. He is a thought leader who has had prominent roles in the ILTS, iLDLT and ISLS. With more than 2000 transplants to his name, he feels most proud of the legacy of students and trainees that he has mentored along the way. I'm fortunate to be one of those who had the privilege of training under him.

Prof Yaman Tokat is currently Prof of Surgery Liver Transplantation and Hepatobilary Surgery at Acibadem Healthcare Hospitals, Istanbul and Director of the International Liver Center, Istanbul

**"...if you want something, you go for it**

**Dr SS (Shashwat Sarin): Professor Tokat, you were born in Izmir. Could you tell us about your formative years and when you decided to pursue medicine?**

Dr YT (Yaman Tokat): I was born and raised in Izmir and attended one of the best high schools in the country, which had 120 very intelligent students. My decision was deeply influenced by my mother's ovarian problem, which caused bleeding and the loss of a baby when I was very young. During that time, most bright students pursued medicine as it offered a guaranteed job. About 98 out of 120 students from my high school became doctors, and my father also wished for me to be a doctor.

**Dr SS: How was your experience in medical school, and what inspired you to specialize in transplantation?**

Dr YT: I was a good student, although not the best. Our first four years of medical school were very tough due to political unrest in Türkiye, with many fatalities and frequent school interruptions. During that time, I received an offer from the United States and was accepted into a rotation at a psychiatric clinic in Houston. I witnessed prominent cardiac surgeons like Debakey and Cooley performing cardiac transplants and bypass surgeries. The surgical residents, dressed in scrubs, moved around like royalty. I, in psychiatry with a tie and white shirt, wanted to emulate them. Subsequently, my boss from Türkiye offered me a surgical residency. I jumped at the opportunity. As you dedicate yourself to your work, you begin to love it; the more effort you invest, the more you appreciate what you do, similar to raising a child or caring for pets.

**Dr SS: Could you tell us about your initial involvement in transplantation?**

Dr YT: When I was a general surgery resident, transplantation was not performed in Türkiye. A Turkish professor from cardiovascular surgery called me during my rotation and asked me to perform a kidney transplantation. I was surprised because I hadn't even performed an appendectomy or a hernia operation. However, I said, "Yes, I can do it." Renal transplant was not established in the city yet. He told me to find a friend to help and complete it quickly.

**Dr SS: So, you were a first-year general surgery resident with no prior knowledge of transplantation at that time?**

Dr YT: I believed that if you said no, you would never get the job. If you said yes, you would do it with someone's help and learn along the way. This was a crucial lesson I learned during my internship: if you want something, you go for it. I went to the library, which was poorly stocked, and found an old book discussing Collins solution since no preservative solution was available in Türkiye then. We had to prepare Collins solution from scratch.
The next step was finding a donor. We preferred not to use a live donor. We found our first deceased donor, a 14-year-old boy, in the emergency center after a traffic accident. I spoke at length with his father, who agreed to donate one kidney, believing his son might need the other in the afterlife.

> **“ Effectively, I became a kidney transplant surgeon before finishing my residency**

*1987 - the first kidney perfusion machine for the first kidney transplantation at the Ege University Medical School*

*Kyoto - April 1999*

No one at that time knew how to perform the entire operation, although some professors knew how to remove the kidney. However, they had no idea about the donor surgery. So, it was me and ten professors. We retrieved the kidney, and my boss instructed me to perform the transplantation. The other professors assisted, essentially guiding my hands. We successfully performed the kidney transplantation. Within a year, we completed around 30 to 40 kidney transplants. Effectively, I became a kidney transplant surgeon before finishing my residency.

**Dr SS: That's an incredible, almost surreal story.**

Dr YT: Then my Professor called again and asked me to perform a liver transplantation. I was a second-year resident and hadn't even seen a liver in any operation yet, as we hadn't performed any hepatectomies. Even my professors hadn't performed a hepatectomy at that clinic at the time. I had learned to say yes to everything, so I said yes again, but requested three years to finish my residency, go somewhere to learn it, and then return. He agreed to wait a couple of years for me to learn in Cambridge.

Throughout my residency, I performed over 500 kidney transplants and numerous AV fistulas and other general surgical procedures.

After graduating, I went to Cambridge, to Royal Free Hospital. I began performing retrieval surgeries. At that time, two Indian colleagues, Avi Soin and Rajan Saxena, were with me. We were three, along with Chris Watson, who is now a professor in Cambridge. We were all involved in liver donor surgery and assisting with liver transplants. I stayed there for about nine months, then decided to return and start liver transplantation in Türkiye. Just one month after returning, I started performing liver transplantations. The first two or three years were challenging, with only one or two cases per year.

Then, in 1997, a significant event occurred: a newly married woman died by suicide after killing her husband. They donated her liver, which was a huge story in Türkiye because organ donation was rare. It was broadcast live on one of the biggest TV channels, changing the narrative in Türkiye and leading to a significant increase in cadaveric liver transplantations.

**Dr SS: So, your first successful deceased donor liver transplant was in 1994, right? How old were you at that time?**

Dr YT: Yes, it was in 1994. I was around 30 to 34 years old. That was the first successful liver transplantation. There had been earlier attempts, but none were successful. We continued consistently, and in 1999, we began living donor transplants.

**Dr SS: Before you started living donor transplants, did you go to Kyoto, and was that how the process evolved?**

Dr YT: Yes, Kyoto under Prof Tanaka was the leading center for living donor liver transplantation at that time. I went there for two weeks. I acquired many CDs to study the operations and watched them about a hundred times, memorizing the entire procedure. It was a long but manageable operation. As a team, our first operation took about 16 hours, but it was very smooth, and the patient recovered So, the duration gradually decreased to 12, then 8, and now typically 6-7 hours.

**Dr SS: Among all the challenges you faced, what were the biggest in the initial phase, perhaps during the first 7-9 years, before the program really expanded? Was it surgical, logistical, team building, or training?**

*With Prof SG Lee - 2002, Anterior Sector Drainage*

Dr YT: When people witness success, they want to join the team. We had a strong and large team, with excellent administrative support. The main challenge was how we approached the first few cases. One professor told me not to worry if patients died because we were just starting. However, another warned that if any patient died, I would be dismissed. I was caught in the middle but knew I needed to be successful to continue.

Our first 20 cadaveric liver transplantations were successful, and we didn't lose any patients. This was incredible and unexpected, giving us the courage to take more risks.

**Dr SS: What about the living donor program? Could you share your experience with that?**

Dr YT: We started the living donor program in 1999. However, the living donor program did not start well; we lost two out of the first five cases. This was because we lacked knowledge about small-for-size syndrome, 5 and 8 drainage, and many other crucial aspects. I realized we were doing something wrong and needed to improve, either by seeking external help or learning more. There was no published research on 5 and 8 drainage at that time.

I met Professor S G Lee in a meeting and invited him to Türkiye to operate with us. Our friendship began there. He came to Türkiye, and we performed donor and recipient surgeries together. That's when I learned about segment 5 and 8 and the need for

anterior sector drainage, which helped us understand why livers weren't functioning optimally. Once we started performing 5 and 8 drainages, and our success rate significantly increased. We learned how to measure volume, assess risks, and account for discrepancies between female and male donors. Along with my colleague Prof Yildray, we learned how to harvest and utilize the middle hepatic vein. This further improved our results for a period. We initially decided to continue with middle hepatic vein harvesting, but things have changed, and we no longer perform it because we have improved our techniques for 5 and 8 drainage.

Our success continued to grow, and we performed about 400 cases.

**Dr SS: You then moved to Istanbul and started a program at Florence Nightingale, Istanbul. You performed over a thousand transplants at that institute, correct?**

Dr YT: Yes, more than a thousand; about 1,400 over many years. Starting over in Istanbul presented another challenge, as I had to find a new team and new people. Over time Florence Nightingale in Istanbul became a hub for training, attracting many people from Greece, Romania, Jordan, India, the United States, and England. We trained many individuals and entire teams, not just individuals. We also went to Jordan for three years, working with the Jordan Army to establish a liver transplant program. We went every two months and trained their doctor team, secretaries, nurses, and administration for about ten years .

**Dr SS: Could you elaborate on your association with the Indian transplant community and how it began?**


*Top - 2005, Me & Avi at Sri Ganga Ram Hospital*
*Bottom left - With SS. Bottom Left - At CLBS*

Dr YT: Yes, I believe it was around 2006 or 2007, nearly 20 years ago. Avi Soin, my colleague from Cambridge with whom I trained, came to visit me for a week in Izmir, and then later in Istanbul. At that time, there wasn't a well-established transplant program in India. Avi Soin and Subhash Gupta were working together and wanted to grow their living donor program. I went to India and scrubbed in for two cases with Subhash and Avi. Surgically, they were good, but I identified some logistical problems that I felt could be better dealt with. I gave them some suggestions and insights from my experience in setting up the program in Türkiye. I am delighted to see now, after about 20 years, they are among the best centers globally, running excellent programs. Since then, I've visited annually for meetings, given speeches and talks, and maintained a strong friendship and collaboration with them.

**Dr SS: You've witnessed the evolution of the Indian transplant community from its beginnings around 2006-2007 to its current state. How have you seen transplantation mature in India over the past two decades, especially as someone who has also seen it grow in Türkiye?**

Dr YT: I believe India is more fortunate than us. In Türkiye, we made significant progress in 2010 when we negotiated with the Ministry of Health, advocating for transplantation to be under government oversight. This meant that even in private practice, the government would cover patients' hospital costs.

**Dr SS: What's your philosophy when training young surgeons?**

Dr YT: First—don't say no. Say yes, and learn how. Second—hard work matters more than talent. Michael Jordan was once asked how much of his success was talent. He said 1%. The rest is practice. It's the same for us. I don't consider myself highly skilled technically. I just worked harder. Tie sutures on spaghetti at home. Watch surgeries. Ask questions. Don't just scrub—think. Be involved.

> **"You can learn more watching a good surgery than doing a bad one**

**Dr SS: What's your advice to young transplant surgeons starting out?**

Dr YT: Work hard when you are young. Don't worry about staying in the hospital – I once spent 28 nights in a row in hospital. That time will come back to you—as success, as recognition. And don't worry about not being the primary surgeon. Observe. You can learn more watching a good surgery than doing a bad one.
Also—live your life. Go out, meet friends. Socialize. Your energy is infinite when you're young. Use it. I used to work night shifts and then go out dancing. Today, I'm into sailing and DJing. If you stay connected to life, you'll never burn out.

**Dr SS: That's fantastic! So how do you maintain that balance now?**

Dr YT: I never gave up my social life. I'm an Izmir boy—beach, sun, sailing. Now I've started DJing. I play music with friends. I won't become a club DJ, but it's fun. It keeps my mind fresh. When I come back to work, I'm recharged.

**Dr SS: Looking ahead—what's the future of liver transplantation?**

Dr YT: In the next 5 years, we'll see more minimally invasive donor surgeries—robotic hepatectomy, laparoscopic approaches. In 10 years—xenografts, artificial livers. Maybe genetically modified organs. The field will evolve. But remember:

technology won't replace good judgment. Surgeons need to stay leaders in the transplant team. Understand immunosuppression, pathology, critical care.

**Dr SS: Is robotic surgery now a must for transplant surgeons?**

Dr YT: It will be. Especially for donor hepatectomy and benign liver resections. Robotic systems are becoming faster and more precise. With 5G, we may even perform surgery across countries. If you don't keep up, someone else will. So yes—young surgeons must learn robotics.

**Dr SS: And where do you see India's role in this future?**

Dr YT: India will lead. Cost-effective, high-quality transplantation—India does it better than anywhere else. India is improving very fast, technically and academically and I personally envy Indian liver transplant programs for their contribution to our field

**Dr SS: Any final words for young surgeons?**

Dr YT: Believe in your work, not in your natural talent. Learn, adapt, and stay humble. And always say yes first—figure it out later. That's how you grow.