

Policy for Pre-Emptive Renal Transplantation

The British Transplantation Society [1], in its' updated standards for practice published in May 2003, states that;

“In the case of renal transplantation, most patients are already on dialysis, although this is not a prerequisite. There is a school of thought that the ideal would be to transplant most patients before dialysis became necessary.”

The European Best Practise Guidelines (2000) [2] also states;

“a. Pre-emptive transplantation from either live or cadaveric donors results in equivalent or even better patient and graft survivals than transplantation performed after the start of dialysis.”

“b. Patients should have progressive deterioration in renal function and a creatinine clearance <15ml/min/l.73 m² to be eligible for pre-emptive transplantation.”

This evidence supports the policy of the South West Transplant Centre.

- Patients may be referred before their documented creatinine clearance reaches 15ml/min/l.73m² for transplant assessment.
- Patients whose creatinine clearance has not yet reached 15ml/min/l.73m² but who have progressive deterioration in renal function (clearance of <20mls/min/lP.73²) may be listed as suspended. These patients will be monitored 6 monthly by the Transplant Co-ordinator.

Other criteria with regard to medical fitness for transplantation will apply. These criteria will apply for both cadaveric and live donor transplants.

Potential advantages of pre-emptive renal transplantation

- The complications of dialysis and its initiation (vascular access and CAPD tube insertion) are avoided.
- More economic utilisation of resources
- Expansion of transplant waiting list population
- Better graft survival; 72 vs 60% at 5 years. [3]

Potential Disadvantages

- The risks of transplantation
- Waiting for prioritisation for transplantation will mean that most pre-emptive recipients will probably only receive favourable matches (which may be an advantage)
- Shortage of kidneys
- Potential risk of non-compliance

References

- 1 British Transplantation Society. Standards for Solid Organ Transplantation in the United Kingdom. 2003
- 2 European Renal Association-European Dialysis and Transplant Association. Best Practise Guidelines. Section 1: Evaluation, selection and preparation of the potential transplant recipient. 2000
- 3 Roake JA, Cahill AP, Gray CM, Morris PJ. Pre-emptive cadaveric renal transplantation-clinical outcome. Transplantation 1996; 62: 1411-1416.