What do the guidelines tell us about best practice?

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295 pages

THE RENAL ASSOCIATION
founded 1950

Guidelines for Living Donor Kidney Transplantation

Fourth Edition

March 2018

BTS/RA Living Donor Kidney Transplantation Guidelines 2018

United Kingdom Guidelines

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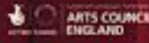
'STUPENDOUS, ANCHORLESS JOY'
THE TIMES

'PITHIER THAN PYTHON. IRRESISTIBLE!'
NEW YORK TIMES

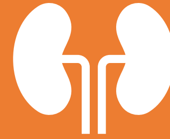


WRITTEN BY ADAM LONG, DANIEL SINGER & JESS WINFIELD

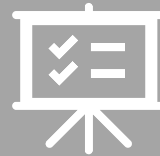
ADDITIONAL MATERIAL BY REED MARTIN · DIRECTED BY REED MARTIN & AUSTIN TICHENOR

Teaching grandma to
suck eggs

Overview



What is ‘best practice’?



Non-negotiables: essential elements required to be compliant with guidelines

Negotiables: centre variation

What is ‘best practice’?

What are we trying to achieve with ‘best practice’ guidelines?

What do we mean by ‘best practice’?

LEGAL

TIMELY

EFFICIENT

FLEXIBLE

SAFE

ETHICAL

COST-
EFFECTIVE

EVIDENCE-
BASED

What do we mean by ‘best practice’?

LEGAL

MUST COMPLY WITH HUMAN TISSUE ACT 2004 AND HUMAN TISSUE (SCOTLAND) ACT 2006

What do we mean by ‘best practice’?

TIMELY

TIMELY ASSESSMENT OF DONOR AND RECIPIENT

AIMING FOR A PRE-EMPTIVE TRANSPLANT

What do we mean by ‘best practice’?

EFFICIENT

FOR ALL: DONOR, RECIPIENT, HEALTH SERVICE

What do we mean by ‘best practice’?

FLEXIBLE

TAILORED AND INDIVIDUALISED

What do we mean by ‘best practice’?

‘SAFE’

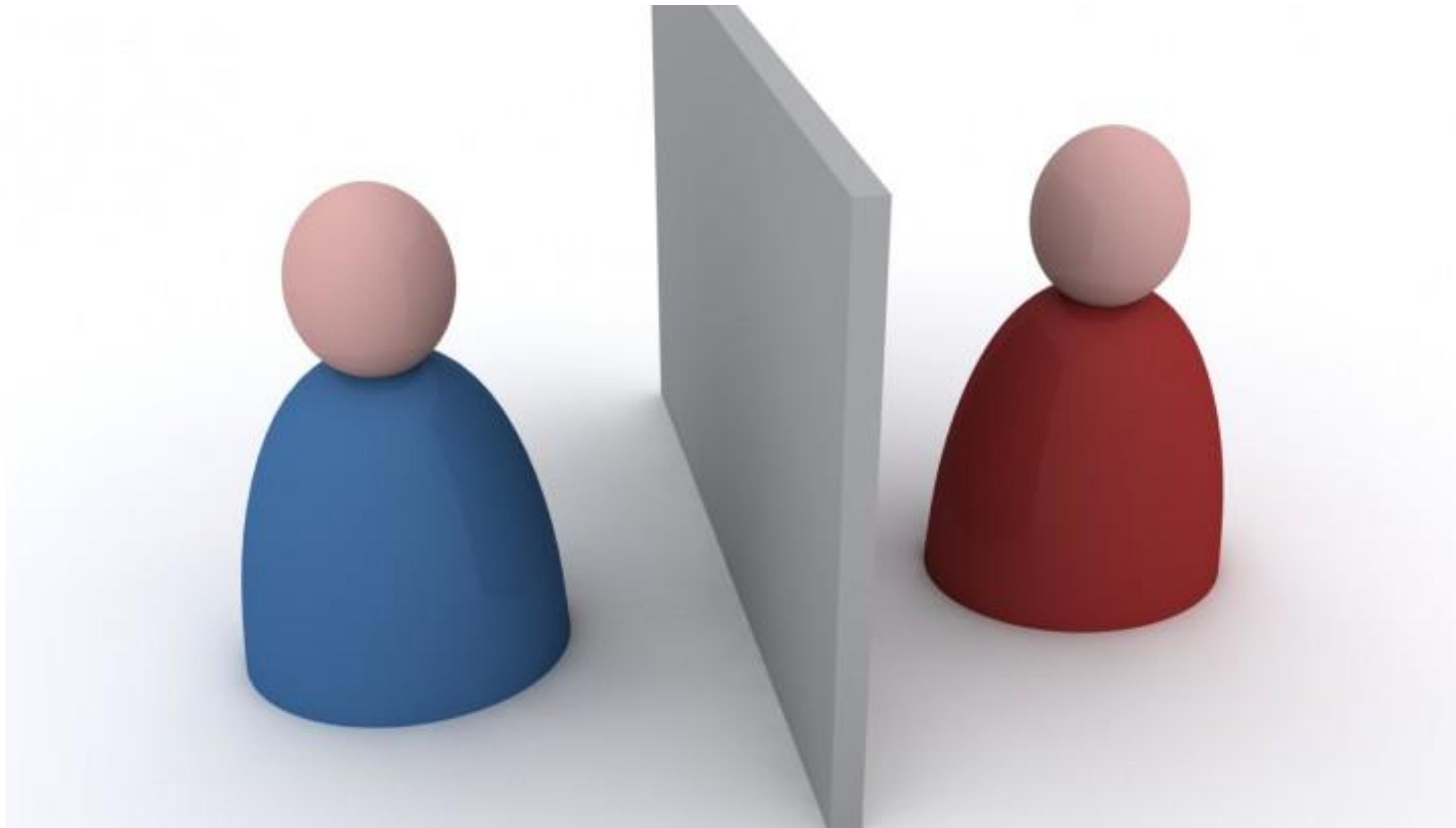
RISKS MINIMISED

What do we mean by ‘best practice’?

ETHICAL

‘THE SAFETY AND WELFARE OF THE POTENTIAL DONOR TAKE PRECEDENCE OVER THE NEEDS OF THE POTENTIAL RECIPIENT’

Independent assessment of the donor and recipient



What do we mean by ‘best practice’?

COST-EFFECTIVE

What do we mean by 'best practice'?

EVIDENCE-BASED

WHEN POSSIBLE AND RECOGNISING EVIDENCE BASE IS EVOLVING

What do we mean by 'best practice'?

LEGAL

TIMELY

TIME EFFICIENT

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ETHICAL

COST-EFFECTIVE

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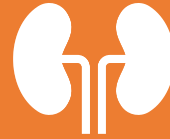
Overview



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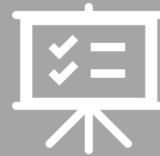

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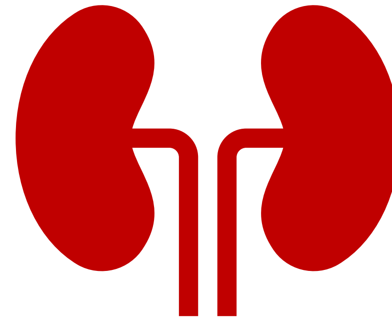
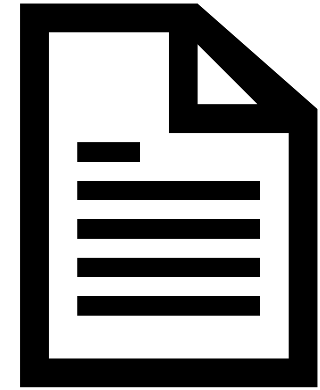
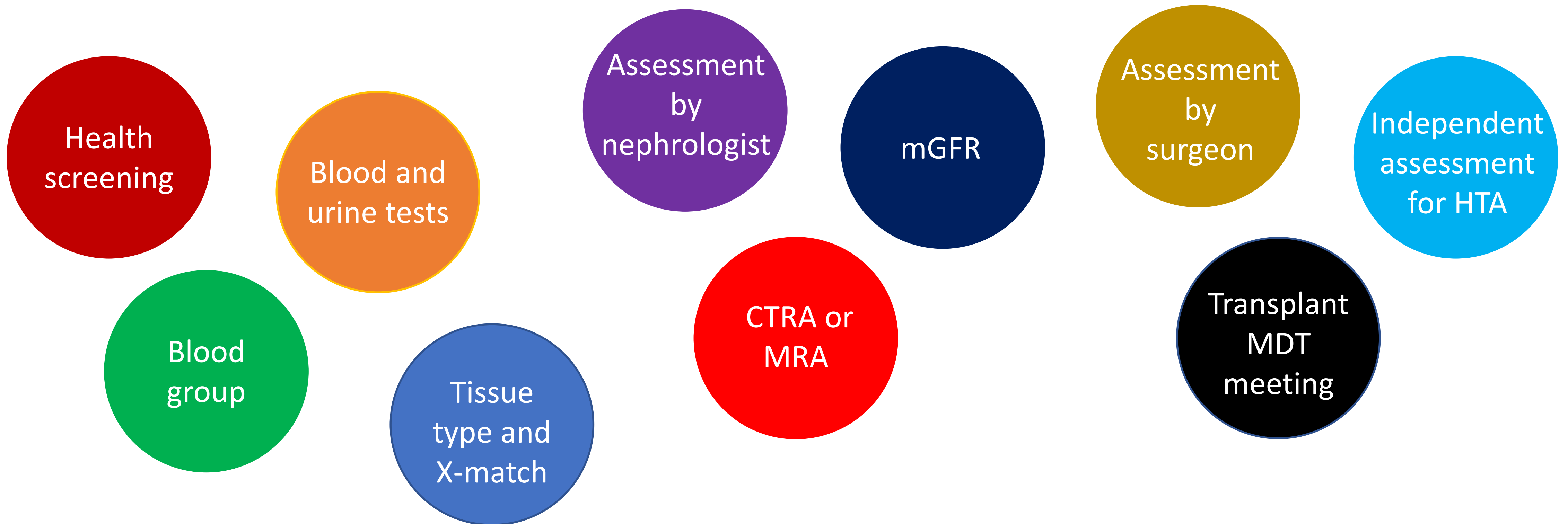
Core elements of service

- Written protocol
- MDT





Best practice: Essential investigations



Early education & discussion with all potential transplant recipients +/- potential donors about optimal options for transplantation.

RATIONALE: To promote planned, pre-emptive LD transplantation as the treatment of choice for suitable transplant recipients
To minimise time on dialysis for suitable recipients

↓

Establish recipient fit for transplantation & start appropriate pre-transplant assessment as per local protocol [see section 5.1]

RATIONALE: To optimise management of recipient & donor expectation
To avoid unnecessary investigative assessment/inconvenience for the prospective donor(s) if transplantation cannot proceed
To ensure that the recipient can give valid consent

↓

Weeks 0-2

Potential donor(s) identified.
LD co-ordinator facilitates initial discussion with potential donor(s) +/- recipient & other family members as appropriate. If more than one potential donor, the most appropriate should be identified, taking into account possible social, psychological and medical risk factors.

RATIONALE: To minimise evaluation of multiple donors & maximise best use of resources
To ensure that the donor can give valid consent for donation

↓

Weeks 2-4

ABO compatibility +/- HLA sensitisation (if indicated) confirmed. Primary contra-indications identified from donor(s) past and present medical history*. Routine blood & urinalysis tests.

* Donor screening questionnaire (Appendix 5.2) with telephone or face to face triage

RATIONALE: To initiate early triage of unsuitable donors
To identify potential incompatibility issues (ABO/HLA)

↓

Weeks 4-8

Donor evaluation is planned with the prospective donor, in a timely manner, to an agreed protocol & in accordance with the availability of local resources. Emphasis should be placed upon a coherent, Consultant-led service with a logical progression of assessment using 'gold standard' investigations, multidisciplinary input & excellent communication between all parties. A designated LD co-ordinator is considered optimal.

RATIONALE: To provide a clinically effective service based upon the best evidence available & national best practice guidelines

Within 2 weeks of investigations (10)

Weeks 8-10

Results review by members of the MDT & feedback to the donor.

RATIONALE: To ensure continuity & keep the donor informed

Weeks 11

If donor unsuitable, follow-up arranged.

RATIONALE:

To offer opportunity to discuss results & arrange appropriate follow up

Suitable donor & recipient pair referred for final pre-operative discussion with Consultant Nephrologist and Transplant Surgeon, & Independent Assessment for Human Tissue Authority. Date of transplant or management plan via the UKLKSS agreed

RATIONALE: To ensure transplant can legally proceed & that both donor & recipient can provide valid consent for surgery

↓

Final cross match within the 7-10 days before Tx + routine pre-op investigations/pre-admission visit*

RATIONALE: To ensure transplant can safely proceed*

* only applies to UKLKSS pairs once matched

↓

Week 18

OPERATION/ready to list in UKLKSS

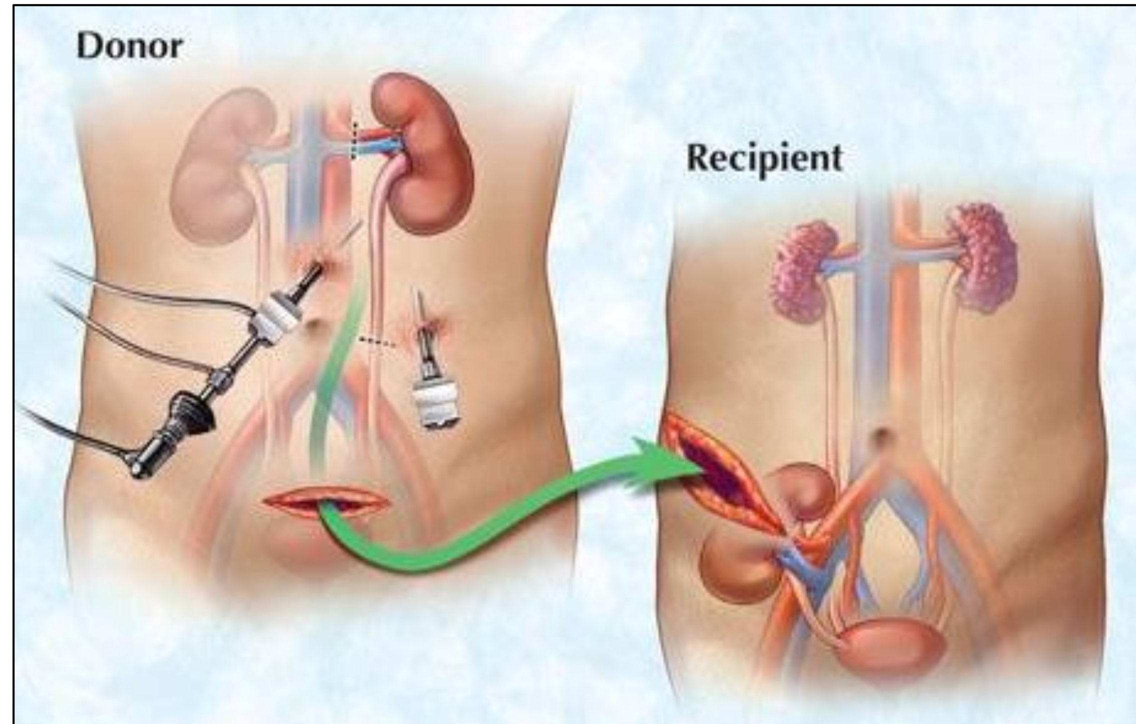
↓

LD co-ordinator maintains contact with donor & facilitates life-long follow-up arrangements

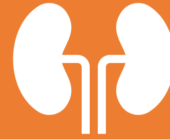
RATIONALE: To provide continuing support to the donor & inform the UK Living Donor Registry

Surgery

- Leave the better of the two kidneys!
- Pre-/peri-operative Hartmanns
- Laparoscopic technique preferred



Overview



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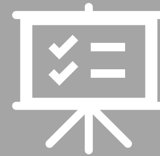

Non-negotiables: essential elements required to be compliant with guidelines

Negotiables: centre variation

Centre variation

Nephrol Dial Transplant (2013) 28: 1952–1960
doi: 10.1093/ndt/gft096
Advance Access publication 7 May 2013

Original Article

Assessment of living kidney donors and adherence to national live donor guidelines in the UK

Chera Arunachalam, Mila Garrues, Fiona Biggins, Alex Woywodt and Aimun Ahmed

Renal Unit, Lancashire Teaching Hospitals NHS Foundation Trust, Preston, Lancashire, UK

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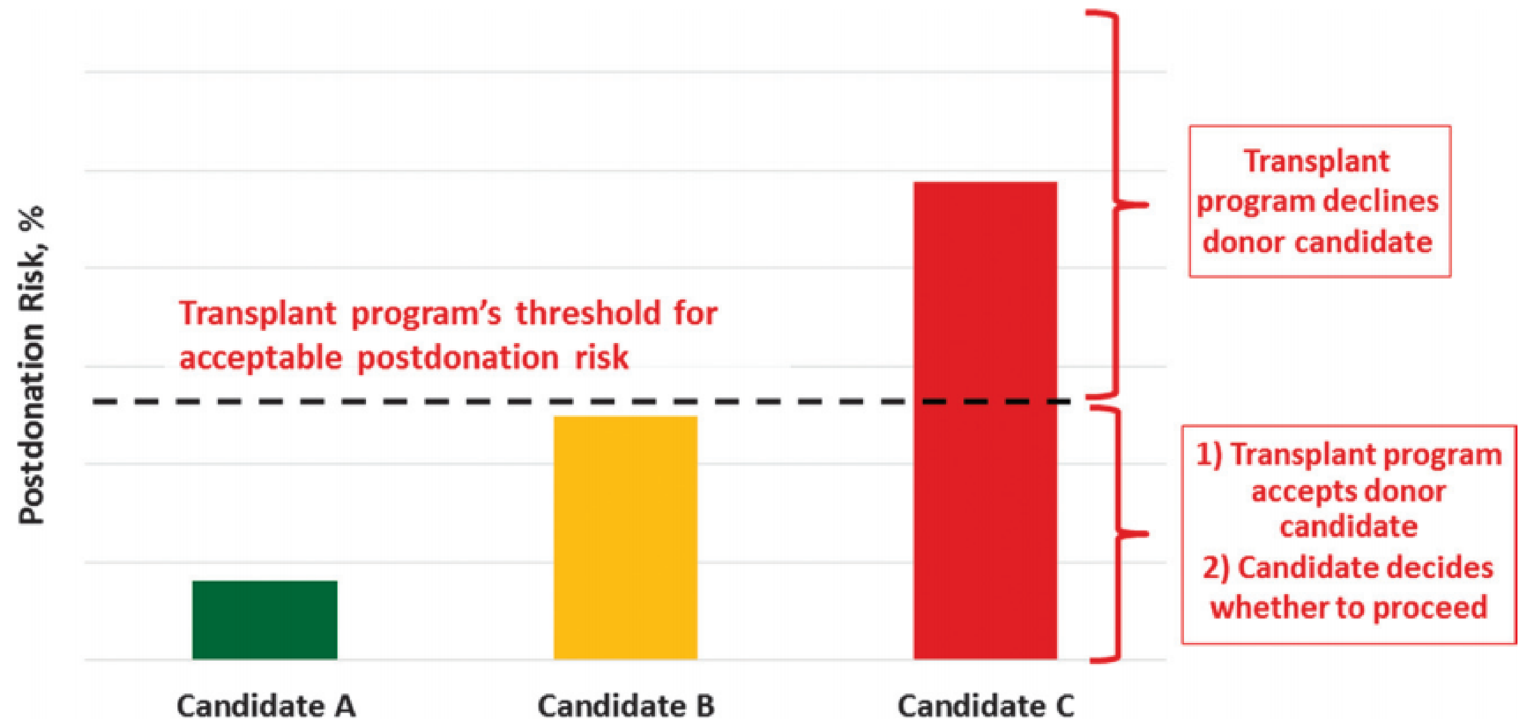
Centre variation

'Best practice' guidelines do not specify:

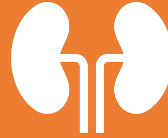
- Age limits
- Comorbidity
- Complex anatomy
- Body mass index
- Immunological risk
- Number of appointments
- Timing of list suspension



Due to centre attitude to risk and active decision making.

Due to resources, service design, and skills of work force.

Overview



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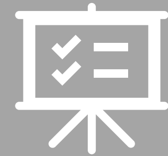

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