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Lung transplantation during the COVID-19 pandemic

Royal Papworth Hospital has continued to perform Super-Urgent and Urgent Lung transplantation during the current coronavirus pandemic causing COVID-19 disease. We now plan to re-start non-urgent transplantation (for patients stable on the waiting list at home). There has been a significant decrease in organ donation during the current pandemic (approximately 90% lower) so the number of Lung transplants is likely to remain lower than usual for the duration of the pandemic. However, transplanting during the pandemic does create some additional risks that we want you to know about. It is hard to be completely accurate about these risks, given the evolving picture. It is highly likely that the increased risk to those receiving lung transplants will remain for many months.

As a patient with severe Lung failure you are considered to be clinically vulnerable, meaning you are at higher risk of severe illness from coronavirus infection. You should take particular care to minimise contact with others outside your household. If you develop symptoms consistent with COVID-19 then you should seek NHS 111 advice and obtain a nose and throat swab to see if you have contracted the virus. Those with a positive COVID-19 swab result would be suspended temporarily from the waiting list. Once you have recovered and are symptom-free for more than 28 days, you can be considered for re-activation on the list. You would need to have two negative nose and throat swabs taken at least 24 hours apart. This would provide reassurance that the infection has been cleared. The length of time suspended from the waiting list will be according to an assessment of each individual's circumstances.

When a potential donor Lung becomes available we will telephone you before being brought into the hospital. We will ask you about any symptoms you have which could indicate COVID-19 disease and whether you have had any contact with anyone with confirmed or suspected COVID-19. We will also ask you about your social distancing practices and those of your household to understand your risk of having COVID-19. Undertaking transplant surgery on a patient during the incubation period of COVID-19 is

thought to carry significant risks of early death. If you have a significant contact history or where your symptoms are suspicious of COVID-19 we would not proceed to Lung transplantation.

We will perform a nose and throat swab coronavirus when you are brought to the hospital for potential transplantation. However, the results may not be available prior to the transplant starting but the availability of the result would not prevent you proceeding with transplantation. We also know that negative tests are not a guarantee that you don't have coronavirus infection. These steps will limit the chance that you have the virus prior to the transplant but we can never be 100% certain. In line with National guidance all donors are tested and must be negative for COVID-19 before donation. This, we hope, will reduce the chance that you catch the virus from the donor but it can never be 100% certain since a negative test is not a guarantee that the donor doesn't have coronavirus infection. Further, some patients with a positive result later turn out not to have been infected.

When you are called to come to the hospital for a potential suitable donor lung or lungs, wherever possible you will be admitted to a ward without other patients with COVID-19. We will continue to follow infection control guidelines and limit any chance that you might be exposed to the virus but this can never be 100% certain and there is an increased risk of catching the virus whilst you are in hospital. It is also possible that you might be looked after by a member of staff who has contracted the virus and is not showing any symptoms. We expect that testing of staff, visitors and patients will increase during the pandemic period but will never completely remove the risk. Staff members will be wearing appropriate personal protective equipment to further minimise your risk of getting the virus. After the operation you will be treated in the Intensive Care Unit and then the ward and will be isolated in a single room to try to prevent you getting infected from other patients or staff members who may have COVID-19. Wherever possible, we will separate you away from other patients with suspected or confirmed COVID-19 during your stay in hospital and during the outpatient follow-up period.

During the pandemic we have all been advised to socially distance from each other to reduce the risk of transmitting the virus. That is difficult in hospital but is necessary to protect staff, carers and patients. During your stay in hospital visiting will not be allowed during the hospital stay for your transplant. We understand this is distressing at a highly stressful time and we will do our best to make this tolerable using video conferencing. If you think this would make you want to delay your transplant this is important to discuss when considering the balance of the various risks. After transplantation, you would be considered extremely vulnerable to COVID-19 disease and would be requested to 'shield'. This means you would be

strongly advised to stay at home at all times and avoid any face-to-face contact to protect yourself. However, we still need to follow you very closely after a Lung transplant and you will still need to attend hospital regularly for face to face out-patient review, Lung biopsies and other tests for at least the first 6 months after the transplant. This means that there remains an increased risk of catching the virus whilst you are in hospital even for an out-patient visit. We will endeavour to do as many as possible of these clinics over the telephone.

After Lung transplantation we use medicines to stop the body rejecting the donor Lung. This means that the body has a reduced immune system and you are more likely to be seriously ill with infections. We don't have much information about how unwell you might be if you did get COVID-19 after your transplant, particularly in the first few weeks and months. Only a few patients have developed COVID-19 within the first 6 months after Lung transplantation, most have been several years after their operation. This limited experience suggests that most patients have survived with mild or moderate disease. However, some individuals may become seriously ill or even die from COVID-19. We may need to decrease the doses of the anti-rejection drugs but this has to be balanced with the risk of you developing rejection of the new lungs.

We understand you may be concerned over the increase in risk of undertaking transplantation during the pandemic but it is important to balance the risk of getting sicker or even dying from your health problems if you decide to wait until the pandemic is over. We think it will be many months before the pandemic will allow us to return to a hospital environment without the risk of COVID-19 and we need to carefully balance those risks with you individually. Each decision to offer an organ for transplant will be based on a balance of these issues.

I understand the increased risk the COVID-19 pandemic might have and am happy to be placed on the waiting list during the COVID-19 pandemic.

Yes No

If you have any questions relating to these issues please discuss them further with the Lung transplant team. There may also be other potential contraindications that we haven't considered in this document. Please feel free to raise them at any time.