

CT Assessment case study

RTC/Living donor co-ordinator induction 30th September 2021

Sadie Von Joel Transplant co-ordinator, RPH



62 yr old Female IPF Timeline

- 21st December Primary assessment
- 22nd March 2 day in patient assessment
- 23rd March discussed at MDT, decision to list
- 1st April Surgical review and RTC listing talk
- 6th April RTC 1st and 2nd check
- 7th April listed on routine list for B/L transplant, also suitable for left single lung
- 10th June OP review moved to National Urgent list
- 27th July transplanted Left single lung



Heart/Lung Assessment Investigations

Echocardiogram

Full blood screens

Bone Densitometry

Lung Function

Blood Group

Right Heart Catheter

Sputum/Urine Micro

CPEX – exercise testing

Lung Perfusion scan

6 min walk test

MRI Diaphragm

Dental, smear, mammogram updates



Assessment Results

- HT: 1.73 WT: 68.4kg BMI: 23
- 6MWT 563m, Sats 83% on 6L O2
- Perfusion scan RT: 63% LT: 37%
- Diaphragm screen normal
- Echo LV & RV normal size and function
- Coronary angiogram no CAD
- Blood Group O Pos, Virology CMV Pos, HLA Negative
- Lung function FEV1 1.10 (40%) FVC 1.38 (39%) TLC 2.50 (pred TLC 5.63)



Consent & Listing

Surgical plan

- Bilateral Lung = 4.0 4.75L
- Left single lung = 4.0 5.0L
- · Bilateral anterior thoracotomies off pump
- Surgical consent form

Listing with RTC

- Tissue Bank
- Donor choices
- · Contact details
- Calling in/false alarms
- Follow up
- Social media guidance/donor correspondence



Transplant

- Donor offer 25th July @ 21:50
- Donor 150cm, WT 82kg BMI 36, 54yr old Female. TLC 4.11 CVA
- PO2 54 on 100%
- CMV Negative
- 22:20 B/L accepted
- KTS 26th July 04:38
- Concerns over Rt Lung consolidation RLL
- Accept Lt single lung
- Donor X clamp 06:49
- Recipient clamp off 14:10
- Total ischemic time 441 mins