Separating the Heart and Lung Transplant Rotas

John Dunning

Organ Utilisation

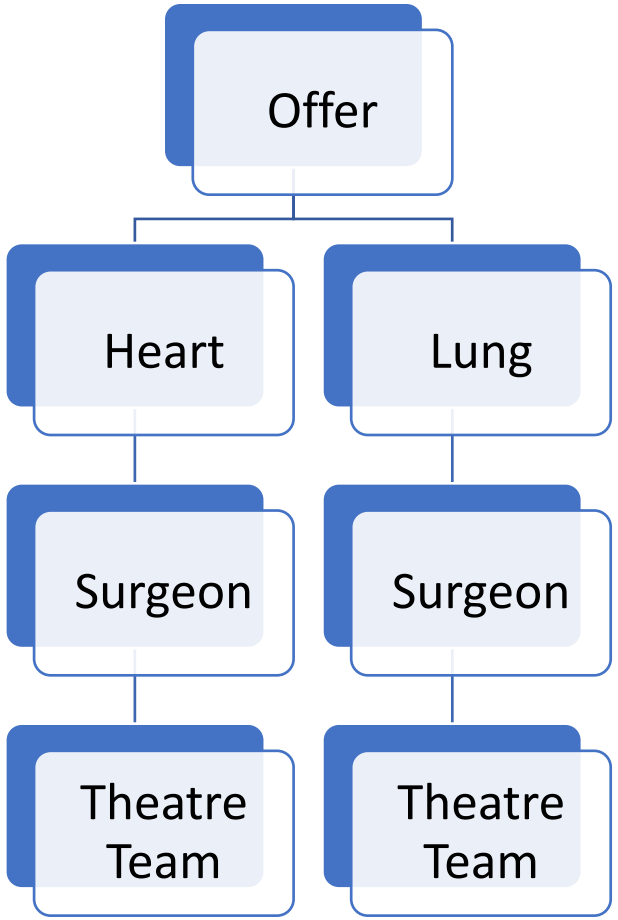
- Fundamental problem facing heart and lung teams is that the period of cold storage for CTh organs is shorter than for some other organs

- Storage/transport/reconditioning systems can prolong this period making it possible for teams to plan sequential procedures – up to a point

Hypothesis

- Separating the rotas would mean that different surgeons/surgical teams would consider each offer as it arose on its own merits without interference from other considerations

- Validity?


Offer
Heart
Lung
Surgeon
Surgeon
Theatre Team
Theatre Team

On Call Rotas

- Double the number of on-call surgeons?
- Would have to provide additional OR resource
  - Two operating rooms available out of hours }
  - Two anaesthetic teams } One night team/one on call?
  - Two perfusion teams }
- Where do we gain additional expertise from?

Thoracic Surgeon

- European model - in some centres in Spain/Germany/Austria
- Some North American centres

- Do thoracic surgeons want to change life-style?
- Are there enough thoracic surgeons available?
- How do we train them?
- Well placed to deal with complications

- May require support from cardiac surgeons for ECC

Cardiac Surgeon

- Most North American centres
- Australasian model
- Many European centres

- Established practice in the UK
- Established pool of experience
- Familiar with all supportive technology

Unattractive Aspects of Lung Transplantation

- Duration of surgery
- Arduous nature of operation
- Technical challenges
- Foreseeable difficulties as a result of changing patient demographic
- Low number of high(er) procedures (currently) makes training opportunities scarce

- Difficulty influencing care pre-donation – especially in DCD donors
- Decision making concerning organ acceptance

Sustainable Resource

- Human resource
- Facility resource
- Donor resource

Most Important Factor

- Willingness to transplant every day