

## Lung Utilisation - CTAG September 2014

In a 14 day period at the beginning of June there were **25** lungs offered for transplant and not used. Donors >65, <16, with a history of heart or lung disease were excluded.

There were a total of **8** (**3** single lung, **5** bilateral lung, 0 heart/lung and 0 partial lung) adult (age >=16 at transplant) lung transplants in that period.

Blood group disposition was:

O     11  
A     9  
B     2  
AB    3

National waiting list on May 31 was:

Recipient Blood group	Heart/Lung	Lung(s)	Total
O	9	153	<b>162</b>
A	2	71	<b>73</b>
B	2	27	<b>29</b>
AB	0	6	<b>6</b>
<b>Total</b>	<b>13</b>	<b>257</b>	<b>270</b>

Of the 25 lung donors, 12 had a smoking history.

Age distribution was:

20-30        3  
30-40        3  
40-50        8  
50-60        6  
>60         5

15 had a last PO2 >40.

16 had a PO2 >40 at some stage.

Of these 16, 9 had a smoking history, 3 were DCD and only 3 were over 60.

Examples:

1) Female, 65, Gp O, 158/62Kg, DBD.

Normal X-ray, history of "COPD" from GP, on 2 inhalers.

PO2 14.8, FIO2 0.3 on referral.

Last PO2 77.

Turned down by 6 centres on size. Never Examined.

2) Female, 42, Gp A, 179/65Kg, DBD.  
Normal Xray, Normal Bronch.  
PO2 66 on FIO2 1.0 at referral.  
Turned down in theatre (apparently) on poor function, not offered on.

Further examples will be presented at the meeting.

**Conclusions:**

It remains the situation that large numbers of lungs with apparently good function continue to be turned down without examination.

**Suggestions for CTAG**

- 1) Data available on EOS is not perfect, but provides the substrate for rigorous local donor audit. This should be a topic for Peer Review.
- 2) Inclusion of Lungs within the revised Scout proposals might allow assessment at a stage before the need to transfer a recipient.