

Intestinal transplantation: Patient selection

Clinical status: patient location (outpatient/ward/ICU/HDU), restricted venous access.

4. Monitoring

Children and adults can wait for a suitable transplant for variable periods of time and they should be carefully monitored to assess progress/deterioration in the clinical condition. Close contact must be maintained between the referring centre and intestinal transplant centre on a regular basis. Intestinal rehabilitation efforts should continue on the waiting list (if possible) and hence children/adults may have to be suspended if improvement in clinical condition is achieved. If there is an improvement/progression in liver disease, the type of transplant recommended may have to be altered following assessment by an experienced multidisciplinary team. Children and adults may develop further complications (venous thrombosis, life threatening line infections, progression of liver disease), which may make them unsuitable candidates for transplantation. Monitoring of patients should be individualized to each centre and each patient.

5 Appeals process

The above criteria have been agreed by the Bowel Advisory Group in order to be placed on the national transplant list. It is recognised that these criteria may exclude a small group of patients who would otherwise be appropriate candidates; the purpose of the National Appeals Panel is to determine whether such excluded patients should be placed on the national transplant list.

If a centre wishes to register an adult/paediatric patient for an intestinal transplant who does not satisfy the selection criteria, a request should be made in writing to members of the National Appeals Panel.

5.1 Composition of the National Appeals Panel

The panel will consist of an independent non-voting chair and one representative from each of the four UK bowel transplant centres. The centre proposing a case may not vote but the appeal will be allowed if two or more centres are in favour. Members of the panel will respond with a decision usually within five working days of the request. The chair of the appeals Panel is the Chair of the Bowel Advisory Group. Each centre should nominate one representative and one substitute.

6 Policy audit and updates

The details of any policy concerning selection and allocation will inevitably change with time. Any new versions of protocols will be updated and published only twice per year in July and January following ratification at the Bowel Advisory Group meeting. All changes to the guidance must first be agreed with the Bowel Advisory Group. Regular reports will need to be produced to assess the success or failure of any new selection, allocation and distribution policy.

6.1 Policy outcomes

The purpose of the bowel transplant policies and guidelines is to ensure equitable access to organ transplantation in all transplant centres in the UK and the best possible outcomes when judged from the point of registration. All policies will be judged against those standards.