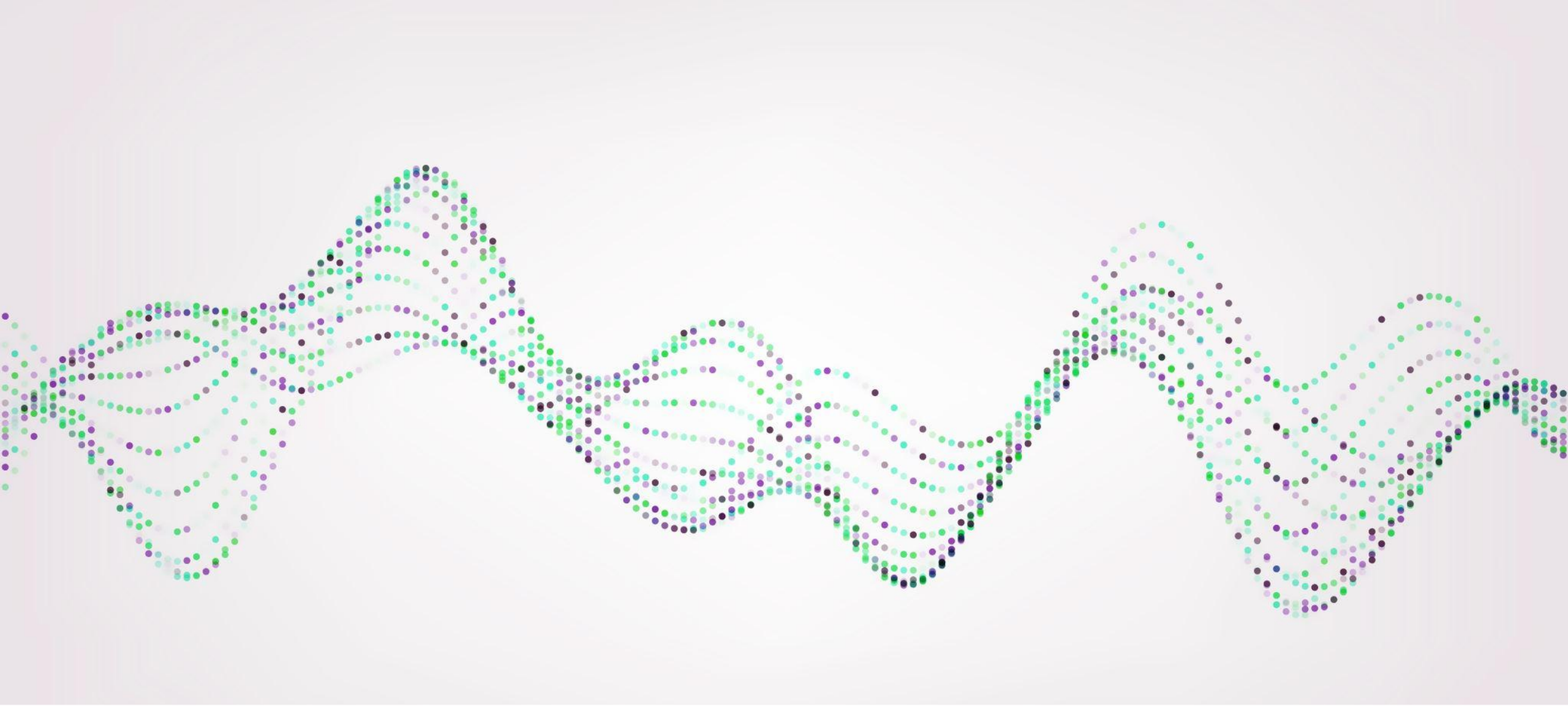
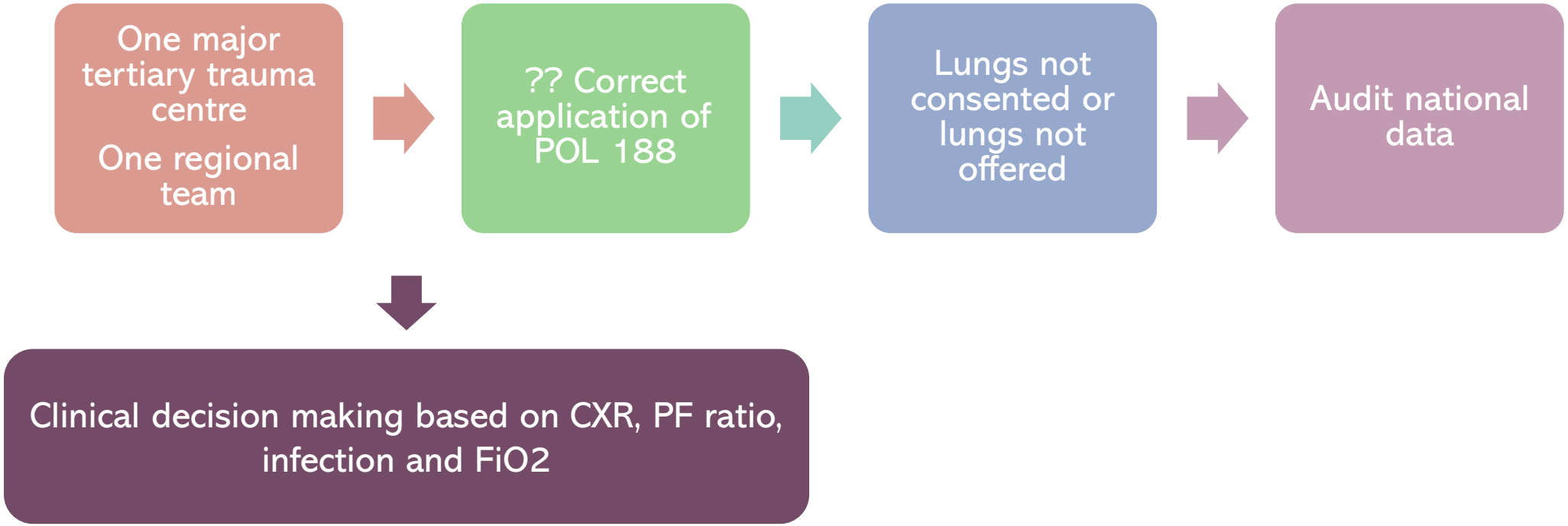


LUNGS NOT CONSENTED AND/OR NOT OFFERED

PROPOSAL


One major tertiary trauma centre
One regional team
?? Correct application of POL 188
Lungs not consented or lungs not offered
Audit national data
Clinical decision making based on CXR, PF ratio, infection and FiO2

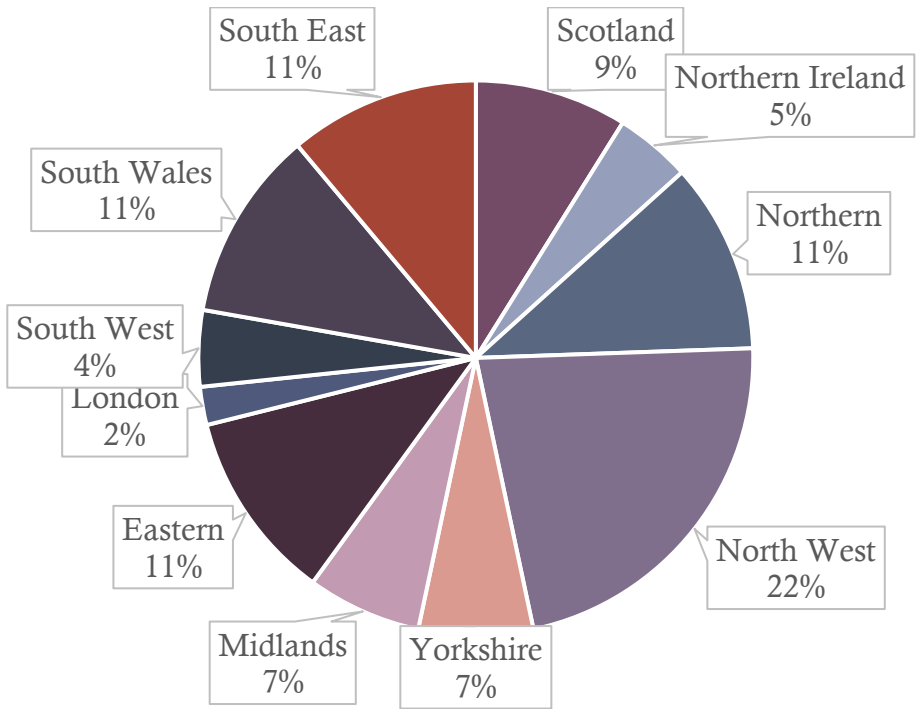
Organ Specific Contraindication – POL 188

Lungs

- DCD donor age ≥65 years (on or after their 65th birthday)
- DBD donor age ≥70 years (on or after their 70th birthday)
- Previous intra-thoracic malignancy
- Significant, chronic destructive or suppurative lung disease (those with controlled asthma are suitable donors)
- Chest X-ray evidence of major pulmonary consolidation
- Influenza with demonstrable lower respiratory tract infection
- Anti-phospholipid Syndrome

46 cases
(one which was consented and offered)

DCD | DBD
36 | 9



Aspiration – 17 (one not on IVABx)

Infection – 11

Aspiration/Infection – 7

No – 7
(x5 on IVABx)

Unknown – 3
(3 on IVABx)

Smoking History
Yes – 22
No – 16
Ex - 6

Age
Average 54
Range: 29-66

Consents
7

Offered
0

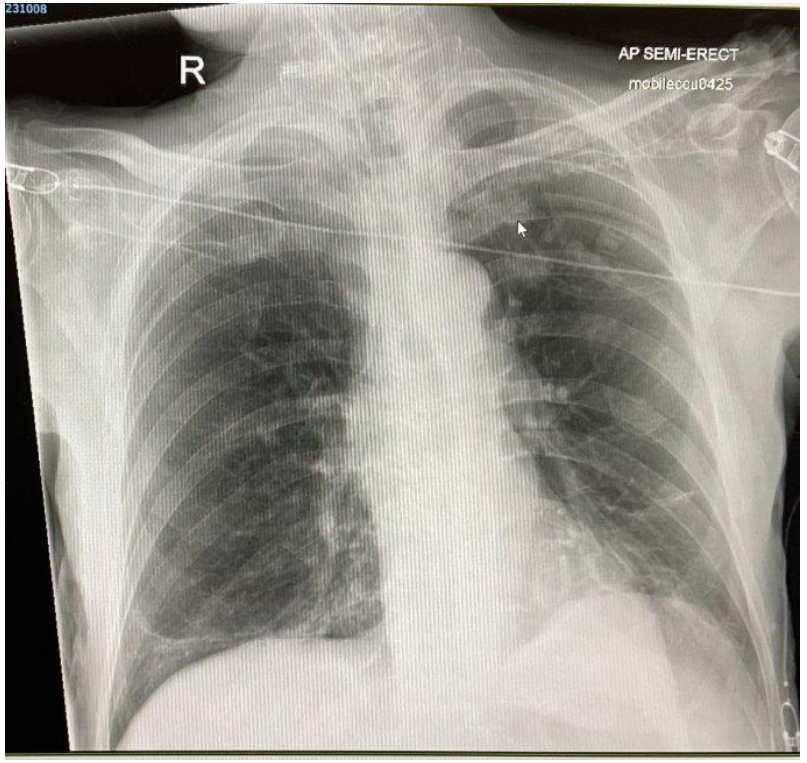
One ACD in theatres
Two liver only
Ten Kidney only
4 CT and Abdo retrievals

Review of 25/45 donors by Tx clinician

Key message:

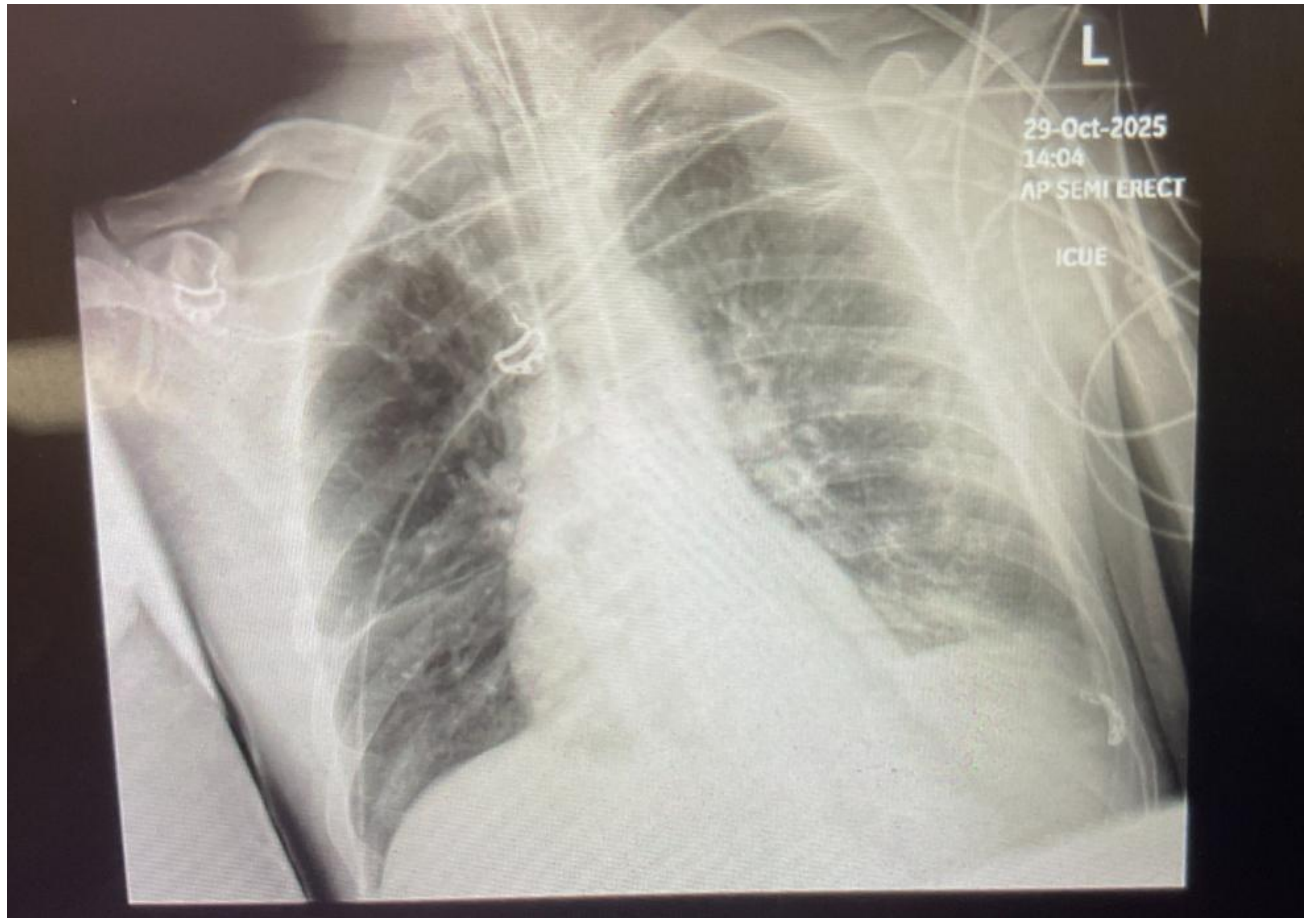
systematic over-calling of “major consolidation” and missed opportunities for lung utilisation

- CXR reports not supporting major consolidation (7 CXRs clear/no findings)
- Consolidation limited to one lung (potential single-lung offer)
- Reversible causes (atelectasis, oedema, aspiration)
- Good PF ratios
- Young age or minimal smoking history



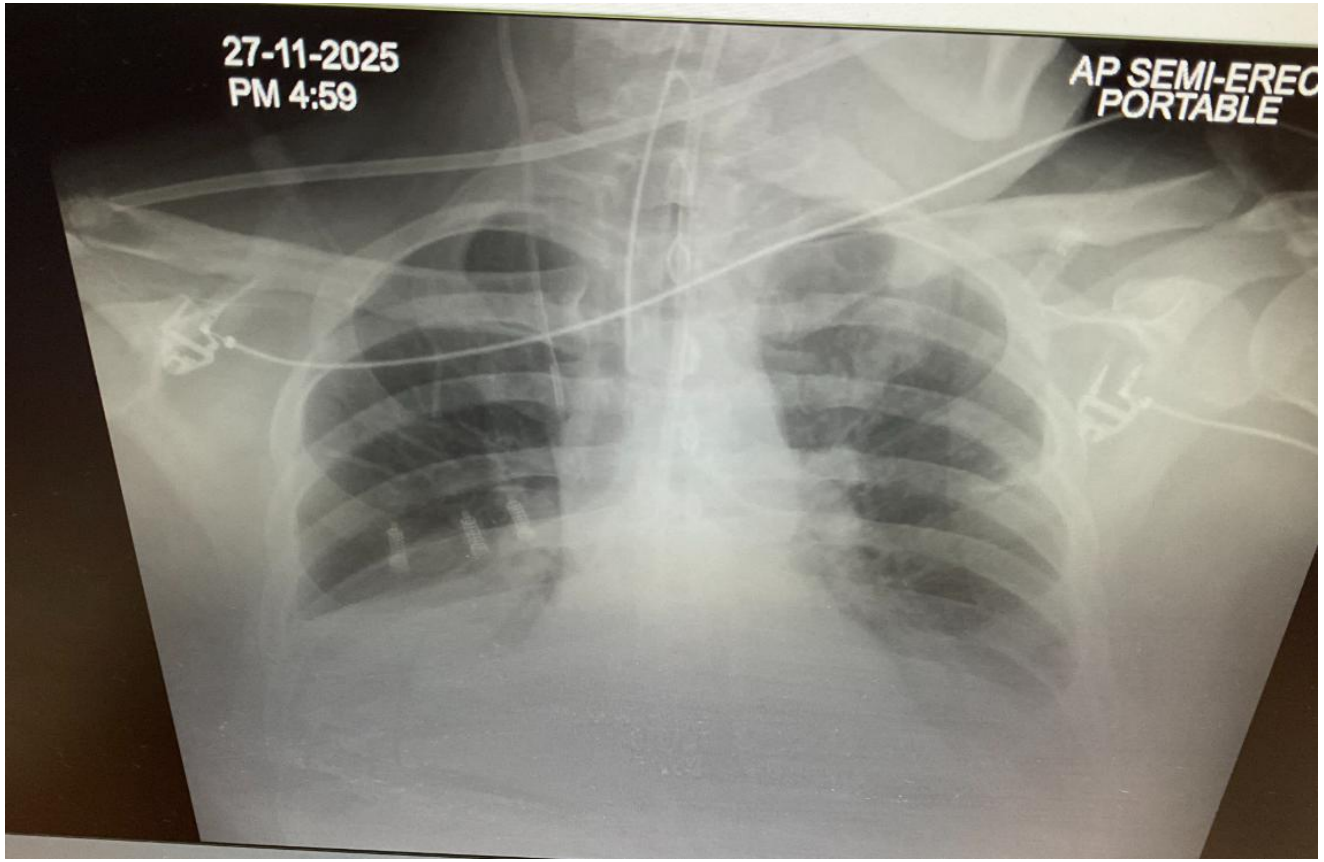
Many CXRs reports:

- Clear - 7
- Atelectasis - 7
- Oedema - 5
- Pleural effusions
- Mild patchy changes
- Trauma-related contusion
- Aspiration that improved
- Unilateral consolidation



DCD donors disproportionately affected

- More conservative decision-making in DCD?
- DCD lung optimisation?
- Missed EVLP opportunities?



- PF ratios:
- 30.8
- 34.75
- 43.33
- 42.86
- 52.57

Estimated Impact

Approximately 25–35% of these donors could potentially have been offered - (either directly or via EVLP).

Given the typical UK lung utilisation rate (~20–25%), this represents a **meaningful opportunity to increase transplant activity**. Especially in the era of EVLP/ARCs

Suggestion to CTAG Lung:

Support:

1. Removal of major consolidation from Policy 188
2. If concerns utilise screening calls to support SNODs in decision making
3. Education to SNODs
4. Screening underutilised

THANK YOU

- Vicky Gerovasili – Transplant Physician & National Cardiothoracic Utilisation Lead
- Sarah Mason - National Professional Development Specialist Nurse OTDT

- Supported by Daniel Clark - Lead Nurse South East Organ Donation Services Team