Kidney Advisory Group

Which kidney should be offered? Report of a short term working group.

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Background

At a meeting of the National Retrieval group it was noted that allocation and transport of kidneys would be speeded up if centres were not allowed to express a preference for either right or left kidney, which usually occurs once the kidney is retrieved and the anatomy relayed back to the recipient centre. When this was raised at the Kidney Advisory Group it was agreed to establish a short term working group to discuss the issue. Membership of that group is as stated above.

Situations where choice was thought to be beneficial:

Recipient factors

- Obese recipients - left kidney preferred for the longer vein
- Long waiter or highly sensitised recipient – avoid damaged or poorly perfused kidney
- Paediatric recipient

Kidney factors

- Multiple arteries / veins
- Renal tumour
- Damage to organ or vessels
- Poor perfusion in situ
- Smaller kidney
- Stripped ureter
- Multiple cysts
- Patch cut off or damaged
- Severe aortic atheroma

Discussions

A number of points were discussed.

- The aim was to minimize delays in moving kidneys from the donor hospital to the recipient centre.
- It was noted that currently with pancreas offers (and liver + kidney and heart + kidney), the renal centres get no choice over which kidney is allocated.
- There was general agreement that there need be no choice if the anatomy and perfusion were normal.
- The NORS teams may not recognize issues with the kidneys at the time of retrieval, and may describe anatomy inaccurately.
- Variability in defining quality of perfusion at retrieval was great, so a kidney reported as “poorly perfused” may be satisfactory.
- The possibility of listing a patient with a pre-request for a particular sided kidney was raised.

- A solitary kidney should go to the highest ranked patient on the national kidney allocation scheme.
- It would be unacceptable to deny a patient a transplant on anatomical grounds.
- Can the index centre change its mind if, at retrieval, the left kidney is found to be unusable?
- The availability of photographs post-retrieval was considered likely to help the decisions, although this would put the decision regarding which side to accept back to post-retrieval.

Proposal

1. The left kidney will be allocated to the recipient who is highest on the national kidney allocation scheme (the index patient).
2. Centres accepting a kidney on behalf of a paediatric recipient or highly sensitized (cRF>85%) or long waiter (>7 years) recipient may subsequently change their decision based on reported anatomy, damage, or perfusion quality. This will be monitored to see whether it is necessary, and may be phased out.
3. If the left kidney is deemed not usable by the NORS team, then, after discussion with the NORS team and review of any photographs, the centre with the index patient can ask for the right kidney instead. This will be helped by the introduction of photographs of kidneys after retrieval. A pilot study examining photographs of kidneys at retrieval will start in May 2017.