NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE

NATIONAL RETRIEVAL GROUP

Availability of kidney images with deceased donor organ offers – an update on the regional pilot study

1.0 Introduction

Preventing the unnecessary discard of procured deceased donor organs is a key part of NHSBT's strategy to improve organ utilisation. A recent study of discarded kidneys has shown that approximately 30% may have been implantable, and a survey of consultant abdominal transplant surgeons indicated that almost a third of respondents felt that more information on organ appearance at the time of retrieval would increase the successful transplantation of higher risk organs (C Callaghan, Advisory Group Chairs Meeting July 2016).

A pilot study of taking images of deceased donor kidneys at retrieval has been presented previously to NRG, and KAG. The pilot started on 1 May 2017 within the London and the Southeast SNOD teams. This is an update on progress for NRG, and an opportunity for feedback. Please pass on any comments to chris.callaghan@gstt.nhs.uk.

2.0 Pilot study pathway

2.1 In order to assess the utility of organ imaging, the subset of kidneys most likely to be discarded was targeted first. Therefore, criteria for imaging deceased donor kidneys during this stage of the pilot are any of the following:

1) deceased donor aged 70 years or over
2) 'poor/patchy' kidney perfusion on the back-table at the donor centre, after flushing with additional cold preservation fluid
3) injury to the renal arteries or veins (not the aortic patch)
4) other concerns that the retrieval surgeon has that could lead to organ discard e.g. renal mass

If any of criteria 1) to 4) are met, images are taken at the donor centre by the SNOD (via iPad).

2.2 The series of organ images are sent as an email to duty.office@nhsbt.nhs.uk. The SNOD verbally lets the Duty Office know that the emails have been sent. The Duty Office lets implanting centres know that images are available, either via SMS, or during offers for named patients. The Duty Office sends emails with images to an appropriate nhs.net address at the implanting centre.

2.3 The aims of this first stage of the pilot study are to ensure acceptability within NORS teams, local theatre teams, and SNOD teams, and to test IT pathways. The impact of organ imaging on utilisation rates will be assessed during the next (national) phase of the pilot.

3.0 Early outcomes of the pilot study

3.1 Two teleconferences have been held with the pilot study working group to assess progress and problems since the pilot study has been open. No concerns have been raised by NORS teams, local theatre teams, the Duty Office, or SNODs. Some NORS teams and Duty Officers were not fully aware of the study; these issues have been resolved. There have been no IT issues raised. Feedback has been collected via meetings with the two SNOD teams, and with the Duty Office.

3.2 The regional pilot will run for three months, ending 31 July. Further meetings will be held with regional SNODs for feedback and written feedback from SNOD teams will be collected. The final results of this regional pilot will then be presented to NRG and KAG.

3.3 If this regional pilot proves successful, a national pilot will then take place. Feedback strategies will be confirmed after the regional pilot is completed and before the national pilot is undertaken.

3.4 If successful, extending this process to other kidney donors and other organs will be considered.

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