

Department of Renal Medicine & Transplantation

Deceased donor kidney

How doctors decide if organs from a deceased donor are suitable to be used for transplantation

This leaflet is for anyone hoping to have a kidney transplant at St George's Hospital. It explains the information doctors will consider before deciding whether a deceased donor's organs are suitable to be used for transplantation.

You will also be given the leaflet, 'Information about your deceased donor forthcoming transplant', which offers more information about the transplant itself.

When you have read both of the information leaflets, please complete the attached checklist. Your name will not be put on the active transplant waiting list until you have returned the checklist to us. If you would like further information, or to discuss this further before signing the checklist, please contact the transplant sisters on 020 8725 0107.

From where do donor kidneys come?

Organs for transplant come from someone who has died and who wanted to donate their organs to help someone like you after his/her death. Most organ donors have died of a medical condition, such as a stroke or heart attack. It is uncommon for a young patient to be an organ donor or for the donor to die as a result of an accident. The average age of organ donors in the UK is increasing. In 2019 it was 52 years old, with some donors aged up to 80 years old.

Kidneys from older donors generally work less well than kidneys from younger donors. However, they are still very successful. In 2019-2020, 36% of deceased donors were aged 60 years or more. In particular, the proportion of donors aged at least 70 years has increased by 15%.

The transplant kidney may not be perfect, but your doctors and transplant surgeons will only ever transplant a kidney that they think will work well enough to avoid the need for dialysis.

Transplanting two kidneys (dual transplants)

Sometimes the transplant team may decide to transplant two kidneys from the same donor. This is done when we think a single kidney will not work well enough for you. If we think you will benefit from receiving a dual transplant from a particular donor we will discuss this with you when you are called in for your transplant. You have the right to decline this option if you wish.

Occasionally, we may be offered kidneys from a very young child. In this case, it is usually better to transplant both kidneys into a smaller recipient. In the long term, these kidneys work very well. However, there is a slightly increased chance that the blood vessels to the

kidney may clot (thrombose) around the time of the transplant. This option will also be discussed with you when you are called in for your transplant.

How thoroughly do you check the medical health of the donor?

We obtain as much medical information as possible from a deceased donor's family and their GP. However, some donors have medical problems that we do not know about at the time of death. This means that there is a very small chance that infection or cancer could be passed on to you with the kidney after transplant.

Infections/viruses

We make every effort to check all organ donors for the presence of significant infections. However, some donors may have viral infections that are not known about. Others may have viruses that we feel present a low risk to the recipient, such as cytomegalovirus (a virus belonging to the herpes family). Drugs can be given to a recipient after the transplant to prevent or treat such viruses. The risk of you catching a life-threatening infection is very small.

Some donors are known to have taken intravenous drugs or to have taken part in other behaviours that increase their chance of having the hepatitis or HIV virus. Although we screen all donors for these viruses, there is a small chance that an infection in such high-risk donors may be missed and transmitted to the recipient. If such an infection was transmitted to you, you may need to take anti-viral drugs for the rest of your life. This is in addition to the usual immunosuppressant drugs that prevent rejection of the transplant.

Cancers

Approximately one in 2,000 donors has a cancer that we do not know about and which can be passed on with the kidney transplant. This can be a fatal complication. Unfortunately, we cannot predict which donors may have a hidden cancer or when this might occur.

Around two in 100 donors have died from a cancer in the brain. It is common for transplant doctors to use organs from these donors as these cancers only rarely spread outside the brain. However, there is a small chance that if your kidney donor had such a cancer, it might be passed on to you.

Some donors may have had a cancer treated in the past which is believed to have been cured. We try to get the details of any cancers and their treatment before deciding that a donor's organs are safe to use.

What if a suitable kidney does not become available?

There are a number of complications associated with waiting for a transplant over a long period of time. The longer you wait for a transplant, the greater the chance that you will experience complications. It may also mean that your health might deteriorate enough to make you unfit for surgery or even that you might die while on the waiting list.

Although we aim to perform your transplant as soon as possible, we will only ever offer you a kidney that we believe will work and avoid the need for continuing dialysis.

Also, you will only be offered a kidney that we consider to have an acceptable risk.

Useful sources of information

National Kidney Federation: www.kidney.org.uk

NHSBT transplant activity reports: <https://www.odt.nhs.uk/statistics-and-reports/organ-specific-reports/>

Kidney Care UK: <https://www.kidneycareuk.org/>

NHSBT Organ donation: <https://www.organdonation.nhs.uk/>

Contact us

If you would like further information about medical decisions surrounding kidney transplantation or if you would like to discuss things further before signing the checklist below, please contact the transplant sisters on **020 8725 0107** (Monday to Friday, 8am to 4pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



Checklist for patients awaiting a kidney transplant

Patient ID label to be attached here:

Name:	Date of birth:
Address:	Hospital number:
	Date:

Your kidney doctor and transplant surgeon have recommended that you should be considered to receive a kidney transplant from the national waiting list. Once you have read the leaflets given to you, discussed the operation with the surgeon, and feel happy to go ahead with the transplant, please sign this form and hand it to your surgeon or a member of the transplant team. Your name will then be put on the active transplant waiting list.

There are some risks involved in kidney transplantation as explained in the leaflets. Please read and indicate your agreement with the following statements.

I am aware of:

- the reason for recommending a kidney transplant.
- the risk of waiting for a kidney transplant.
- the different types of kidney donors (following brainstem death, following circulatory death, marginal donors such as older persons and higher-risk donors),
- the possibility of receiving two kidneys at the time of surgery,

I have received the following leaflets:

- Your forthcoming deceased donor transplant
- Deceased donor kidney

I have been advised:

- of the common surgical risks, such as bleeding, thrombosis, infection, urinary complications, developing fluid collections around the kidney that require drainage, the need for another operation and the risk of developing clots in the legs or lungs. There is a small risk to life association with a renal transplant.
- that the donor kidney may not function immediately and that I may require dialysis until the kidney works.
- that I may require a kidney biopsy and be treated for rejection.
- that I will need to take long-term immunosuppression medication, which can cause long-term side effects, including infections, diabetes or cancers such as skin. cancers or lymphoma

on the risk of COVID 19 infection during the surgery and after kidney transplantation

I have been given the opportunity to discuss any concerns that I have about receiving a kidney transplant.

If you, the patient, agree with the statements above, please sign below.

Signature:

Date:

For interpreters: Please verify that the information found in these leaflets and checklist has been translated to the above recipient and that their wishes have been recorded on this form.

Name of interpreter:

Signature of interpreter:

Date: