

Transplant Basics for the Surgeon Designee


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Objective



Describe the transplant team's approach to identification, referral and evaluation of the potential transplant candidates



Transplant Surgeon Designee

▶ Who could be a Transplant Surgeon Designee?

- ❖ *Registered Nurse with a dialysis experience of at least one year*
- ❖ *Social Workers*
- ❖ *Completion of educational program for transplant designee (initial and recertification program)*



Responsibilities of a Transplant Surgeon Designee

- Evaluate all End Stage Renal Disease patients in your unit for kidney transplant suitability.
- Gives every patient information about kidney transplant during initial assessment.
- Refer potential candidates to a transplant center and assist patient in scheduling appointment.




Responsibilities of a Transplant Surgeon Designee

- Coordinate with other team members and ensure that patients required testing is completed and faxed to the transplant center
- Coordinate and ensure that monthly blood specimen is sent to the Sharing Network before the 10th of each month.
- Acts as a resource person in your dialysis unit.



Responsibilities of a Transplant Surgeon Designee

- 
- Communicate with the transplant center of any change in patient's medical status or demographic information.
 - Use a binder in tracking your patients on the kidney transplant list.

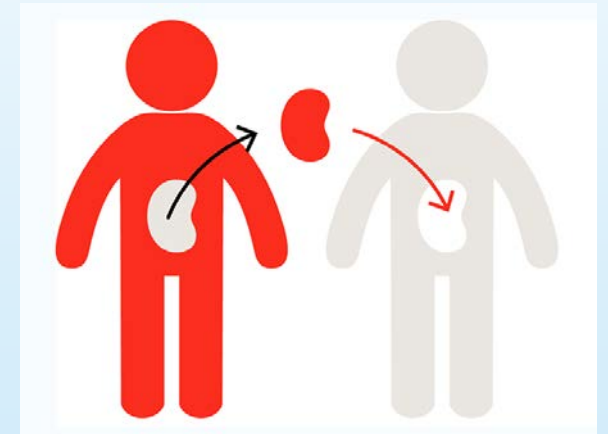
Treatment Options: Chronic Kidney Disease

Dialysis

Hemodialysis
Peritoneal Dialysis

Kidney Transplant

Living Donor
Deceased Donor





Benefits of Transplantation


- Increased life expectancy compared to those who remain on dialysis
- Enhanced quality of life due to improved health and energy
- Benefits can vary based on age and other medical conditions of the transplant patient



Benefits of Living Donor Kidney Transplant

- Generally the kidney has immediate function
- Can last twice as long as a deceased donor kidney
- Less risk of Rejection
- Less use of anti-rejection medications & side effects
- Scheduled at convenient time for donor & recipient

**** (Recipient is able to bypass waitlist and transplant scheduled when recipient & donor are ready)*



Incompatible Blood Type Transplant

Non A1 to Blood type B candidate

- ➡ B blood type wait the longest for a deceased donor kidney
- ➡ Some B blood type candidates can receive an A blood type deceased donor kidney
- ➡ Blood type A has subtypes: A1 and Non-A1
- ➡ Some B blood type candidates can receive a Non-A1 kidney
- ➡ Success is excellent! Almost the same as a compatible kidney
- ➡ Receiving a Non-A1 kidney lessens that wait time




Absolute Disqualifying Medical Conditions

- End Stage Heart or Liver Disease
- Advanced Cancer
- Advanced Pulmonary Disease
- Chronic Infection
- Significant Psychiatric or Neurological problems
- Active Drug or Alcohol Use



Relative Disqualifying Medical Conditions

- ➡ Advanced Age- 75 and older needs living donor
- ➡ Coronary Artery Disease/ low Ejection Fraction
- ➡ Cancer , non-metastatic
- ➡ Severe non-compliance
- ➡ BMI > 42



Transplantation Evaluation Goals and Objectives

- ▶ Patient understands the risk & benefits of transplantation
- ▶ Patient is medically suitable to undergo surgery
- ▶ Patient is psychologically and socially able to live successfully after transplantation
- ▶ Patient has the financial resources to cover the costs of transplantation and long term costs of the medication



Requirements for Active Listing for Kidney/SPK

- Patient attends education and evaluation program and is assessed by multi-disciplinary team
- All potential candidates reviewed at weekly Interdisciplinary Selection Committee meeting
- Complete Blood work
- HCV, HBsAg + Ab, HIV, CMV, EBV and ABO (#1)
- CXR
- EKG
- Stress/Echo if indicated



Requirements for Active Listing for Kidney/SPK

- ➡ Pap Smear
- ➡ Mammogram (>45)
- ➡ PSA (all men > 50)
- ➡ Colonoscopy (all patients > 50)
- ➡ Dental Clearance, if indicated



Requirements for Active Listing for Kidney/SPK

- HLA testing
- Also known as tissue typing. Part of one's genetic make-up that help regulate inflammatory responses to infections, cancer and foreign (non-self) tissues.
- PRA
- ABO (2 results per regulation)



Documentation required from Dialysis unit

- Copy of MER (2728)
- MUST have to activate patient on list
- Copy of Patient's Plan of Care
- Copy of initial Psychosocial Assessment
- Copy of initial Nutritional Assessment
- Most recent blood work to include hepatitis panel

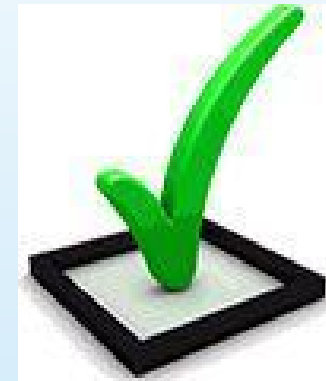
Activation

- ▶ Once all requirements have been met, patient is now ready for activation



Patient ready to be Activated when....

- All required testing received, reviewed and cleared by MD
- Insurance has been cleared
- ABO verified per UNOS policy
- MER is on file
- Initial HLA testing done





Activation

- ▶ Patient is listed with UNOS
- ▶ Patient, referring MD and dialysis unit is notified in writing
- ▶ Monthly blood specimens can now be sent



Monthly Blood Specimen

What's it For?

- ▶ Tests are conducted to determine whether the potential recipient has developed antibodies
- ▶ This information, along with serum sample, is stored at the NJ Sharing Network. The sample will be used for cross matching when a kidney becomes available.



Monthly Blood Specimen

Why do you need to send the blood monthly?

- ▶ While patient is waiting for a kidney, their health status may change
- ▶ Patient can develop antibodies against a possible donor
- ▶ Blood samples are tested periodically for these antibodies
- ▶ Ideally, sample should be no more than a month old for cross matching

Where do antibodies come from?

- Developed by patient's immune system due to exposure to foreign genetic material.
- This could be from :
 - Blood transfusions
 - Previous organ transplant
 - Pregnancy
 - Infection or inflammation
 - Immunizations





Monthly Blood Specimen Protocol

- 10 cc red top tube of blood per patient
- Include the following information on Label
- Name: _____
- DOB: _____
- SS: XXX-XX-1234
- ❖ NO longer require to use full SS# the Label
- Specimen Date : _____
- Drawn By : _____


Monthly Blood Specimen Protocol

- ▶ If any information is missing or incorrect, the specimen will be discarded.
- ▶ No need to refrigerate the specimen
- ▶ Send specimen within 24 hours of being drawn






So what if the blood isn't current?

- ▶ Would prefer if sample is no more than 1 month old.
 - ▶ The antibodies can change at any time.
 - ▶ Not safe to attempt transplant on a patient if blood specimen is not current.
 - ▶ Recipient loses an opportunity for a transplant.
- 



Managing Wait Listed Patients – Transplant Designee's Role

- Assist patient
- Patient education
- Communication with Transplant Center
- Change in demographics
- Change in insurance
- Change in Medical condition
- Psychosocial issues
- Change in dialysis unit



When a kidney becomes available

- A list is generated via UNET according to blood type
- New Kidney Allocation System
- Recipient with most points appears on top of the list
- Recent monthly tissue typing sample for cross matching



Cross Matching

- CDC Cross Match
- Test uses recipient's serum and donor cells
- Recipient's serum mixed with cells from potential donor's blood
- If there is NO destruction of the donor cells, this is a **NEGATIVE** cross match
- If there is cell destruction, this is a **POSITIVE** cross match
- This test **MUST** be done prior to proceeding with any transplant



Cross Matching

- ▶ Flow Cross Match - A more sensitive test
- ▶ Used on patients with PRA > 20%
- ▶ Able to detect more specific antibodies prior to transplant
- ▶ Depending on how weak or strongly positive the cross match is will determine if the transplant can occur



When a kidney becomes available....

- Kidney offer is reviewed by the Transplant coordinator on call
- Potential recipients are reviewed by the on-call Transplant Coordinator
- Donor & potential Recipients are reviewed with Transplant MD's
- Basic donor data is reviewed with the potential recipient
 - High KDPI >86%
 - DCD Donor (Donation after cardiac death)
 - Public Health Increased Risk Donor
- Cross match testing starts once patients have consented to accept the specific kidney donor



What can go wrong.....

- ➡ Cross match is positive
- ➡ Kidney is procured & there is problem with organ
- ➡ Biopsy results unacceptable
- ➡ Donation after cardiac death donor does not die



Conclusion



- ➡ Transplant Designee is a “life line” between the patient and transplant center
- ➡ You are your patients advocate for transplant
- ➡ Patient assumes you will keep in contact with transplant center
- ➡ Call, e-mail us anytime and let us know how we can help “our patients.”
- ➡ We want a safe and successful transplant for our patients

Thank You !!!

