

PRETRANSPLANT - kidney offers

Abbreviated medical protocols from [EdREN](#), the website of the Renal Unit of the Royal Infirmary of Edinburgh

Local retrieval

Once a kidney becomes available, the the following procedure should be observed.

- 1 Tissue type to be established as soon as possible, usually from peripheral blood lymphocytes.
- 2 Tissue type will phone the results of donor tissue-type and results of highly sensitised patients to donor transplant co-ordinator. Tissue typist will also fax tissue type results to UK Transplant (UKT)
- 3 UKT will inform the donor transplant co-ordinator of the allocation of the kidneys as per National and Scotland & Northern and Ireland allocation schemes so that the kidneys can be packed and addressed to the appropriate centre.

UKT Offer of a Kidney

- 1 The on-call donor/renal recipient transplant co-ordinator will receive the offer of a kidney from UKT.
- 2 Transplant co-ordinator contacts transplant surgeon and asks for a decision as to whether the kidney should be accepted.
- 3 If the decision has been made to go ahead, then the transplant co-ordinator contacts the patient's own local Consultant Nephrologist and the RIE on call Consultant Nephrologist, to ensure that the patient is fit and should be called.
- 4 Transplant co-ordinator performs the following tasks:
 - Contact of the patient.
 - Arrangement of transport for the patient and his/her notes to the renal transplant unit; NB. APD patients to bring own machine.
 - Alert renal transplant unit and give details of patient and

- dialysis needs.
 - Alert the renal registrar with the patient details.
 - Alert the tissue typist with the patient details.
- 5 It is the responsibility of the surgeon and the transplant co-ordinator to arrange theatre and inform the anaesthetist to book the first available operating space.
- 6 It is the responsibility of the renal registrar to ensure the chosen patient is adequately dialysed and medically fit prior to operation.
- 7 The on-call renal / transplant SHO also liaises with BTS regarding grouping and saving.

Patients from other centres (Fife, Dundee, Aberdeen & Inverness)

- 1 Transplant co-ordinator will discuss the patient with surgeon and patient's local nephrologist. If the kidney is to be accepted, the transplant co-ordinator will also inform the RIE consultant nephrologist on call.
- 2 The nephrologist or the transplant co-ordinator to contact the patient and arrange transport of the patient to the RIE.
- 3 The nephrologist arranges the patients notes and x-rays to be sent to the transplant unit ASAP.
- 4 If the patient requires dialysis this to be organised in Edinburgh. The MRSA and virology status of the patient must be known.
- 5 As per 4-7 above.

When the kidney arrives at the Unit

- The kidney will arrive at the Transplant Unit HDU Ward 117.
- Check that the kidney is surrounded by sufficient ice, if not, top up. (This is the responsibility of Ward 117 Nursing staff).
- Send spleen and lymph nodes to BTS for lymphocytotoxic crossmatch. Please ensure that a SNBTS histocompatibility platelet immunohaematology form is completed and sent with the lymph node and spleen to tissue-typing.

- Note: Two kidneys may arrive in UNit if the kidneys are from a local donor. These kidneys will be allocated according to UKT and may need to be sent to another centre. For kidney allocation rules please see [UK Transplant web site](#).

In this case the box containing the kidney to be sent should not be disturbed, it will be picked up by the courier service as arranged by UKT. UKT will inform the transplant unit where the kidney is going to. Transplant unit to clearly write name and address of where the kidney is going. Check with UKT whether it is right or left kidney if in any doubt contact donor transplant co-ordinator.

Transplant protocols developed on the Edinburgh Transplant Unit. This page first published March 2002 by Amit Adlakha, revised November 2006 and last updated Sunday, January 14, 2007.

NOTE that the accuracy of any statements in this information CANNOT be guaranteed. It is published in the belief that it is correct, and we endeavour to keep it so - but we do make mistakes. Furthermore, over some subjects there are differing opinions, or differing degrees of certainty. We have usually not attempted to discuss these here because the aim has been to provide an immediate and brief guide. In all areas, prior medical knowledge is assumed. The EdRenHANDBOOK is not suitable for use by those without such a background. Contact us by [email](#) or at the address given at the foot of the [contents page](#) with any comments or corrections.

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