

Pre-emptive paediatric renal transplants at Great Ormond Street Hospital

BACKGROUND

Clinical guidelines

- "Pre-emptive transplant (before End-Stage-Kidney-Disease reached, requiring dialysis), from a living-related donor should be chosen, wherever possible" (1).

OBJECTIVES

Key questions

- How often have renal patients been pre-emptively transplanted at Great Ormond Street Hospital? (GOSH)
- Could Great Ormond Street Hospital have made better pre-emptive choices?

REFERENCES

1. Harden PN et al. UK Renal Association Clinical Practice Guidelines 4th Ed 07.

Candidate number: M5256

METHODOLOGY

Sourcing

- GOSH renal unit provided single centre data from 1 January 2003 to 31 December 2014.

Collation

- Using medical record archives we gathered data-rich illustrations of each patient's personal and medical profiles from presentation to present day, including whether pre-emptive transplantation occurred.

Analyses

- Values were cross-referenced with chronology of patient biochemistry values and management changes, establishing which non pre-emptively transplanted patients were, retrospectively, pre-emptive candidates.

RESULTS

Key figures

- Renal transplants: n = 326
- Living Donor: %n = 57.36
- Pre-emptive: %n = 39.57
- Living Donor pre-emptive: %n = 26.99
- Living Donor pre-emptive: % Pre-emptive = 68.217
- Pre-emptive candidates, not transplanted pre-emptively: %n = 13.19

CONCLUSION

Key recommendations

- Clinicians must become more skilled in identifying and acting upon patients with early signs of kidney disease.
- Thus, enabling pre-emptive planning and living-donor work-up in time, sparing dialysis and end-stage disease for the patient.

Key acknowledgements

Staff, patients and families of GOSH Renal

% of total renal transplants within each year at GOSH

