

BACKGROUND



 Although living donors represent more than half of the renal transplants performed at our center, there is still a wide gap between the need and availability of transplantable organs.

• During the period 2017-2018, a total of 55 living transplants were done at our center, Netcare Christiaan Barnard Memorial Hospital.

BACKGROUND, CONTINUE



 An additional 65 living donors were evaluated, screened and excluded at some point during the process.

 Evaluation and screening of living donors have many barriers and we attempted to analyze the reasons for our high exclusion rate.

METHOD



• A retrospective review was performed for the period January 2017 to December 2018 (2 years).

Records were drawn and reasons for exclusion were documented.

 Groups were divided into related vs unrelated donors. Male and female split was documented.

Donor ages ranged from 19-54 years.

RESULTS



LIVING KIDNEY DONORS EXCLUDED (65)		
Related living donors	33	
Unrelated living donors	32	
Male	31	
Female	34	



EXCLUDED LIVING KIDNEY DONORS X 65					
Main exclusion criteria	Out of 65 patients	%	Male	Female	
1. Obesity BMI ≥32	14	21,53%	4	10	
2. Positive cross match	13	20%	4	9	
3. Voluntary donor withdrawal	9	13.8%	6	3	
4. Hypertension	6	9.23%	4	2	



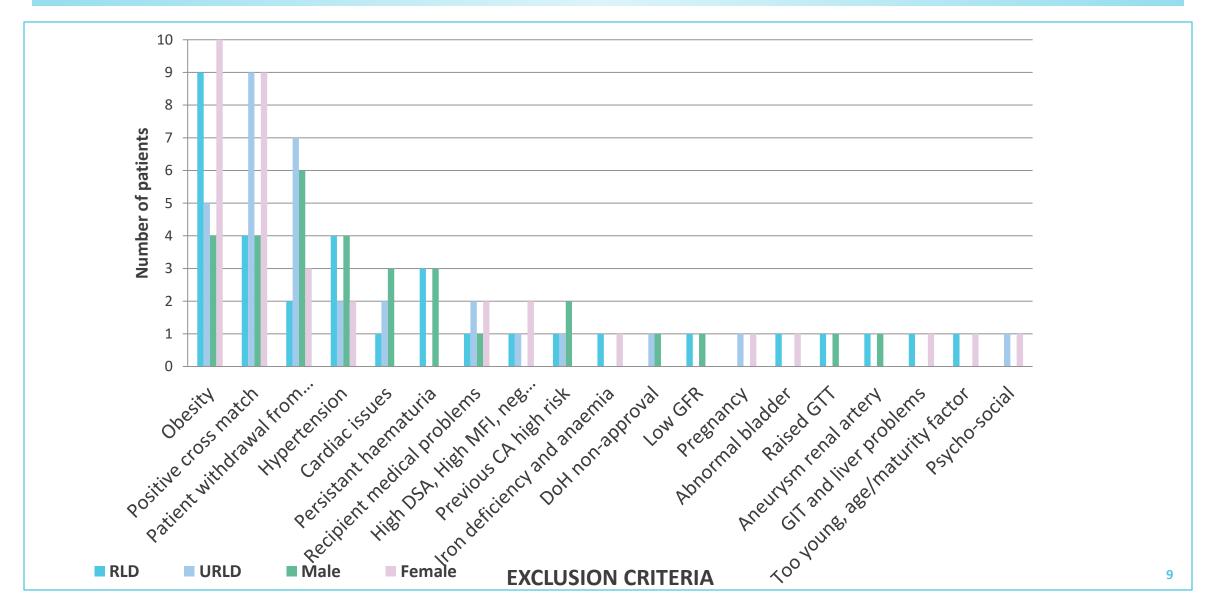
OTHER EXCLUSION CRITERIA	NUMBER OF EXCLUDED PATIENTS
5. Cardiac issues	3
6. Persistent haematuria	3
7. Recipient medical issues	3
8. High DSA, High MFI	2
9. History of carcinoma	2



MORE EXCLUSION CRITERIA (one patient per exclusion)

- 10. Iron deficiency anaemia
- 11. Raised GTT
- 12. Renal artery aneurysm
- 13. Low GFR
- 14. GIT and liver problems
- 15. Psycho-social contra-indications
- 16. Pregnancy
- 17. Department of Health non-approval
- 18. Abnormal bladder





CONCLUSION



 Analysis of our living donor pool, excluded for donation, showed that obesity is the leading problem, especially in the female group, followed by positive cross matching, also with a higher incidence in the female group.

 Hypertension and other medical causes were also identified, predominantly in the male group. In the group of voluntary withdrawal, 7 of the 9 were unrelated and withdrew due to psycho-social reasons. The Department of Health rejected one unrelated donor on <u>non-medical</u> grounds that had completed the entire process.

 Psycho-social evaluations identified a fundamental lack of understanding of the process in the early phase, poor family support and high risk behaviors in the younger population.

REFERENCES



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- 2. Rodrique J. R., Schold J. D., Mandalbrot D. A. The decline in living kidney donation in the United States: Random variation or cause for concern? Transplantation. 2013 Nov 15; 96(9); 10.1097/TP.0b013e318298fa61. [Accessed 5 August 2019]

