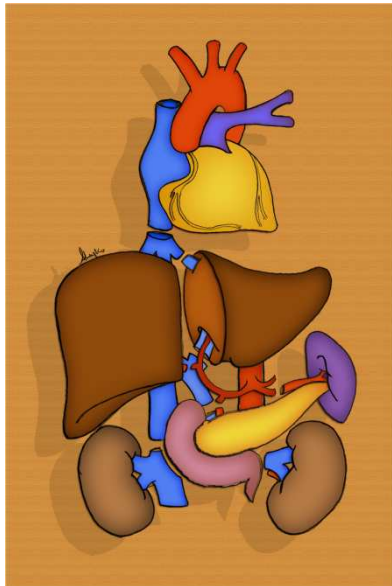


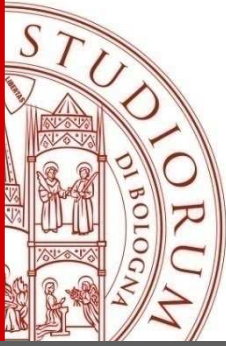
# *IL TRAPIANTO DI RENE DA VIVENTE*

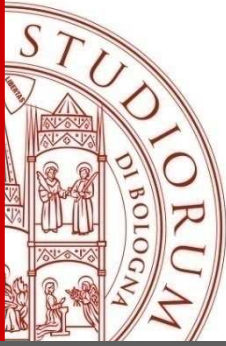


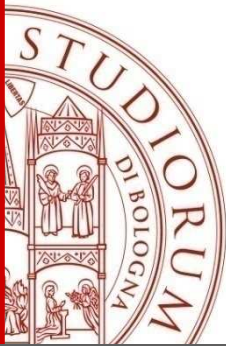
A.D. Pinna, M.D., PhD,  
*Professor and Chairman*

M. Ravaioli, M.D., PhD

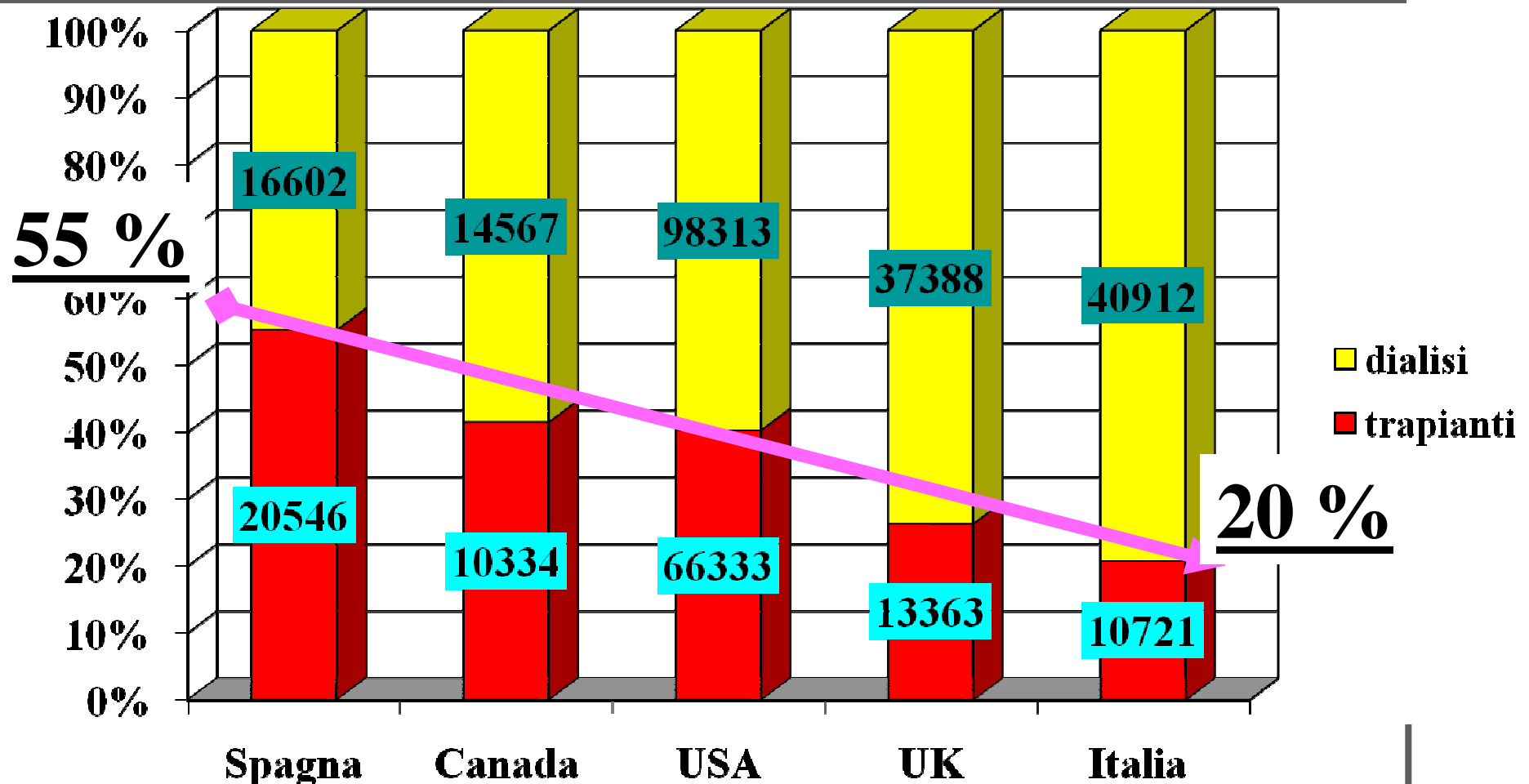
Department of General Surgery and Transplantation  
Policlinico Sant'Orsola Malpighi – University of Bologna  
Bologna, Italy

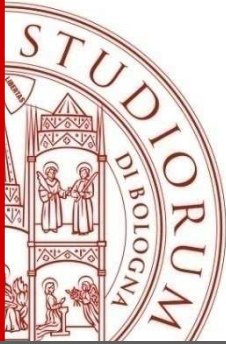






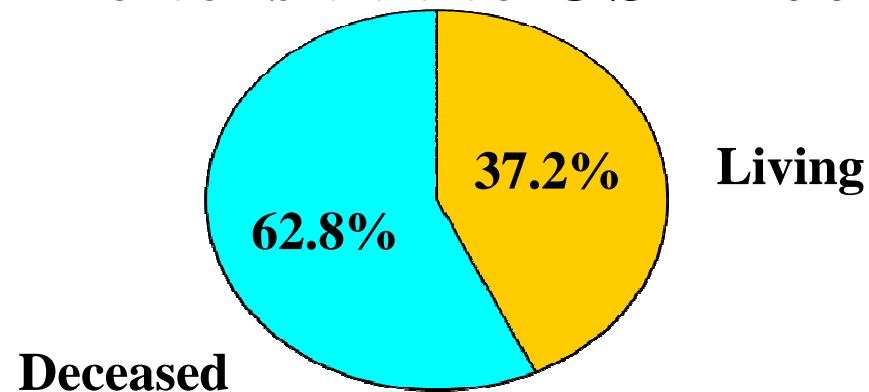
# Rapporto dialisi-trapianti di rene



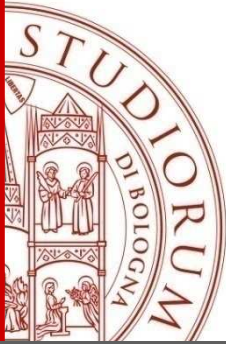


# Kidney transplantation strategies

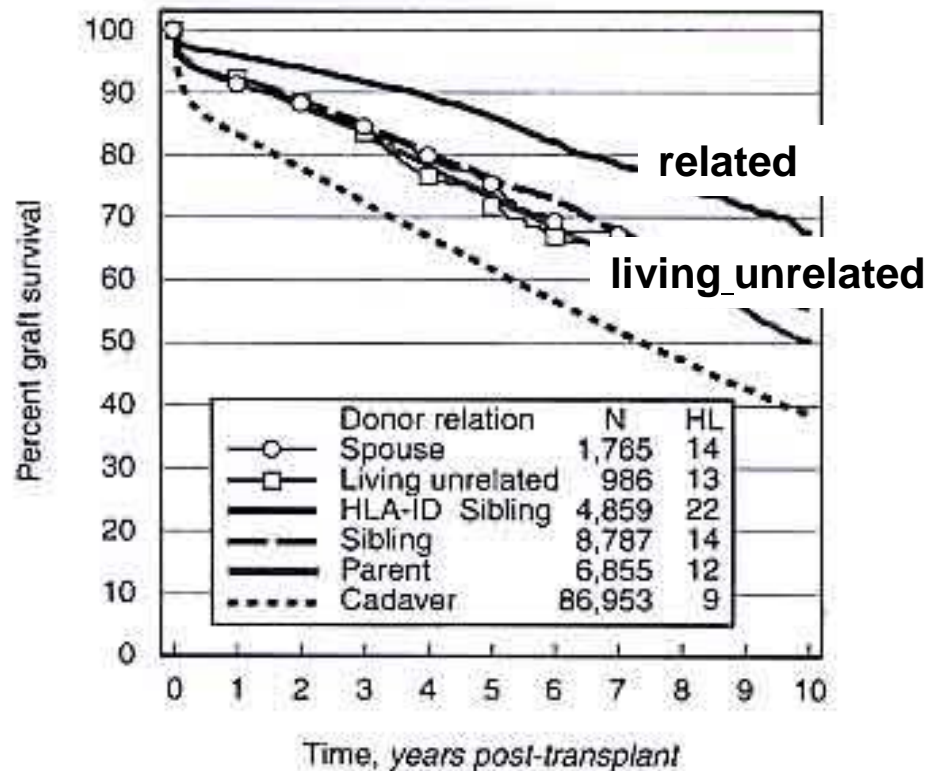
## *Living and Deceased Organ Donors in the USA 2008*



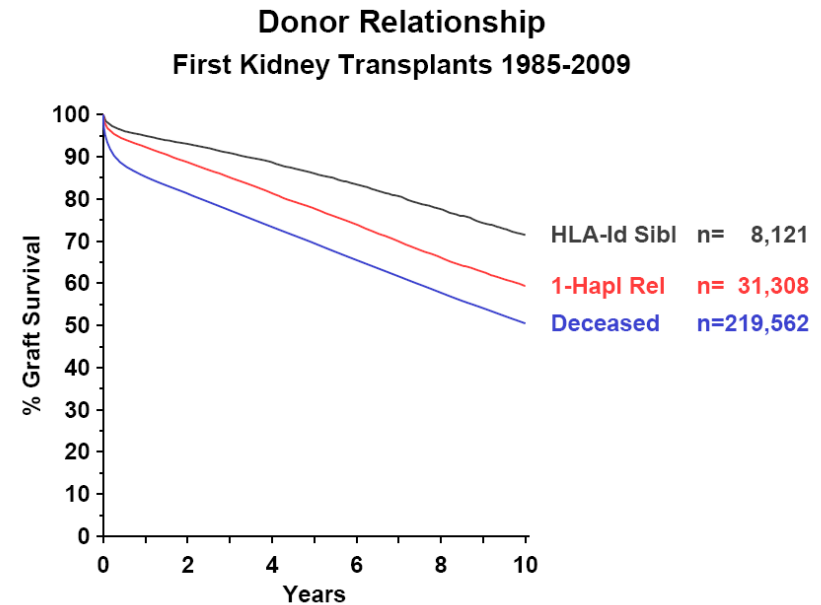
**United Network for Organ Sharing 2008  
(OPTN data)**



# Living Kidney Donation - Graft Survival



Gjertson and Cecka, *Kidney Int*, 2006



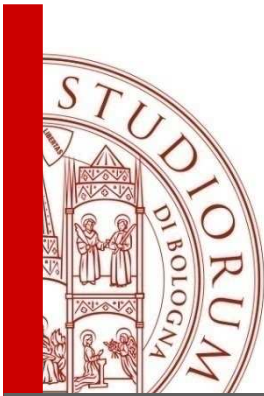
CTS Collaborative Transplant Study

K-15101-0711

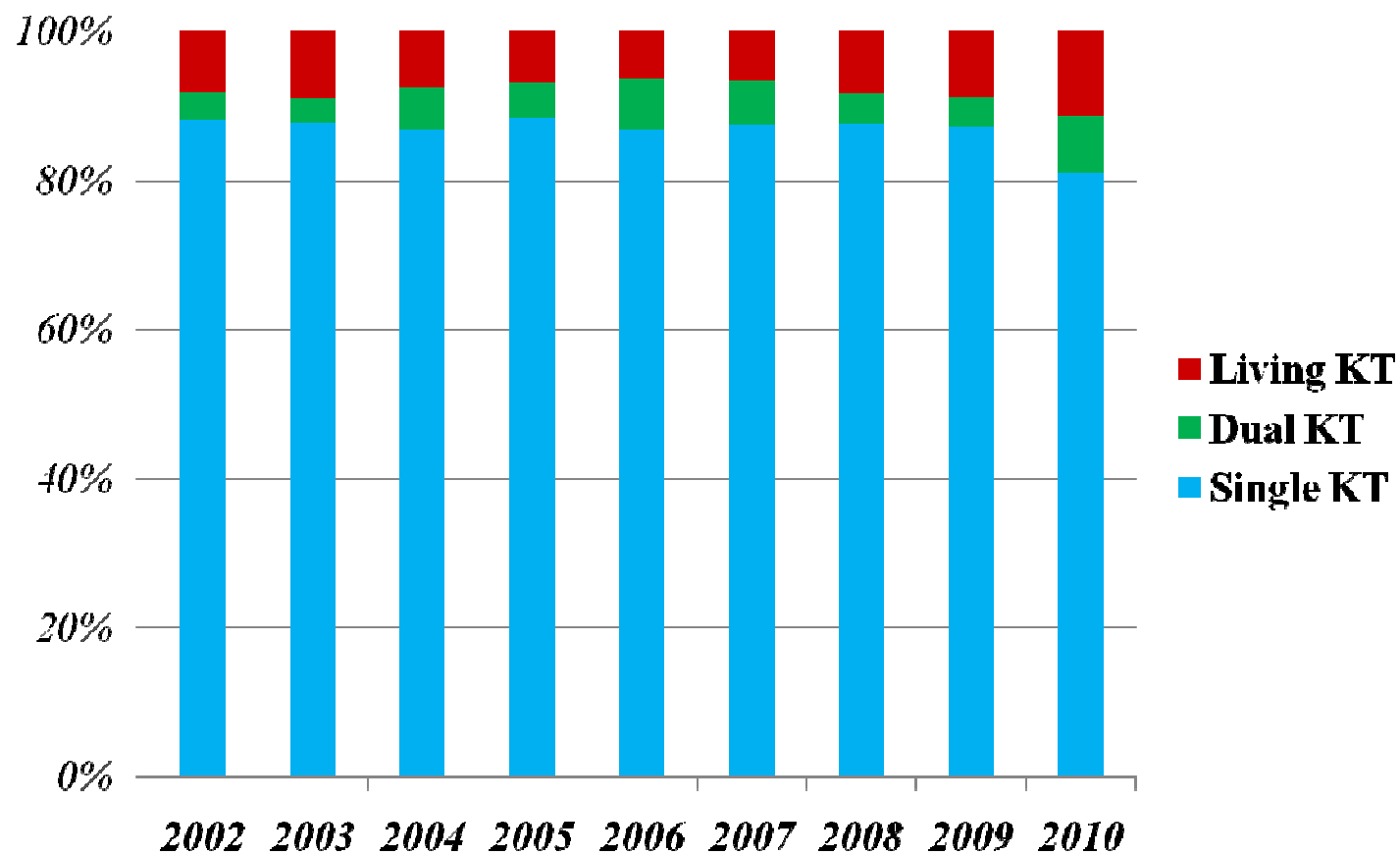
Collaborative Transplant Study

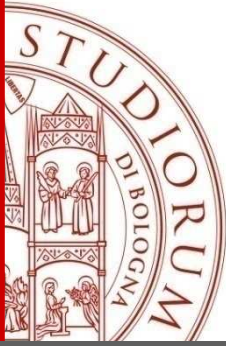
ALMA MATER STUDIORUM - UNIVERSITÀ DI BOLOGNA

IL PRESENTE MATERIALE È RISERVATO AL PERSONALE DELL'UNIVERSITÀ DI BOLOGNA E NON PUÒ ESSERE UTILIZZATO AI TERMINI DI LEGGE DA ALTRE PERSONE O PER FINI NON ISTITUZIONALI



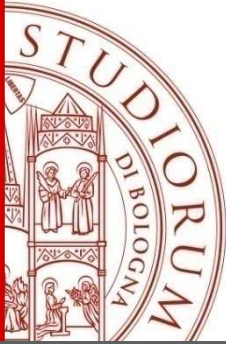
## Dual KT and living KT in Italy 2002-2010 (CNT data)





# Extended criteria donor to extend the pool

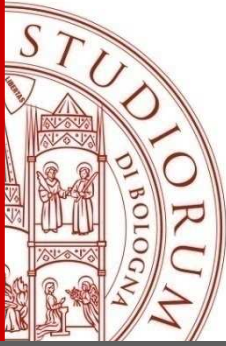




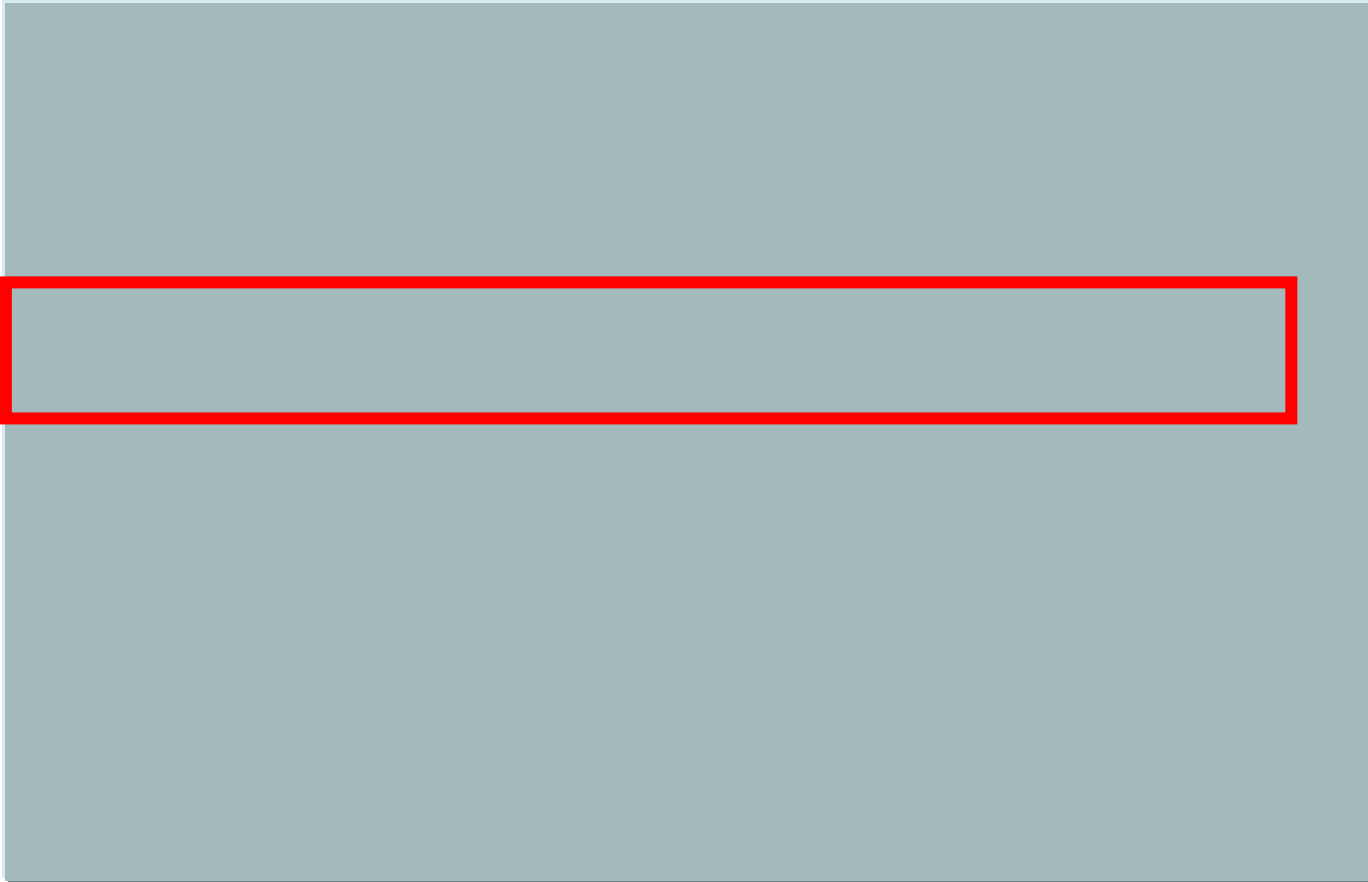
## Dual KT outcome with biopsy selection

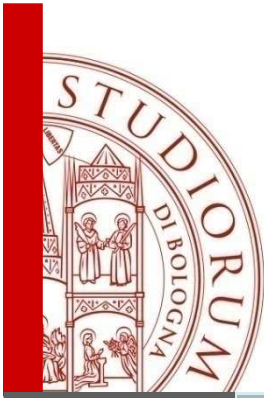


	<b>Median Cold-ischemia time</b>
SKT >60ys with Bx	18 h
DHT >60ys with Bx	18 h
SKT ≤ 60ys no Bx	15 h
SKT >60ys no Bx	16 h



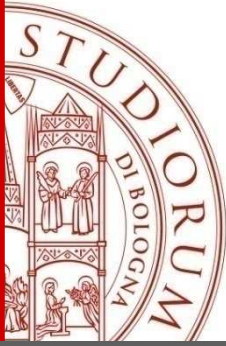
Surgical complication: 12-14%; vascular 6-12%





Machine perfusion study:  
28% ECD; CIT 15 hs; 6% anomaly anatomy

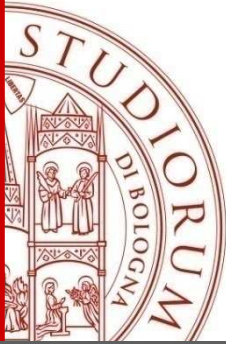




## Machine perfusion study:

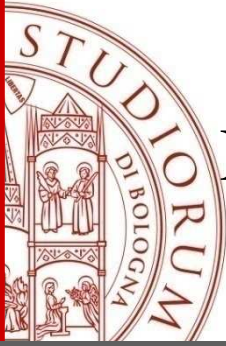
23-26% serious; 5-8% re-operation for bleeding or vascular;  
4% ureteral stenosis (minor? fistula?), 4-6% seroma





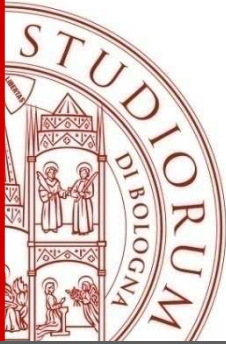
# Dual KT: Emilia Romagna experience 2001-2007





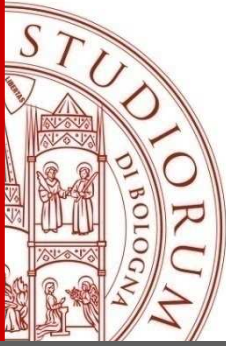
# Dual KT: Emilia Romagna experience 2001-2007





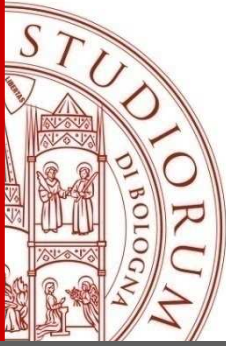
Previous data: 12-15% urologic complication; 11-16% early re-op.; 9-11% late re.op.; tot re-op. 20-27%





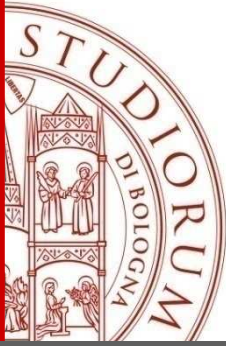
# Transplant centers with low performance assessments are stimulated to be more conservative





Transplant centers with low performance assessments are stimulated to be more conservative





## Strategy to reduce complications (prof. Pinna)

*Short ureter (<10cm) anastomosis with bladder (standard)*

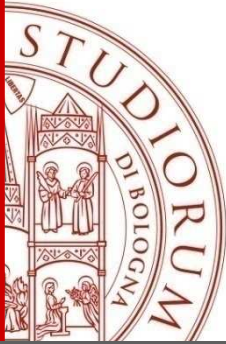
*Vein 6-0 prolene; Artery 7-0 prolene*

*Kidney biopsy at the harvesting to reduce ischemia time*

Cryopreservation graft for short living vein or artery

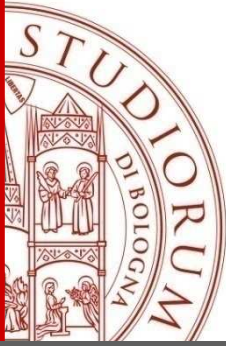
New/old retractor to better view (standard for high BMI, Dr. Ravaioli)

*Doppler at the end of procedure (standard, dr. Ravaioli)*



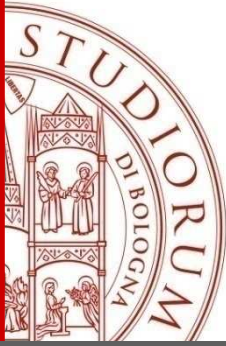
# Trapianto tecnica





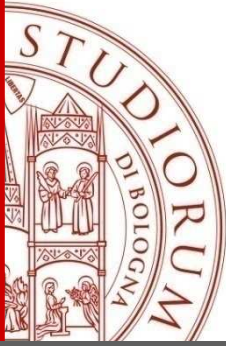
# Trapianto tecnica





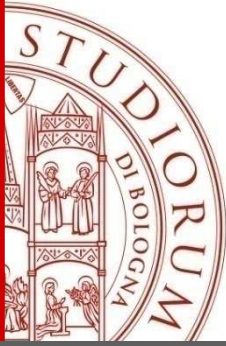
# Trapianto tecnica



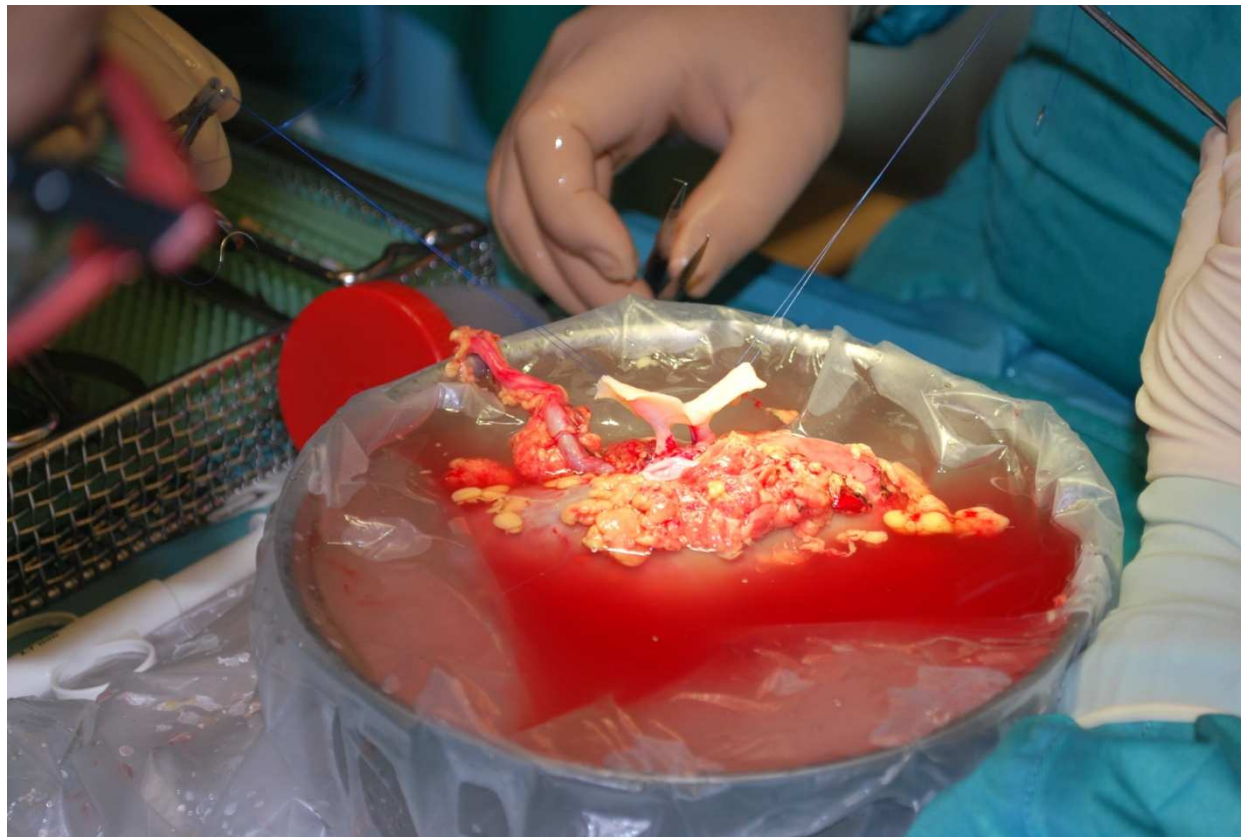


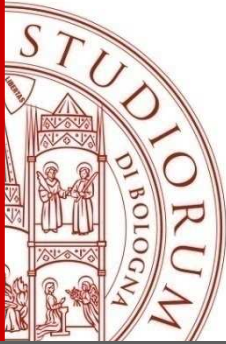
# Trapianto tecnica





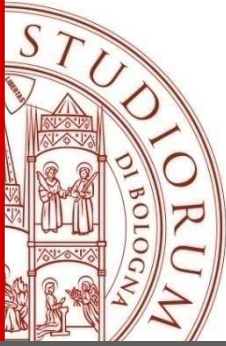
# Trapianto tecnica





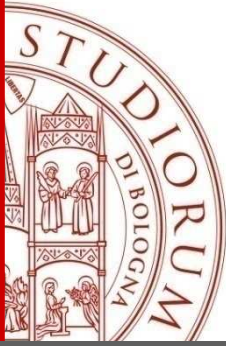
# Trapianto tecnica



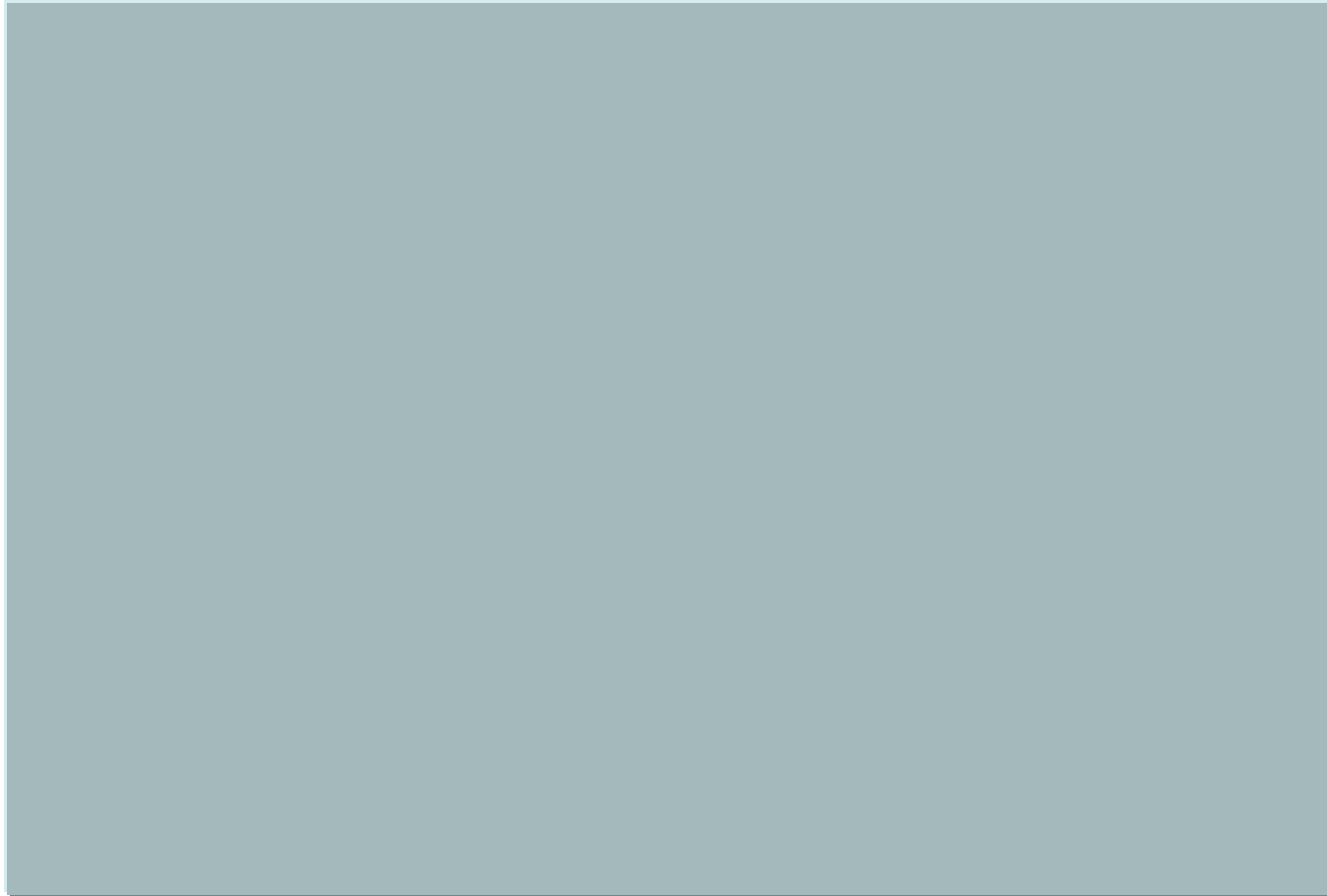


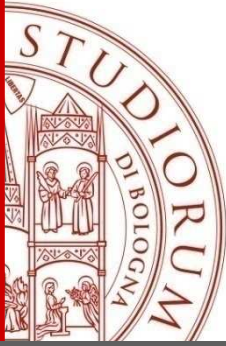
# Trapianto tecnica



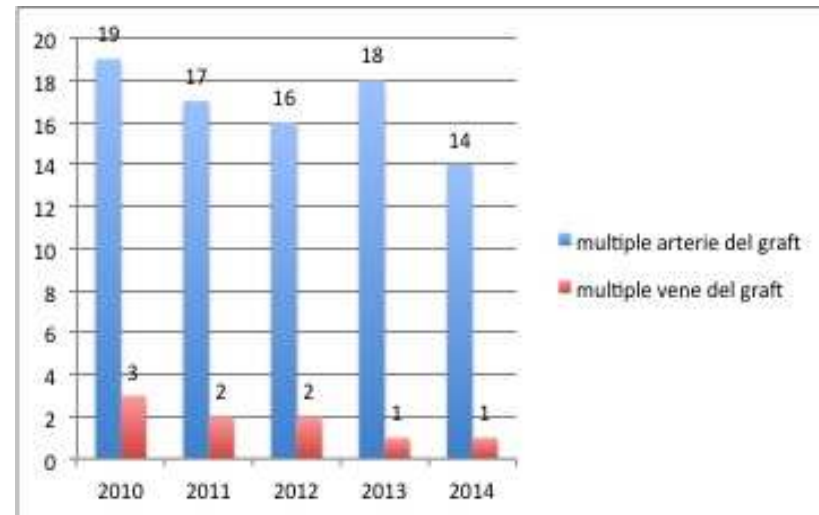
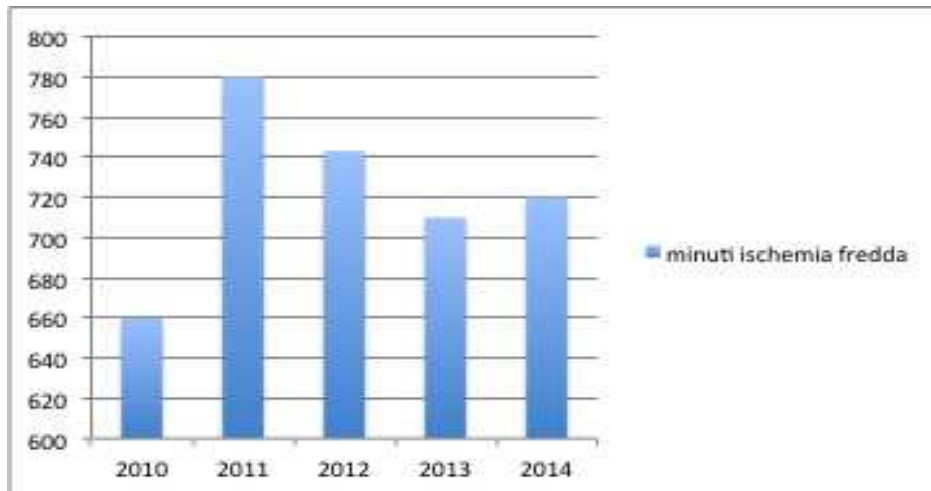


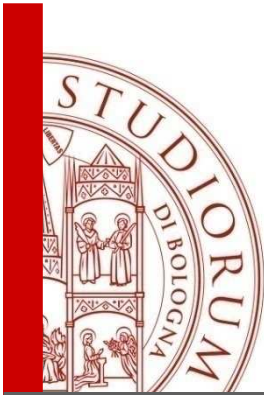
# Trapianto tecnica



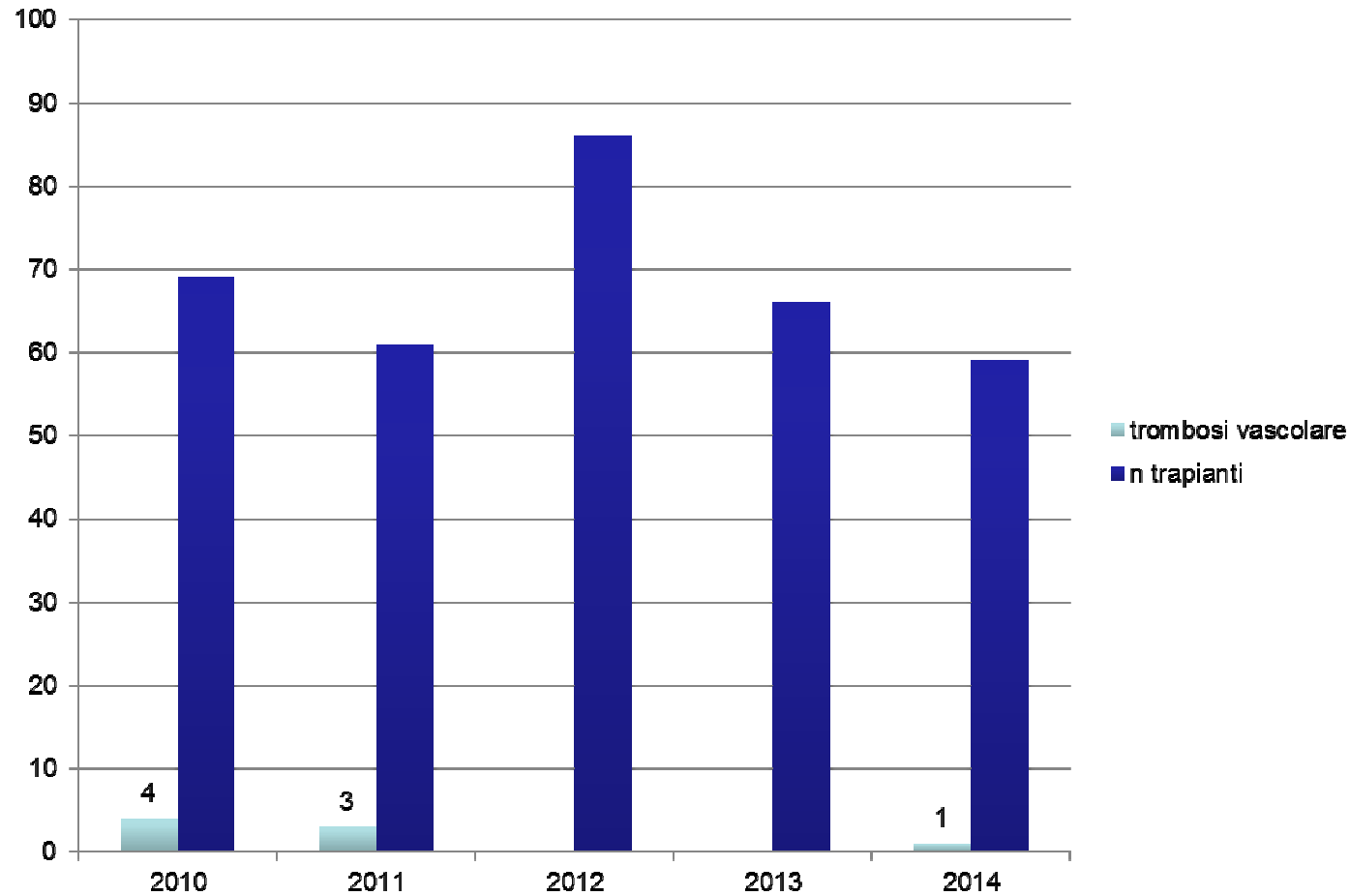


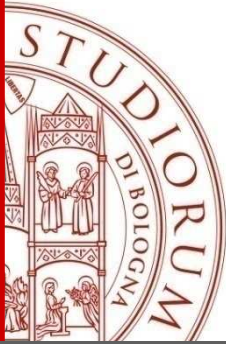
# Operative data: Ischemia time 12-13 hr; 25-32% vascular anomaly



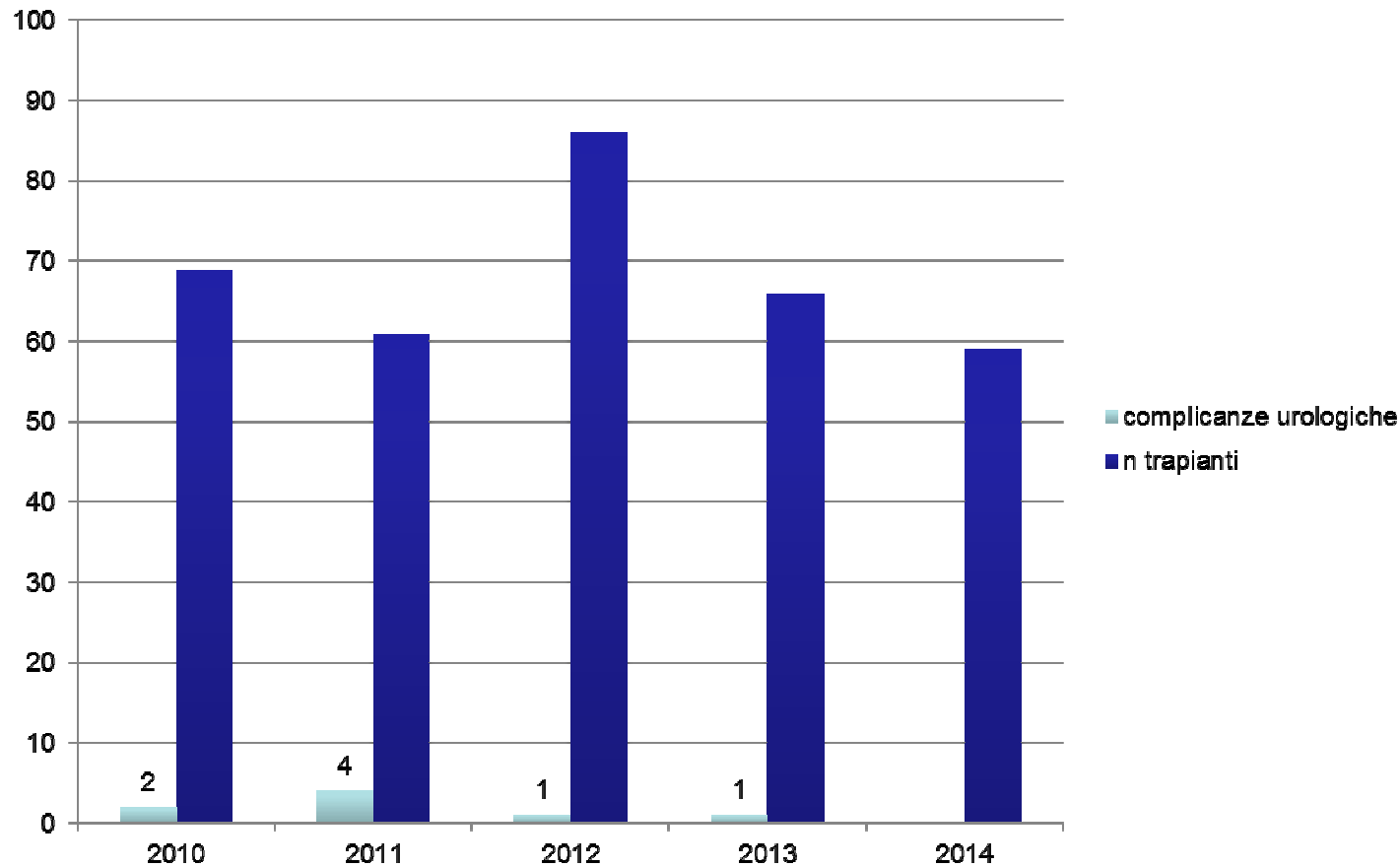


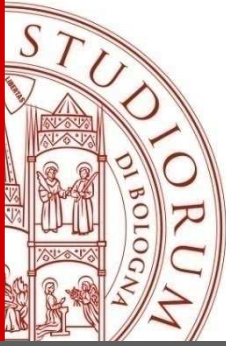
# Post-op. data: 2-6% vascular complication



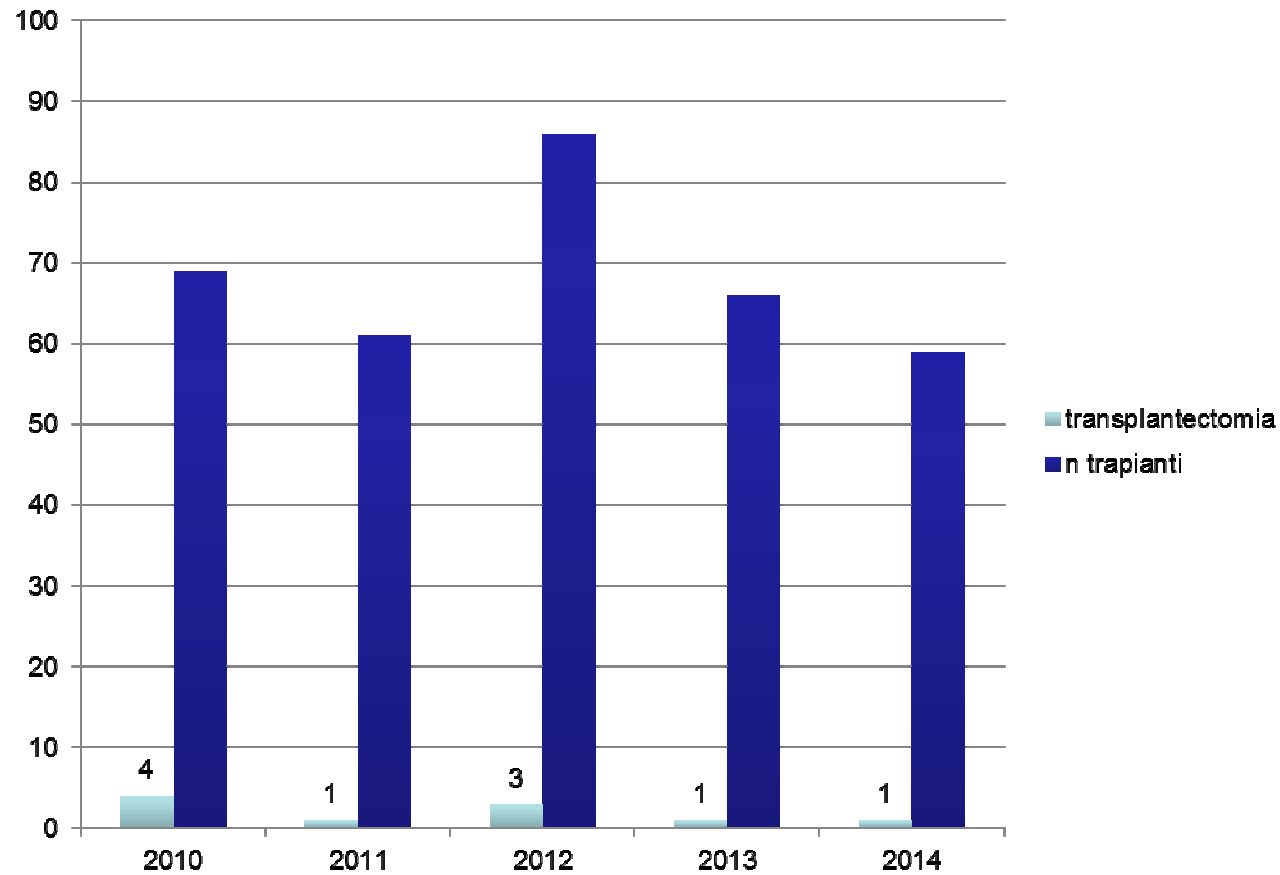


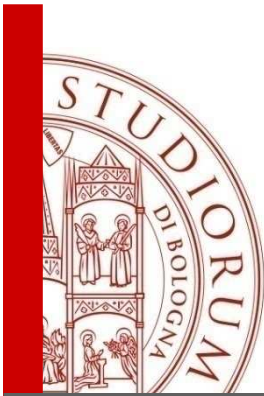
# Post-op. data: 1-7% ureter complication



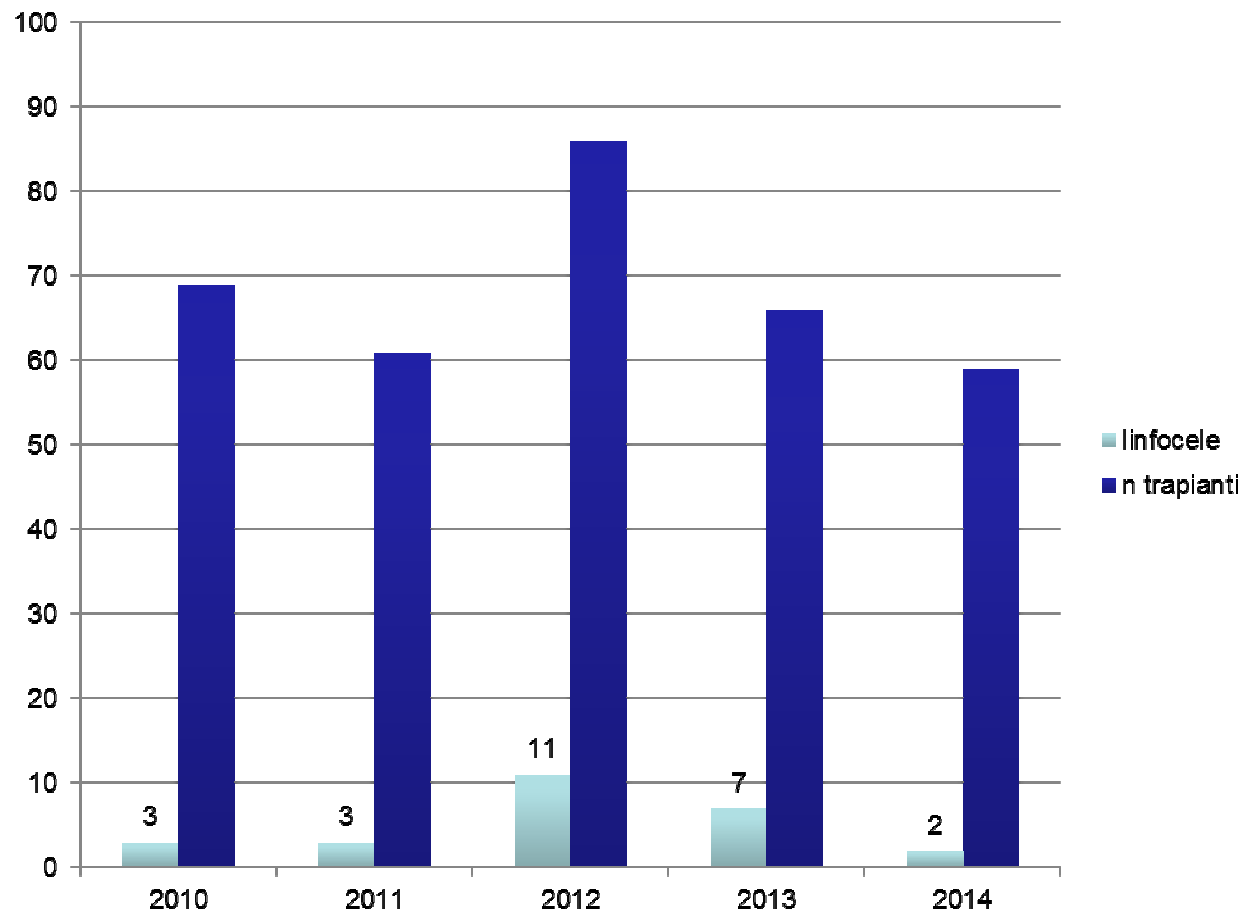


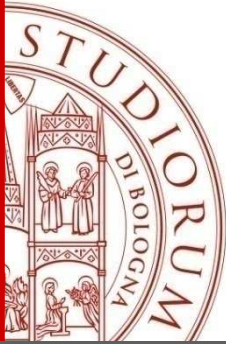
## Post-op. data: Removal of the graft for any reason





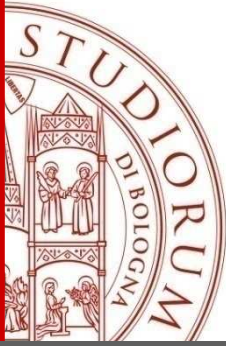
## Post-op. data: 11-13% seroma





## Comparison data

	<b>Data literature</b>	<b>Previous data</b>	<b>2010-2011</b>	<b>2012-13-14</b>
ECD	30%	50%	45%	50%
Ischemia time	15-18 hr	16-17 hr	12 hr	12 hr
Vascular anomaly	6%	-	32%	25%
Re-op.	5-10%	20-27%	3%	2%
Vascular complication	5-10%	8-12%	5%	0.5%
Ureter complication	4-5%	12-15%	7%	1.5%
Seroma	4-6%	-	5%	9%



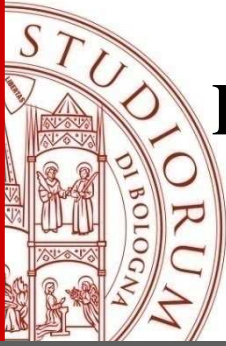
## **Innovation since last years**

*Combine liver and double kidney transplantation*

*Living donation with fibro dysplasia artery*

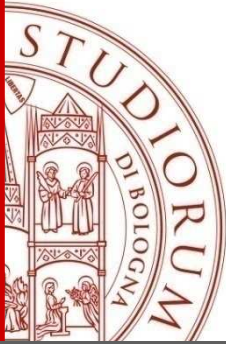
*Pediatric Living donation with multiple arteries*

*Machine Perfusion of discharged kidney*

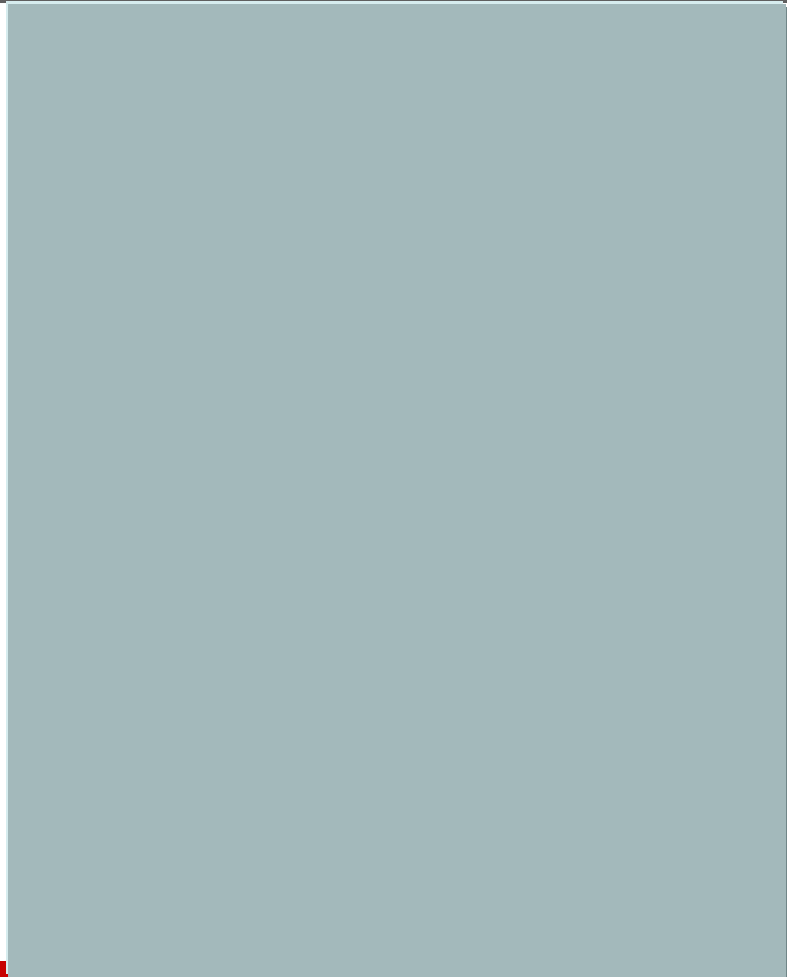


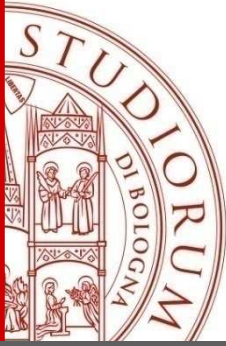
# Prolong ischemia/improve graft/recruit discharged graft





# Ricarichiamo il rene ...



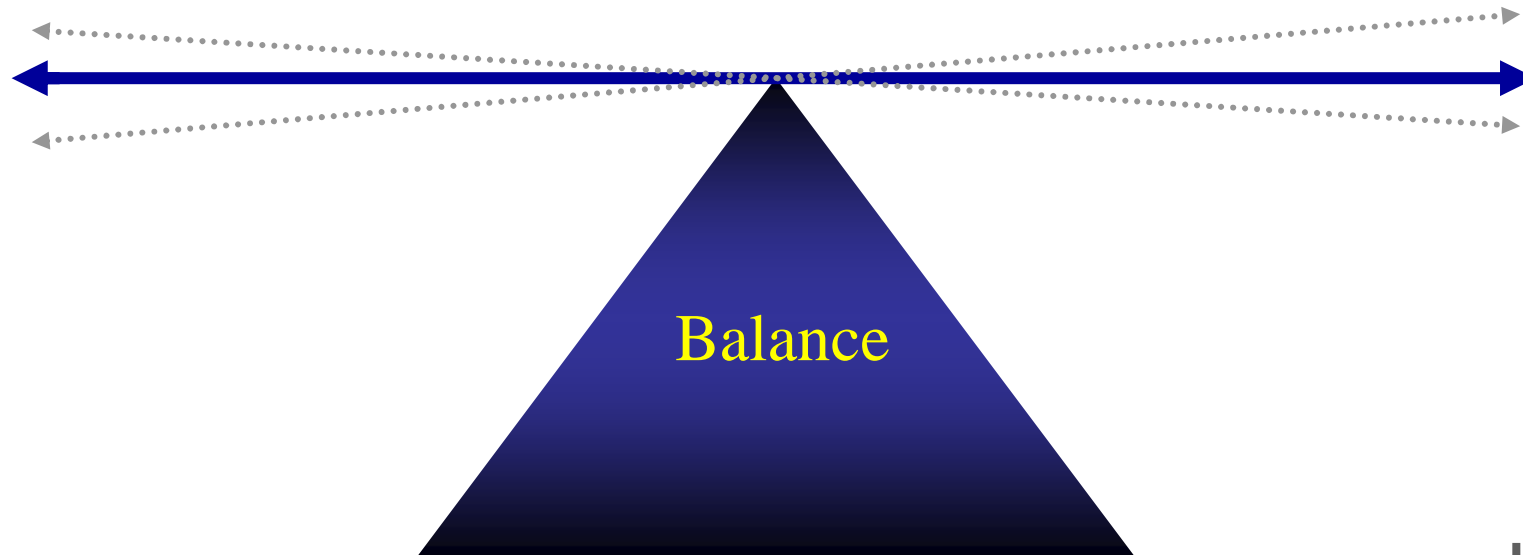


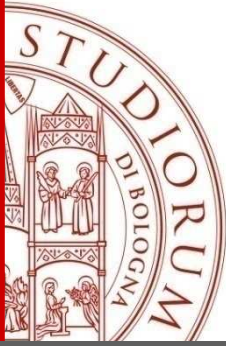
## Surgical selection, point of view



**Risk donor  
nephrectomy**

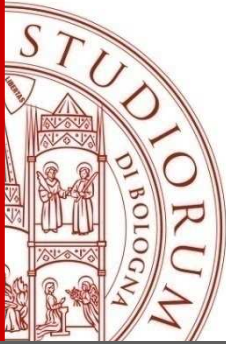
**Recipient and graft  
survival**





# Kidney living donor like fireman





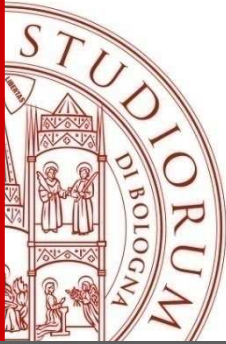
# Risk of donor nephrectomy



- ***Donors Peri-operative Mortality***
- living donor mortality from three large American surveys (covering nearly 10,000 operations)
- reported death rates range from 0.03% – 0.06%
- most common causes of death pulmonary embolus, hepatitis and cardiac events (myocardial infarction and arrhythmias)
- these death rates are lower the risk in the USA of dying in a road traffic accident in one year (0.02%)

Najarian JS, Chavers BM, McHugh LE, Matas AJ. 20 years or more of follow-up living kidney donors. *Lancet* 1992

Kasiske BL, et al. The evaluation of living renal transplant donors: clinical practice guidelines. *J Am Soc Nephrol* 1996



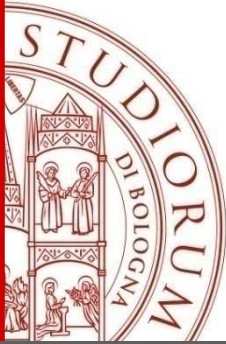
*15-years risk of  
ESRD in US  
3.5-5.3 times as  
high vs. nondonors*

White men/women  
Risk 15-years ESRD  
Nondonors

Age 20 years 0.01-0.02%

Age 40 years 0.04-0.06%

Age 60 years 0.08-0.13%

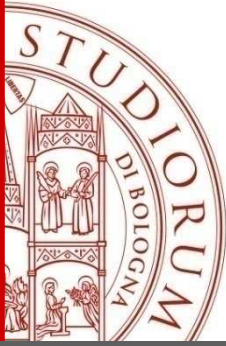


Systolic blood pressure HR 1.4

BMI >30 HR 1.2

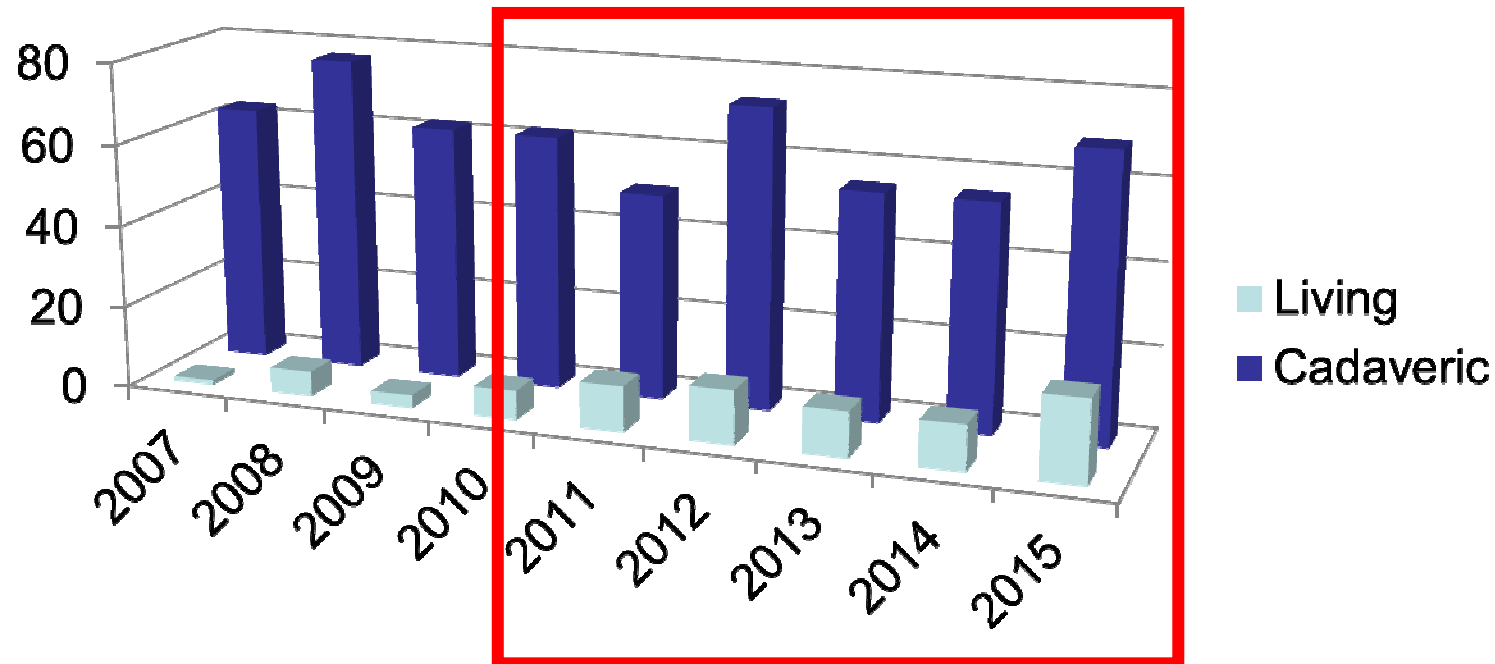
Former smoker HR 1.5

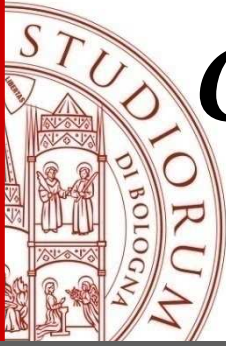
Current smoker HR 1.8



# Bologna data

1967-2010: 147 living; 2011-2015 (Pinna): 66 living





# *Con un rene solo si può fare tutto! Anche far perdere lo scudetto...*

*Nereo Rocco, in un angolo degli spogliatoi, sussurra "sapevo che sarebbe finita così. Per questo avevo chiesto il rinvio. Ma una manica di dilettanti non mi ha creduto" 1973*

