

# Multi-dimensional cooperation leads to more pre-emptive kidney transplantation

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## Introduction

In time start of the process of education and pre-transplant medical investigations may increase the likelihood of pre-emptive (living) renal transplantation.

We enrolled a standardized work-up programme by close cooperation between a specialized nurse and the team of social workers in a large non-academic teaching hospital.

## Methods

The electronic patient record of our hospital is used to inform all involved disciplines at once. The programme then starts with a home visit by a social worker. At this visit, general information about renal replacement therapy and the possibility of renal transplantation is explained to the patient and accompanying family and friends. The specialized nurse will explain the transplantation options and the medical work-up of the recipient and the potential donor. She further ensures that the required investigations are planned and completed in the shortest possible time frame.

Close daily cooperation between the specialized nurse and the team of social workers will optimize the transplantation work-up and can result in a quick change in the process, for instance a change of the potential donor due to medical reasons.

## Results

2013: 79 recipients entered the programme  
 58 recipients were considered transplantable and 16 were not.

85 Donors (for 51 patients) entered the programme.  
 2014: 74 recipients entered the programme. So far 38 recipients were considered transplantable and 6 recipients were not.

21 Recipients are still in the work-up.  
 53 Donors (for 34 patients) entered the programme.  
 2013: 37 Patients were transplanted of which 13 pre-emptive and 2 within ½ year after starting dialysis. 8 patients on dialysis with a living donor, 11 patients on dialysis post-mortal. 3 Patients with an altruistic Donor. The median work-up time was 169 days.

2014: 41 Patients were transplanted of witch 15 pre-emptive and 3 within ½ year after starting dialysis. 4 patients on dialysis with a living donor, 14 patients on dialysis post-mortal. 5 Patients with an altruistic donor.

## Conclusions

By the current transplant work-up programme, patients and family / friends are much better informed about renal replacement therapy and the possibility of (living) transplantation.

Close cooperation between a specialized nurse and a dedicated team of social workers results in a significant improvement of the possibility of pre-emptive transplantation or, otherwise, patients are earlier registered on the transplant waiting list.

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