

# LIVING DONOR KIDNEY TRANSPLANTATION: HOW DOES SERVICE PROVISION COMPARE BETWEEN NORTH WALES, CANADA AND NORWAY.

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**BACKGROUND:** The number of living donor kidney transplants performed in Canada and Norway is higher than in UK. Are there differences in the live related programmes to account for the variation in the donor rates within these centers?

**Objectives:** the aim of the study was to explore how recipient's families are approached and whether this had any impact on the numbers of kidney offers.

**Method:** the transplant work up and information given to patients and their relatives about live donation was assessed in Oslo, Toronto and North Wales by a Transplant Nurse Specialist. A three-phase exploratory design project, running concurrently was developed and conducted over a period of two weeks in Toronto and in Oslo.

Phase 1: Provided statistical analysis of taped interviews and questionnaires of nephrologists to determine their attitudes on live donation.

Phase 2: A comparative assessment and evaluation of available literature provided to friends and relatives.

Phase 3: A non participant observation and comparison of the 3 centres of current practice.

## **FINDINGS:**

### Visit 1: Toronto General Hospital:

Two multidisciplinary teams were in place, one for recipients and another for donors.

Once potential donors were identified all investigations could be carried out within 2 days of the potential donor agreeing to donate. All friends and blood relative were considered for donation and permission from governing body (ULTRA equivalent) was not required. Only when all avenues of living donor transplantation has been considered will cadaveric transplantation be an option.

Visit 2: Rikshospitalat Oslo: a multidisciplinary team discussed potential donors who were encouraged to donate by way of written information about live donation, investigations for suitability were processed without delays. Both relatives and emotional friends were considered to donate. However, altruistic donation was not accepted. Like Toronto, permission from a governing body was not required and cadaveric transplantation is only considered when there are no living donor offers.

In North Wales, a transplant education package is available for all patients to share with their relatives who are considering transplantation as a modality treatment. All work up investigations for potential donors are performed routinely within the NHS waiting criteria, which may lead to delays in the processing of potential donors. Non-related emotional friends had to be assessed by ULTRA which again could cause delays.

Interestingly Norway had a formalised letter inviting relatives to donate, which neither North Wales nor Toronto utilised.

### **Relevance:**

It is anticipated that North Wales will consider adopting some of the more proactive measures currently in practice in Toronto and Oslo.

## **CONCLUSION:**

To have educationally assessed education programmes.

To provide accurate data on donor outcomes.

Nationally: For investigation into the impact of waiting times for assessment on donor rates.