



# Workforce for renal transplantation surgery and dialysis access

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## CURRENT ENGLISH ADULT RENAL TRANSPLANT UNITS

Birmingham (QE Hospital)

Bristol (Southmead Hospital)

Cambridge (Addenbrooke's)

Coventry (Walsgrave Hospital)

Leeds (St. James's Hospital)

Leicester (Leicester General Hospital)

Liverpool (Royal Liverpool Hospital)

Manchester (Manchester Royal Infirmary)

Newcastle (Freeman Hospital)

Nottingham (Nottingham City Hospital)

Oxford (John Radcliffe Hospital)

Plymouth (Derriford Hospital)

Portsmouth (St. Mary's Hospital)

Sheffield (Northern General Hospital)

London has 7 Hospital centres but may reduce to 5:

Guy's

London

Middlesex (probably amalgamating with the Royal Free)

Royal Free

St George's

St. Helier (possibly amalgamating with St George's)

St Mary's/Hammersmith (amalgamated as unit now-on 1 site in 2005)

## CURRENT SURGICAL ESTABLISHMENT

64 transplant surgeons in England

2 long-term locum transplant surgeons

2 retired transplant surgeons with extension of contract

13 full-time transplant surgeons

51 part-time transplant surgeons with general surgery, vascular surgery or urological as another subspeciality

## RECOMMENDATIONS

5 transplant surgeons per unit

- most will be part-time with another subspeciality

100 surgeons in 20 units (if amalgamations in London go ahead as planned)

Therefore - current shortfall of 36 surgeons

## CURRENT AND FUTURE PRESSURE

European working time directive

reductions in junior staff

changes in junior staff hours

dialysis access

donor retrieval

non-heart beating donation

## PAEDIATRIC RENAL TRANSPLANTATION

Provided as an adjunct to the adult transplantation in:

London - at Guy's and Great Ormond St Hospitals

Birmingham

Bristol

Leeds

Manchester

Newcastle

Nottingham

Other centres also transplant in the older child

No additional surgical manpower required

## DIALYSIS ACCESS

Provision of vascular access is probably the single most important issue in the care of dialysis patients in the UK

Increased resources need to be provided:

- more surgeons and radiologists
- more beds and operating theatre time
- earlier av fistula creation means fewer dialysis catheters
- better co-ordination

## SURGICAL NEEDS FOR SUPPORT OF DIALYSIS ACCESS FOR ADULTS

1 WTE surgeon for 300 access operations per year

3 operating theatre sessions per week

1 session ward work

2 clinic sessions

1 administration session

1 operating session per 120 patients on dialysis

2-3 cases per operating session depending on complexity of cases

## RADIOLOGICAL NEEDS FOR SUPPORT OF RENAL SERVICES

Radiological needs mirror that of surgery:

- 2-3 sessions for interventional procedures
- 1 clinic session
- 1 duplex ultrasound session
- 1 MR session
- 1 CT session
- 0.5 session to support renal artery intervention

1 radiologist for 120 dialysis patients

## PAEDIATRIC VASCULAR ACCESS

Most children are on CAPD or are dialysed through a central venous catheter prior to early transplantation for which they are prioritised.

Children below 8 years of age are probably unsuitable for vascular access.

Approximately only 20 children per year require vascular access. These children would probably be best managed in a few supra-regional centres.