Kidney II - Kidney Donor Assessment and Selection

To take or not to take? Selection of marginal deceased donor

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There are heart-beating or donation after brain-death (DBD) and non-heart beating or donation after circulatory death (DCD). Donor factors associated with inferior graft outcome include patient demographics, comorbidities, anthropometric measurements, and cause of death. Delayed allograft function (DGF) and primary non-function rates increased with the severity of AKI. Recipients of diabetic donor kidneys had higher rates of all-cause allograft failure and death. DCD kidneys of any age should be considered for all kidney transplant candidates if logistics and resources can facilitate timely surgery. Expanded Criteria Donor (ECD) is defined as donor aged ≥60 years or aged 50–59 years with any two the following three criteria: cause of death is cerebrovascular accident, history of hypertension, serum creatinine >1.5 mg/dl. Absolute contraindications to organ donation include severe untreated septicaemia, acute hepatitis, history of cancer (unless presumed cured), other than non-invasive brain tumour, non-melanotic non-metastatic skin tumour.

Various practices are in place for hepatitis B positive donor, hepatitis C positive donor and COVID-19 positivity. There are increasing reports of transplantation of nonlung organs from donors with recent COVID-19 infection that do not lead to viral transmission and have good short-term patient and graft outcomes. Long-term outcomes are not well characterised. In view of increasing marginality of kidneys procured from deceased donors informed decision-making to accept kidney offers for individual kidney transplant candidates includes the risk of proceeding with transplantation, with higher risk of early allograft failure, and morbidity / mortality with early allograft failure, and the risk of remaining on wait list for better kidney, with morbidity and mortality risk associated with dialysis, and frailty and / or illness leading to removal from waiting list.