

Abstract Submission No. : 9116

How to manage the dialysis patients waiting for deceased donor kidney transplantation

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The dialysis patients waiting for deceased donor kidney transplantation should be thoroughly evaluated for suitability for transplantation and assessed for comorbidities and various risk factors. The evaluation includes the causes of end stage renal disease, malignancy, cardiovascular disease, infectious disease, diabetes, obesity, pulmonary disease, peripheral arterial disease, neurologic disease, gastrointestinal and liver disease, hematologic disease, bone and mineral disorder, smoking status, immunological and psychosocial assessment, and adherence. The causes of end stage renal disease in kidney transplant candidates should be determined, where possible, to inform risks and management after kidney transplantation. The dialysis patients waiting for deceased donor kidney transplantation should undergo routine cancer screening as per local guidelines for the general population. The patients with signs or symptoms of active cardiac disease such as angina, arrhythmia, heart failure, or symptomatic valvular heart disease should undergo assessment by a cardiologist and be managed according to current local cardiac guidelines. Active infection including bacterial, fungal, and viral (except hepatitis C), and parasite should be treated before kidney transplantation. However, patients with asymptomatic bacterial, parasitic, or fungal colonization should not be excluded from transplantation. Vaccination series could be commenced using an accelerated schedule, if necessary, prior to kidney transplantation for any inactivated vaccines, however, candidates who do not complete an inactivated vaccine series should not be excluded from transplantation. Performing HLA antibody testing is recommended at regular intervals prior to transplantation, and after a sensitizing event (eg. blood transfusion including platelets, pregnancy, or miscarriage) or a clinical event (eg. vaccination, withdrawal of immunosuppression, transplant nephrectomy, significant infection) that can impact panel reactive antibody. In conclusion, through evaluation and proper management of dialysis patients waiting for deceased donor kidney transplantation will lead to successful transplantation and better outcomes after kidney transplantation.