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Renal Outcome in post living kidney donor nephrectomy: 3 years single centre experience

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Objectives:

1. To study baseline living kidney donors' characteristics affect on renal outcome after living nephrectomy in terms of changes of blood pressure, reduction in eGFR and proteinuria.

Methods: This is a cross sectional cohort study, all living kidney donors from year 2005 to 2016 at Selayang Hospital were included. Demographic and clinical data were obtained from electronic medical records up to 31st January 2020. Creatinine in umol/L and estimated GFR (eGFR) in ml/min/1.73m² from MDRD formula used to assess renal allograft function. Data is analysed with SPSS version 22.0.

Results: Total 45 living kidney donors were identified with 75.6% was female predomiannly. Mean age at kidney donation 41.93 ± 8.67 years old with body mass index (BMI) 25.71 ± 4.22 kg/ m², mean systolic blood pressure (SBP) 115.4 ± 12.1 and diatolic blood pressure (DBP) 68.1 ± 9.1.

Reduction of eGFR post nephrectomy at 6month 69.81ml/min/1.73m² from baseline and achieved stability of eGFR at 12-months and 36-months (72.36 versus 73.16ml/min/1.73m²). Mean reduction eGFR in donors was 33.94 ± 11.01% at 6 months compared to baseline renal function (p< 0.001).

There was significantly increase in mean systolic blood pressure (SBP) and mean diastolic blood pressure (DBP) at 3-year post nephrectomy with raised in mean SBP 6.2 ± 14.5mmHg and mean diastolic BP 5.7 ±11.2mmHg (pair T test, p< 0.05). however, age, kidney size, gender and BMI did not predict the raise of blood pressure and changes eGFR post nephrectomy.

20% of living donor with stage 3A CKD and 51.1% was stage 2 CKD and above, 13 out from 45 donors were default/transfer care to other centres. 11.1% developed hypertension and 15.6% developed proteinuria during the follow up period.

Conclusions: In this cohort, significant rise in blood pressure and noticeable progression to CKD II-III noted 3 years post nephrectomy. However, no predictive factors were identifiable.