Scandiatransplant living donor database

Initial registration

Donor number: | | | | | |

I Basic information:

● Donor name: | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |

[surname / first name]

● Birth number: | | | | | | | | | | |

● Sex: Male ☐ Female ☐

● Country of residence: Sweden ☐ Denmark ☐ Finland ☐ Norway ☐ Iceland ☐ Estonia

● Local hospital: _____ *Hospital of diagnostic evaluation and/or follow up*

● Procuring Center: _____

● AB0 blood group: A ☐ B ☐ 0 ☐ AB ☐

● Relation to recipient:

AD: Anonymous Donor ☐
BSL: Brother/Sister-in-law ☐
CHA: Co-habitant ☐
CO: Cousin (first) ☐
COS: Second cousin ☐
DA: Daughter ☐
FA: Father ☐
FRI: Friend ☐
GRC: Grand-child ☐
GRP: Grand-parent ☐
MO: Mother ☐
OFL: Other familial linkage ☐
OTC: Not Scandiatransplant ☐
OTR: Other related ☐
OTU: Other unrelated ☐
SI: Sibling, no haplo spec ☐
SI0: Sibling, 0 haplo id ☐
SI1: Sibling, 1 haplo id ☐
SI2: Sibling, 2 haplo id ☐
SO: Son ☐
SP: Spouse ☐
UA: Uncle/Aunt ☐

Other, specify

● Birth number of **recipient**: | | | | | | | | | | |

II Preoperative data

● Height: ☐☐☐ cm

● Weight: ☐☐☐ kg

● Organ type:

Kidney left ☐
Kidney right ☐

● Any previous urinary tract disease/condition:
→ No ☐
→ **Yes** ☐

→ Glomerular/instertit. Disease ☐
→ Significant Urinary Tract Infection(s)***** ☐
→ Hematuria (micro-/macro-) ☐
→ Urolithiasis ☐
→ Tumor ☐
→ Renal anomaly/Other renal disease ☐
→ Other UT disease/condition ☐

Comment: _____

*****Definition of Significant Urinary Tract Infection(s):
♂: Any UTI
♀: Any pyelonehritis. >1 lower UTI/cystitis per 10 years of age

● Kidneys/vessels evaluated by:

Ultrasound ☐
Angiography; conventional/invasive ☐
Rtg. urography ☐
Renography (isotope-) ☐
CT/-angiography ☐
MR/-angiography ☐

● Split function right: _____ %

● Split function left: _____%

● Number of arteries: _____

● Number of veins: _____

● Any anomalies: _____

III Virology and bacteriology (infection serology)

	Neg	Pos	ND
CMV: Anti-CMV (Cytomegalovirus)	☐	☐	☐
Covid: SARS-CoV-2 RNA (Covid-19)	☐	☐	☐
CovAb: Anti-SARS-CoV-2 (Covid-19 antibody)	☐	☐	☐
EBV: Anti-EBV IgG (Epstein-Barr)	☐	☐	☐
HBc: Anti-HBc (antibody)	☐	☐	☐
HBsAb: Anti-HBs (antibody)	☐	☐	☐
HBsAg: Hepatitis Bs antigen	☐	☐	☐
HCV: Anti-HCV (antibody)	☐	☐	☐
HCVAg: Hepatitis C antigen (RNA)	☐	☐	☐
HDV: Hepatitis Delta Virus (antibody)	☐	☐	☐
HIVab: Anti-HIV (antibody)	☐	☐	☐
HIVag: HIV antigen	☐	☐	☐
HSV: Anti-HSV (antibody)	☐	☐	☐
LUES: Syphilis antibody	☐	☐	☐
MV: Anti-MV IgG (Morbilli antibody)	☐	☐	☐
TOXO: Toxoplasma antibodies	☐	☐	☐
VZV: Varicella zoster virus	☐	☐	☐

Other **positive** infectious parameter ☐

Comments:

IV HLA typing

Serological:

A	_____	B	_____	Bw4/w6	_____
Cw	_____	DR	_____	DQ	_____

Genomic:

A	_____	B	_____	C	_____
DRB1	_____	DRB3/4/5	_____	DPA1	_____
DPB1	_____	DQA1	_____	DQB1	_____

V Baseline risk factors

During evaluation or at admission

- p-Cholesterol: ☐☐☐☐ mmol/l
- p-Triglycerides: ☐☐☐☐ mmol/l
- p-HDL: ☐☐☐☐ mmol/l
- p-LDL: ☐☐☐☐ mmol/l

- Anti-lipid drugs; number of: ☐

● Smoking? *[1 choice of 3]:*

→ No ☐

→ Previously ☐ → *Previously > 3 years smoking or > 3 "pack years" (not at present)*

→ At present ☐ → *> 3 cigarettes per week*

● Systolic blood pressure: ☐☐☐☐ mmHg

● Diastolic blood pressure: ☐☐☐ mmHg

The representative pressure for donor acceptance. with or without antihypertensive drugs

● Anti-hypertensive drugs; number: ☐

● Comorbidity:

→ **Yes** ☐ Specify: _____

→ **No** ☐

→ **ND** ☐

● Other ongoing medication:

→ **Yes** ☐ Specify: _____

→ **No** ☐

→ **ND** ☐

VI Kidney function

● Plasma indicators:

→ Creatinine: ☐☐☐☐ µmol/l

→ Cystatin C: ☐☐☐☐ mg/l

● Glomerular Filtration Rate:

→ Creatinine Clearance: ☐☐☐ ml/min

→ Cr-EDTA Clearance: ☐☐☐ ml/min

→ Iohexol Clearance: ☐☐☐ ml/min

Estimated clearance, auto calculated in YASWA:
Cockroft formula: Weight (kg) • (140 – Age (years)) • C • 1/Creatinine (µmol/l)
♂: C = 1,23 ♀: C = 1,23 • 0,85 (1/1000 • kg • years • min)

● Proteinuria

→ No ☐
→ ND ☐
→ **Yes** ☐

No, if: *< 0.5 g protein/ 24 hours ∩ < 0.3 g albumin/ 24 hours*

→ Single miction: Sticks ☐

→ 24-hour urine: Protein assay ☐☐☐☐ g

→ Single miction: Alb.-/Creat.-assay ☐☐☐☐ mg/mmol

→ Single miction: Protein-assay ☐☐☐☐ g

● Microalbuminuria

→ No ☐
→ ND ☐
→ **Yes** ☐

No, if: *< 30 mg albumin/24 hours*

→ Single miction: Sticks ☐

→ 24-hour urine: pro alb: ☐☐☐☐ g

→ Single miction: Alb.-/Creat.-assay ☐☐☐☐ mg/g ☐☐☐☐ mg/mmol

● Diabetes/Pre-Diabetes ?

→ No ☐
→ ND ☐
→ **Yes** ☐

→ Year of diagnosis ☐☐☐☐

→ Specify ☐

→ Treatment

☐ None
☐ Diet
☐ Peroral anti-diabetic drugs
☐ Insulin

VII Donor operation

● Date of operation: ☐☐☐☐☐☐

● Operative technique

→ **Open** ☐
→ Flank incision: ☐→ Costal resection: No: ☐ Yes: ☐
→ Subcostal/ventral and **retro**peritoneal: ☐
→ Subcostal/ventral and **trans**peritoneal: ☐

→ **Scopic** ☐
→ Laparoscopic (transperitoneal) ☐
→ Retroperitoneoscopic ☐
→ Converted to open* ☐

→ Strict scopic: ☐
→ Hand-assisted with handport: ☐
→ Hand-assisted without handport: ☐

* Conversion, reason

→ **Combined procedures**
(not only hand-assisted)
→ Open during caval exclusion: ☐
→ Other modification ☐

Comments:

● Number of renal arteries ☐

● More arteries after division Yes: ☐ No: ☐

● Art. not dem. by an.gr Yes: ☐ No: ☐

● Preoperative complications/incidents:

→ No ☐
→ ND ☐
→ **Yes** ☐

→ Bleeding requiring transfusion ☐ Units of blood ☐

→ Visceral perforation ☐

→ Lesion of renal vessel(s) ☐

→ Other perop. complication ☐

→ Renal tumor ☐

→ Kidney discarded Yes: ☐ No: ☐

Comments:

● Operative time: ☐☐☐ min

"Skin to skin" time
- Inactive time may be subtracted (e.g. waiting for recipient)

● Anesthetic time: ☐☐☐ min

Intubation to extubation

VIII Postoperative data

● Postoperative complications/incidents:

Within ***30 days*** *post donation*

→ **No** ☐

→ **Yes** ☐

→ Bleeding requiring transfusion ☐→ Units of blood postop.: ☐☐

→ **Wound** complications ☐

Infection; *Definition:*
Purulent secretion and/or + bacteriology

Infection: ☐
→Specify:

→ Lymphocele: ☐
→Specify:

Lymphocele; *Definition: Deep fluid accumulation; requiring intervention*

→ Dehiscence: ☐
→Specify:

→ Urinary tract infection ☐
→Specify:

→ Pneumonia ☐
→Specify:

→ Thromboembolism ☐
→ Deep vein thrombosis: ☐
→ Pulmonary embolism: ☐
→ Other ☐→Specify:

→ Anti-hypertensive treatment ☐ → *If not also antihypertensive medication preop.*

→ Other postop. complication ☐
→ ICD-10 diagnostic code:
→ Specify:

→ Reoperation ☐
→Specify:

● Postop kidney function by plasma indicators

Last measurement prior to discharge

→ Creatinine: ☐☐☐☐ µmol/l

→ Cystatin C: ☐☐☐☐ mg/l

● Date of discharge: ☐☐☐☐☐☐ [date; ddmmyy]

Discharge from Tx-related department

● Mental effect by donation:

→ Physically reduced capacity ☐

→ Mentally reduced capacity ☐

→ ***Negative*** experiences/mental effect ☐

→ ***Positive*** experiences/mental effect ☐

Specify:

Follow-up at 3 months – n years post-donation

I Basic information:

● Donor number ☐☐☐☐☐☐

● Donor name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

[surname / first name]

● Birth number: ☐☐☐☐☐☐☐☐☐☐

● Date of consultation: _____

● Next follow up: _____

● Lost to follow up ☐

● Telephone surgery
→ Date of contact: _____
→ Comments:

● Weeks out of work due to donation: weeks ☐☐☐

Unemployed, pensioner etc:
***0** weeks*

● Have you suffered economic loss due to donation ?

→ **No –** no problem with compensation ☐
→ **No –** but **troublesome** compensation ☐
→ **Yes**
→ Specify: ☐
→ Specify:

● Loss of income
● Altered working conditions
● Aid at home/children
● Cover charges/drugs etc

II Restitution

Date of full restitution: _____

***Full restitution**: No difference in negative direction compared with the predonation status*

● Overall ***Positive*** effect of donation (somatic/mental)
→ **Positive** experiences/mental effect by donation ☐
→ **Negative** experiences/mental effect by donation ☐

Specify:

● Overall ***Negative*** effect of donation (somatic/mental)
→ Mentally reduced capacity ☐
→ **Negative** experiences/mental effect by donation ☐
→ **Positive** experiences/mental effect by donation ☐
→ Physically reduced capacity ☐

● **Pain (**relating to donation)
→ Analgesic drugs?
→ Every day ☐
→ Sporadically ☐
→ Seldom/Never ☐

→ Location/type; specify briefly:

III Complications

● Late complication or readmission related to donation?

> 30 days post-donation

→ **No** ☐
→ **ND** ☐
→ **Yes** ☐
→ **Wound** complications ☐
→ Hernia / protrusion ☐→ Specify:
→ Lymphocele/(seroma) ☐→ Specify:
→ Sensory disturbance/ hyperesthesia (significant) ☐→ Specify:

→ **Uremia** ☐→ *[2 of 2]:*
Dialysis: No: ☐ Yes: ☐
→ Specify disease - - - - - - - - :

Specify reason for readmission, diagnosis, and type of reoperation/ intervention.

→ Readmission ☐→ Specify:
→ Reoperation ☐→ Specify:

→ Other late complication ☐→ Specify:

● Significant *intercurrent disease* (not clearly related to donation) or *pregnancy*?

→ **No** ☐

→ **Yes** ☐→ *[1-7 choices of 7]:*

→ Urinary tract disease ☐→ *[1-6 choices of 6]:*

→ Urinary Tract Infection(s) ☐

→ Specify:

→ Hematuria (micro-/macro-) ☐

→ Specify:

→ Urolithiasis ☐

→ Specify:

→ Tumor ☐→ *[1-2 of 2]:*

→ ICD-10 diagnostic code: [Xnn.d] | | | | |

→ Specify:

→ Renal anomaly ☐→ *[1-2 of 2]:*

→ ICD-10 diagnostic code: [Xnn.d] | | | | |

→ Specify:

→ Glomerular/interstit. disease ☐→ *[1-2 of 2]:*

→ ICD-10 diagnostic code: [Xnn.d] | | | | |

→ Specify:

→ Other UT disease/condition ☐→ *[1-2 of 2]:*

→ ICD-10 diagnostic code: [Xnn.d] | | | | |

→ Specify:

→ Cardiovascular disease ☐

→ Specify:

→ Pulmonary disease ☐

→ Specify:

→ Thromboembolism ☐ → *[1-3 of 3]:*

→ Deep vein thrombosis: ☐

→ Pulmonary embolism: ☐

→ Other ☐→Specify:

→ Other infectious disease ☐

→ Specify:

→ Other intercurrent disease ☐

→ Specify:

→ **Pregnancy** ☐

→ Specify:

● **Death?**

Date of death: _____

Cause of death:

Death ICD-10 code: _____

IV Risk factors

- Height: ☐☐☐ cm
- Weight: ☐☐☐ kg

- p-Cholesterol: ☐☐,☐☐ mmol/l
- p-Triglycerides: ☐☐,☐☐ mmol/l
- p-HDL: ☐☐,☐☐ mmol/l
- p-LDL: ☐☐,☐☐ mmol/l

- Anti-lipid drugs; number of: ☐

- Smoking?
  - → No ☐
  - → Previously ☐ → *Previously > 3 years smoking* <u>*or*</u> *> 3 "pack years" (not at present)*
  - → At present ☐ → *> 3 cigarettes per week*

- Systolic blood pressure: ☐☐☐ mm Hg
- Diastolic blood pressure: ☐☐☐ mm Hg
- Anti-hypertensive drugs; number: ☐

The representative pressure – with or without antihypertensive drugs

V Kidney function

→ Creatinine: ☐☐☐☐ µmol/l

→ Cystatin C: ☐☐☐☐ mg/l

- Glomerular Filtration Rate:

→ Creatinine Clearance: ☐☐☐ ml/min

→ Cr-EDTA Clearance: ☐☐☐ ml/min

→ Iohexol Clearance: ☐☐☐ ml/min

Estimated clearance, auto calculated in YASWA:
<u>Cockroft formula</u>: Weight (kg) • (140 – Age (years)) • C • 1/Creatinine (µmol/l)
♂: C = 1,23 ♀: C = 1,23 • 0,85 (1/1000 • kg • years • min)

<u>If, no:</u> < 0.5 g protein/ 24 hours ∩ < 0.3 g albumin/ 24 hours

● Proteinuria

→ No ☐
→ ND ☐
→ **Yes** ☐

→ Single miction: Sticks ☐

→ 24-hour urine: Protein assay ☐☐☐☐ g

→ Single miction: Alb.-/Creat.-assay ☐☐☐☐ mg/mmol

→ Single miction: Protein-assay ☐☐☐☐ g

● Microalbuminuria

→ No ☐
→ ND ☐
→ **Yes** ☐

No, if: < 30 mg albumin/24 hours

→ Single miction: Sticks ☐

→ 24-hour urine: pro alb. ☐☐☐☐ g

→ Single mictation: Alb.-/Creat.-assay ☐☐☐☐ mg/g ☐☐☐☐ mg/mmol

5. Diabetes mellitus

→ No ☐
→ ND ☐
→ **Yes** ☐

→ Year of diagnosis ☐☐☐☐

→ Diagnostic criteria / level of disease

→ Treatment

☐ None
☐ Diet
☐ Peroral anti-diabetic drugs
☐ Insulin