



# Travel Grant Report

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## Name and origin of applicants

[State name and origin of applicants]

Ilkka Helanterä, Helsinki University Hospital, Transplantation and Liver Surgery.

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## Purpose granted

[State purpose of the study granted in the application]

Visit to Cleveland Clinic Kidney and Pancreas Transplant Center.

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## Amount granted

[Amount granted in DKK]

25000 DKK

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## Time and place of visit

[State time and place of visit]

Dec. 1<sup>st</sup> to Dec 6<sup>th</sup>, 2019. Cleveland Clinic, Cleveland, Ohio.

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## Report

[Report of the visit/study – 300 words]

Cleveland Clinic is currently ranked nationally as the second best nephrology hospital in the US, and they have an extensive and renowned kidney transplant program. My aim for the clinical visit to Cleveland Clinic was to observe living kidney donor practices and treatment practices on the ward after kidney transplantation. The transplant surgery clinic in Cleveland is very advanced in optimizing the outpatient treatment of kidney transplant recipients. Most of the patients are discharged two to three days after transplantation, still with foley catheters. I.v. fluids and induction therapy (ATG or basiliximab) are given in the outpatient setting with good success. I was able to observe how the patients were well educated and very happy to go home already on the second postoperative day. In addition, the transplant surgery and pain management was optimized to allow enhanced recovery and early discharge. Incision was minimally invasive, and a few weeks before my visit the first ever single-port robotic kidney transplantation was performed in the clinic and I was given an introduction (including video footage) to

this operation. Living donor evaluation and criteria were very similar to our practices in Finland, and to my disappointment Cleveland Clinic had taken a few steps backward in their paired exchange kidney transplantation, from national exchange program to a more local program, due to costs and complexity of the national program. During my week, I observed transplant and living donor evaluation in the outpatient clinic (very similar to our practices), posttransplant treatment on the ward, one laparoscopic nephrectomy and living donor transplantation in the OR, and interviewed surgeons, nephrologists, transplant coordinators, and social workers. In addition, I had the possibility to get a thorough introduction to the EPIC electronic patient record system (which Helsinki University Hospital has decided to acquire). The local surgeons and physicians were very happy with EPIC, and I had the chance to discuss with IT system experts about the features planned for our hospital at home and received good advice on how to optimize the system for our purposes.

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## Evaluation

[Personal evaluation and “lesson learned”]

I had a very fruitful visit and learned enormously for our daily practices. Many more parts of the treatment of a kidney transplant recipients can be done in the outpatient setting, patients can be discharged with foley catheter, and even iv fluids and induction can be given in the outpatient clinic, allowing very short treatment times on the ward for kidney transplant patients, for the benefit of the patient (and also the system). All the patient treatment processes were very effective and all the facilities were very well designed for the processes. The electronic patient record system EPIC worked very efficiently and the users were happy with the system. I also learned, that we in Finland are not far behind the best hospitals in the world regarding the medical treatment of the transplant patients. However, the resources (facilities, IT system and devices, number of personnel, etc.) in Cleveland Clinic were from another planet compared to ours, making it very difficult for us to keep up with the development if not more resources are allocated to transplant activities in Finland. I am very grateful to Scandiatransplant for the grant to enable this excellent visit.