



Travel Grant Report Form

Name and origin of applicants

[State name and origin of applicants]

Ilkka Helanterä, Helsinki University Central Hospital

Purpose granted

[State purpose of the study granted in the application]

A clinical visit of 1-2 weeks to Erasmus MC in Rotterdam, the Netherlands, to study the clinical role of transplant nephrologist and to learn new insights in to increasing living donor kidney transplantation in Finland

Amount granted

[Amount granted in DKK]

15000 DKK

Time and place of visit

[State time and place of visit]

Monday 1st – Friday 5th September, Erasmus MC, Rotterdam, The Netherlands

Report

[Report of the visit/study – 300 words]

The week had a structured program, including several personal meetings with the key persons of the transplant program in Rotterdam, and also outpatient clinic, problem meetings, and rounds at the wards.

Annually approximately 140 living donor transplantations are performed in Erasmus MC. The screening of living donors is done in a structured way in the pretransplant outpatient clinic, where also all patients on the deceased donor waiting list are screened and followed annually. Rotterdam has a reputation for accepting marginal patients or donors to transplantation and approximately 20% of referrals to the pretransplant clinic are patients or donors who were first denied transplantation at their own hospital.

Living donor transplantation is promoted actively; already patients entering predialysis care (eGFR <20ml/min) are actively informed about living donation, and all possible transplantations are performed preemptively. "Kidney team at home" is a program, in which patients considered for transplantation are offered the possibility for a home visit by the team psychologist and coordinator, and information about the treatment of end-stage renal disease is offered to patients and all family members and friends in an informal manner. The program has been very successful in increasing the number of living donations. The Netherlands also has a successful crossover registry, with more than 600 pairs included. Many patients with an ABO incompatible or crossmatch-positive donor can be helped. A computer program has been developed to utilize all possible pairs in the registry. Altruistic donors are accepted, and are often used to start a chain in the crossover registry to optimize the number of transplants performed. ABO incompatible transplantations are also routinely performed, and a desensitization program has just recently started.

After transplant surgeons perform the transplantation procedure, the patients are treated on a nephrology ward, together with a team of nephrologists and transplant surgeons.

Evaluation

[Personal evaluation and "lesson learned"]

The most important lesson learned about living kidney donation is that continuous active work is required to increase public knowledge about end-stage renal disease and kidney donation. Living donation has to be promoted at all possible points where patients and possible donors access healthcare. Guidance has to be regular and structured, and besides individual guidance a lot of easy-access information material is needed (in Rotterdam this included an actively promoted website, DVD, books, flyers). Discussions about the possibility of living donation has to be started early, already when patients enter predialysis care. When donor candidates are evaluated, all examinations should be performed in a structured manner, and made as easy as possible for the donor.

The role of a transplant nephrologist was clear in Rotterdam, where several nephrologists were devoted only to the preoperative and postoperative care of transplant patients. Teamwork with surgeons functioned well, and all professionals had a clear role in the process. The work of a transplant nephrologist in Rotterdam was quite similar to my current daily work, confirming the rationality of the current processes in our institution.
