SMALL BOWEL AND MULTI-VISCERAL RECIPIENTS

There are 4 transplant centres that carry out small bowel transplants;

Paediatric centres;
Birmingham Children's Hospital
King's College Hospital London

Adult centres;
Addenbrookes Hospital Cambridge
Churchill hospital Oxford

Transplanting centre specific information about activity can be found at
http://www.organdonation.nhs.uk/statistics/centre-specific_reports/

Assessment and Listing

Patients are usually referred to one of the four national small bowel transplant centres by their local team and will be assessed for their suitability for transplantation in accordance with The National Intestinal Selection Policy, please see the full policy at www.odt.nhs.uk/transplantation/policies

In the UK it is a requirement by the Department of Health Commissioning group that all Adult patients that have been assessed for a small bowel or multi visceral transplant are then presented at a national meeting called The National Adult Intestinal Transplantation Forum (NASIT). The NASIT forum consists of clinician representation from all four transplanting centres and meets 4 times a year. Once the listing is agreed at NASIT the patient is informed of the decision and may be registered on the transplant waiting list. Paediatric patients are assessed on an individual case by case basis and the decision to list is made locally.

Patients will be considered for an intestinal/ multivisceral transplant if they have;

1. Irreversible intestinal failure plus life threatening complications of parenteral nutrition including one of the following;
Progressive intestinal failure associated liver disease (IFALD)
life threatening sepsis
limited central venous access
poor quality of life likely to be improved by transplantation

2. Patients that have indications for extensive abdominal surgery involving partial or full evisceration.
3. Patients requiring other organ transplants were the exclusion of simultaneous small bowel transplantation will adversely affect patient survival.

Solid organ advisory groups

Advisory committees exist for every solid organ transplant community and consist of representation from all transplanting units, referral centres, statisticians, lead SNODs, UK recipient coordinator representatives, commissioning and specialist services i.e. histopathology and immunology. Currently the solid organ advisory groups meet twice a year and have working groups that may meet more regularly. The Solid Organ Advisory groups discuss;

- Donation activity
- Transplant activity
- Waiting times
- Equity of access
- Selection and organ allocation
- Transplant outcomes and research
- The Bowel Advisory Group (BAG) is the group of professionals that represent the small bowel and multi visceral transplanting community. Please see The National Intestinal Selection Policy in full at www.odt.nhs.uk/transplantation/policies

There are two categories of patients listed;

Elective
Super urgent

For full allocation criteria please see Intestinal Transplantation: Organ Allocation policy at www.odt.nhs.uk/transplantation/policies

For both categories patients need to be registered electronically via ODT on-line and if a super urgent patient changes status and needs to be downgraded to appear on the elective waiting list they must be re-registered on the elective waiting list. The registration documentation must be fully completed for the patient to be registered correctly.

Transplantation

The coordination of the organ retrieval operation, the explant of the recipients existing organs and the implant of the donated organs is extremely important. Once a small bowel or multi visceral donor's family is consented and the organs are offered to one of the four UK centres collaboration starts between the SNOD and transplanting centre. Ideally the recipient should be prepared for theatre and waiting in the implanting theatre area at the time the retrieval starts. Once the organs have been visualised and deemed transplantable the recipient explant will start. To keep the cold ischaemic time to 6 hours or less there needs to be synchronisation between the retrieval team and the transplanting team. Many of the recipients will have extremely "hostile" abdomens after previous extensive surgery and therefore it may take many hours to gain access to the abdomen and resect the organs before implanting the new organs.

Post-Transplant

Progress is reported by the transplant teams looking after the recipient to NHSBT via ODT on-line at:
1 week post transplant
3 months post transplant
Annually
In the event of graft loss or patient death
Each transplanting centre may have slightly different methods of follow up and care regimes for their recipients.