Challenging the Traditions; Enhanced Recovery After Renal Transplantation

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Team Work = Communication = Good Plan
It is not all about.....

Reducing LENGTH OF HOSPITAL STAY

BUT.....

Improving quality of patient care and improving recovery

By default, these should manifest as shorter hospital stays.

(Kehlet, 2009)
ESRD Patient
The Journey to Pee Again
ERART

Is it new?
Post-Operative Recovery

After surgery you will be taken to the transplant unit (4100). You will be attached to a heart monitor and will have a special IV line to monitor and give fluids. You will also have a catheter in your bladder to measure the urine output from the new kidney. The average length of stay in the hospital after kidney transplant surgery is about **four to six days**.
You will be out of bed and walking with assistance the day of, or the day after, your operation. We will give you fluids to drink 24 to 48 hours after the surgery, and you can begin to eat solid foods when you can tolerate them. *You may need dialysis if your new kidney does not produce urine right away.* While this can be disappointing, it does not mean the kidney will never work properly. Barring any complications, you could go home from the hospital within 4 to 7 days.
You can sip liquids the day of surgery and resume your normal diet within two to three days. Usually, you'll be able to take a short walk the day after surgery. Generally, patients remain in the hospital for three to four days after receiving a kidney transplant.
Pilot Study

- 13 consecutive LTx
- 28 consecutive LTx as control
- Transplant School
- Consent
- CHO loading
- In Theatre
  - Cardiac output monitor, NO CVP LINE
  - Spinal Diamorphine
  - TAP
Pilot Study

- Drink and eat same night
- Drain removed on day 1-2
- Catheter removed on day 3-4
- Mean LOS (6.5 vs 9.2 days)
- Median LOS (6 vs 8 days)
- P=0.0001
Results

Mean 9.2

Mean 6.5

ER
Results

[Graph showing LOS (length of stay) with median values of 8 and 6, with various data points indicating individual LOS values.]
Pain Relief

- Intracethecal diamorphine
- TAP block
- PCA
CVP line

- Do we need it?
- How often we use it on the ward?
- Morbidity and mortality
- Long term consequences

Significant cardiac co-morbidity

Inotropes
Urinary Catheter

- Do we need to keep it for 5 days?
- Any evidence to support 5 days?
- Are we disparate to monitor the urine output?
  1- Pre-emptive Transplantation
  2- Residual function while on dialysis (PD patients)
  4- DGF

3- What is the routine after laparotomy?
   The condition of the bladder wall
   Confidence in the anastomosis
Drains

- Do we need a drain?
- When can we take it out?
- If still draining and the patient feels well, can he go home with the drain?
- Is it better stay on the ward because of the drain?

Patient selection
Thank You

I think there’s a spy among us...