

Follow up for the Acute Renal Transplant - Room for improvement?

Dr Jonathan Gamble¹, Dr Robert Lewis¹, Dr Nicholas Sangala¹

¹*Wessex Kidney Centre, Portsmouth, United Kingdom*

The immediate post-transplant period is a critical time for renal transplant recipients, as they are most at risk of developing complications, notably organ rejection and opportunistic infection. Early identification and management of these complications through careful manipulation of immunosuppression can reduce the risks of these complications. Accordingly, the first 12 months following transplantation is a period of intense out-patient follow up for transplant recipients. British Transplant Society recommendations suggest recipients be seen up to 40 times during this period. This is both costly to the NHS and burdensome to the recipient.

There are 23 UK adult renal transplant centres and all have seen growth in transplant numbers in the last decade, a rise matched by an increased demand on clinic services. We sought to a) identify any variation in post-transplant follow up practice amongst transplant centres and b) survey our current local transplant clinic population to understand the patient experience of post-transplant care.

Method:

National post-transplant follow-up practice. We telephoned the transplant coordinators at the 23 transplant centres in the UK and requested a summary of the typical follow-up practice for the immediate post-transplant period until care was transferred out of the acute transplant team. Data was collated and anonymised.

Local patient experience. A questionnaire was designed with patient input to understand patient experience of attending the acute transplant follow-up clinic. The questionnaire was distributed to all patients attending the clinic over a single week, with instructions on how to complete them.

Results:

National post-transplant follow-up practice: Details about acute transplant follow-up was collected from 17 of 23 transplant centres. 13 centres followed up recipients for 6 months, whilst 4 centres discharged their patients at 3 months. There was notable variation in follow-up practice. In the first 3 months post-transplant the average number of clinic attendances was 18 (10-24). In the 13 centres monitoring recipients for 6 months, the average number of attendances was 24 (16-38).

Patient experience: Surveys were distributed to all 36 recipients attending the local acute transplant clinic, 28 responses were received (78% response rate). On average, recipients spent 6hrs 46mins attending clinic. Broken down this reflects 1hr 4mins (15mins - 2hr 45mins) travelling from home to clinic; 29mins (45mins - 2hr 15mins) waiting for phlebotomy and 2hr 35mins (1hr 50mins - 3hr 35mins) waiting to see the transplant team. Recipients spent 15mins (8mins-30mins, 3.7% of Clinic) with the transplant team and valued in almost equal amounts their time spent with the transplant team and finding out their blood results.

Conclusion:

There is significant variation of practice in post-transplant care between transplant centres within the UK and the frequency of clinic appointments remains high. Transplant recipients within the acute transplant clinic report attendance to be time consuming, with only a small proportion of that time spent engaging with the transplant team. Whilst recipients valued the time spent with the transplant team, they equally valued the reassurance provided by finding out their blood results. Remote monitoring could improve patient experience and the efficiency of follow up.