LIVING KIDNEY DONORS – THE UK REGISTER

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Background

In 2000 it was agreed that a national register be set up to record donation and follow-up data for living kidney donors. This pooling and sharing of information would help highlight any problems that may need to be addressed and aid those involved in the donation process.

Method and data

Data collection forms were designed and agreed and issued for all living kidney donors in the UK since November 2000. These forms gather details about the donor at the time of donation and assessment data each year thereafter. The information is collected as part of the National Transplant Database.

Three years into the project over 750 one-year follow-up forms have been issued but only about two thirds have been returned so far. Approximately half as many two-year follow-up forms have been issued.

Results

The age of donors ranges from 19 to 73 years, the most common decade being the forties. In 40% of cases the relationship of donor to the recipient is that of parent and the donor was genetically unrelated in 24%. Although approximately twice as many recipients are male as female, the gender of the donor is more evenly distributed with no evidence of sex-matching. Nearly 15% of living kidney donors are from ethnic minority groups whereas they constitute less than 3% of cadaveric donors. Peri- and postoperative complications were rare, wound infection being the most common in 3% of donors. Nearly all (95%) of donors were discharged from hospital within 9 days and 70% had returned to normal general activity within three months. Serum creatinine levels at one year post-donation (mean 113 µmol/l) were slightly but significantly higher than at the time of donation (mean 86 µmol/l) and still remained significantly raised at two years (mean 109 µmol/l). Haemoglobin was unchanged at one year (mean 13.6 g/dl) compared to pre-operatively (mean 13.9 g/dl). Approximately 10% of donors had elevated blood pressure one year post-donation. Urine dipstick testing showed 6% of donors positive for blood and 14% positive for protein at one year. Very few related medical conditions were reported one year post-donation, complications with the wound being the most common (6%).

Conclusions

The outcome for living kidney donors is generally satisfactory but there is a small risk of morbidity. The data in the registry will become even more valuable as more follow-up information is collected.