A CHALLENGING START TO THE DONATION AFTER CARDIAC DEATH TRANSPLANTATION PROGRAM. RESULTS FROM THE FIRST YEAR IN OUR HOSPITAL.

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Introduction: Spain is the world leader in Kidney Transplantation, however we still have many people on the waiting list. Donation after cardiac death (DCD) has become a new source of good donors for patients.

Methods: Between 17/08/2017 and 20/11/2018 we have made 13 DCD transplantations in our hospital. 12 of the 13 were made by ultra fast surgery and only one donor had ECMO. We have prepared a descriptive study of our beginning.

Results: Mean donor age was 64+/-13. 5 (38%) were deceased because of a brain traumatism, 6 (46%) because of a stroke and 2 (15%) because of a respiratory insufficiency. Mean recipient age was 58+/-7. All donors went under a biopsy which was scored by Seron et al. All of the recipients were first transplant, induction was made with thymoglobulin and delayed start of tacrolimus. Table 1 and Graph 1.

Table 1

Results	MEAN	STANDARD DEVIATION
SCORE BIOPSY	2,38	
Warm ischemia time (min, sec)	8,46	(+/-)5
Cold ischemia time (h, min)	17,4	(+/-)10
Missmatch	1,04	
Delayed Graft Function	61,04%	
Acute Rejection	15,38%	

Graph 1

Creatinine mg/dl
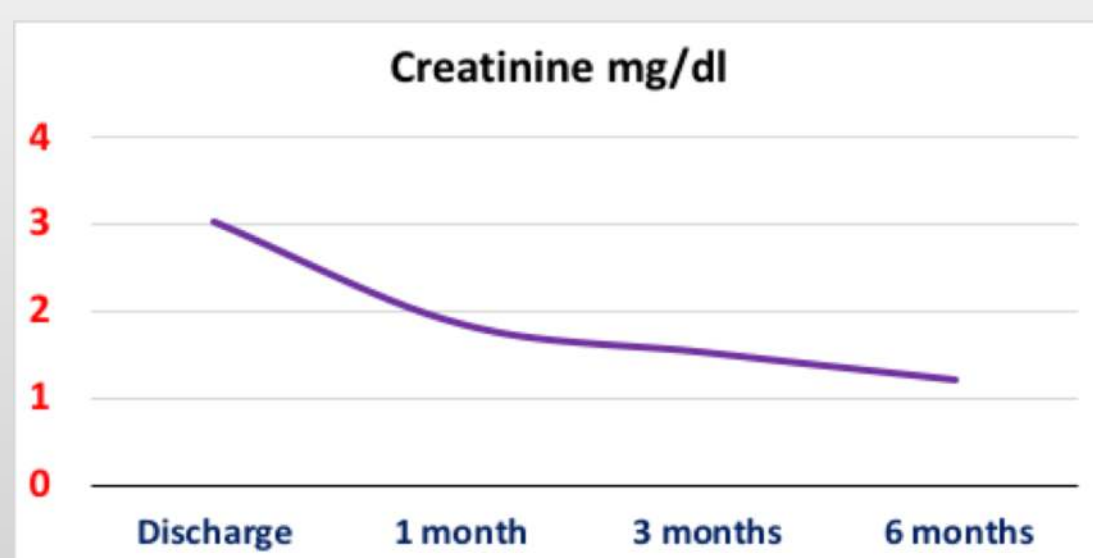
Conclusions: Even with the lack of a large number of patients, in the beginning of the program and watching the results of renal function, we could say that DCD is a good source of donors, getting similar results to donation from brain death. In any case we need to improve the CIT to avoid high rate of DGF and see the impact to the rejection.