

Minimizing cold ischaemia time: assessing the effect of different factors at a single renal centre



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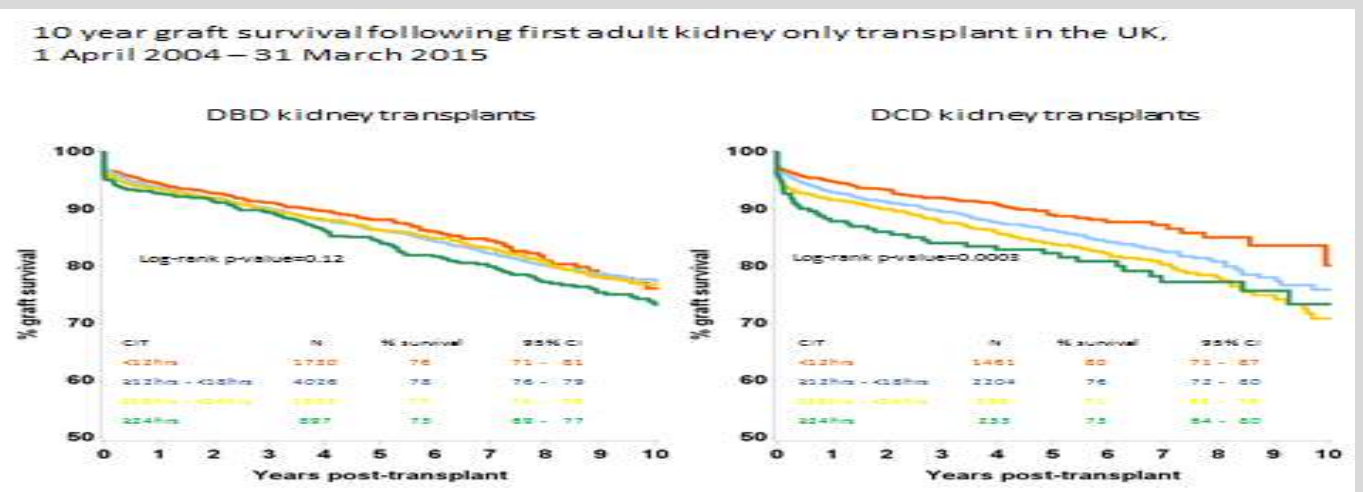
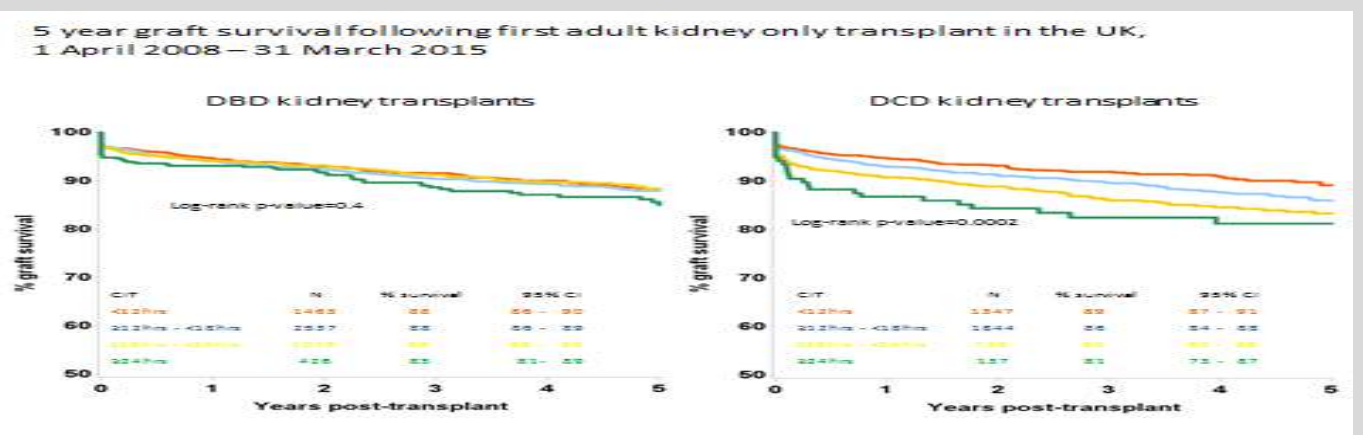
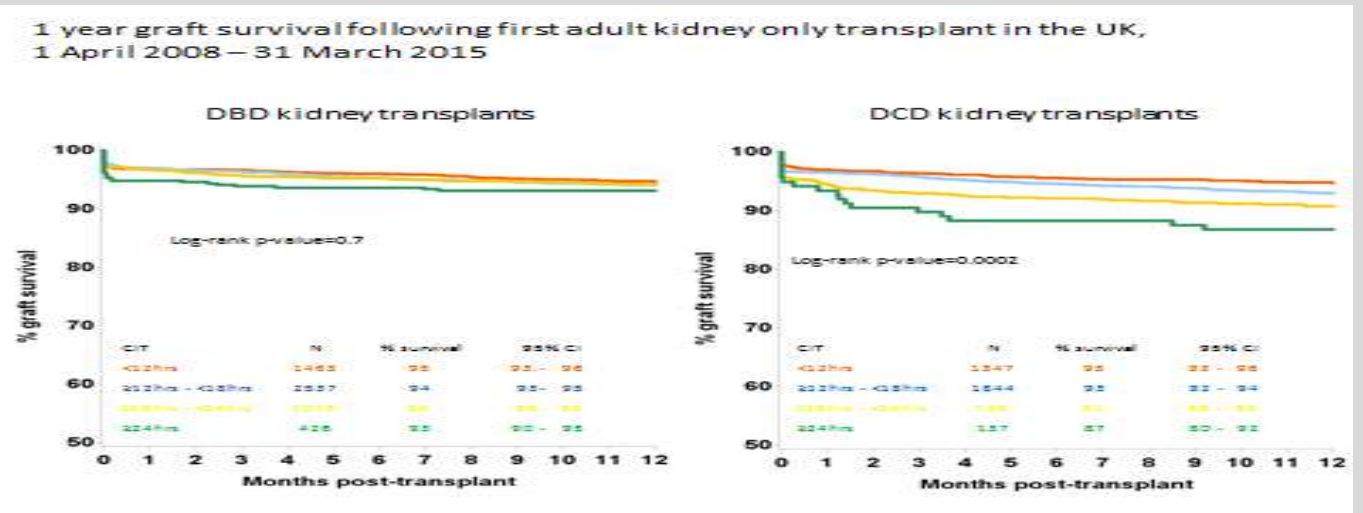
Introduction

Cold ischaemic time (CIT) is an important modifiable risk factor for renal transplant graft survival. Within our centre in Bristol we have reviewed how certain factors affected the CIT (both negative and positively).

Methods

This audit was initially carried out in 2008 and we wanted to review progress with some changes in practice and how factors influence the transplant pathway. Not all factors from the 2008 audit were relevant so we chose to re-audit: (1) Mean time for transit of samples from clinical area to laboratory (2) Patient suitability for Virtual Cross-match VXM (3) Mean delays accessing operating theatres (readiness deemed to be when patient/organ on site and cross-match negative and able to proceed)

Why does CIT matter?



Data supplied by Statistics Department, NHSBT

Results

Criterion	2008	2015
Transit of Specimens	23 minutes	17 minutes
% Virtual Cross-matches	N/A	45/75 = 60%
Time deemed ready for Theatre & time Theatres accessed	3 hours 50 minutes	4 hours 57 minutes
CIT	16 hours 36 minutes	13 hours 41 minutes

Discussion/Conclusion

Sample transit time essentially unchanged as solid system in-situ and working well. The advent of VXM has reduced CIT most. It is completed in advance before patient or organ are on-site. It is dependent on sensitisation, recent samples and results. It has reduced cross-match reporting from 6+ hours to as little as 15 minutes. The move to our new hospital building has made accessing theatres problematic – with more specialities requiring emergency access and priority. Despite the delay from “Ready-to-go” and time “Actually-in” theatres overall the CIT has reduced significantly. This delay has been cancelled-out by the reduction achieved by the VXM. We continue to “chip-away” at our CIT – this is only possible due to the diligence of the multi-disciplinary team. The stats above kindly provided by NHSBT demonstrate up to an 8% difference in 1 and 5 year graft survival <24hrs or >24hrs (NHSBT, 2016)

