

CHALLENGES OF KIDNEY TRANSPLANTATION: CADAVER DONOR

Burden of End stage renal failure patients is high in our society. Every year death tolls to near about thirty-five thousands due to renal failure. Only small percentage of the patients becomes lucky enough to undergo successful living related renal transplantation. Each day, about 60 people around the world receive an organ transplant, while another 13 die due to non-availability of organs. Scarcity of the donor is one of the main barriers in this situation. Legal Issues sometimes violated in a very concealed way. Organ shortage — the main limitation to save lives of critically ill patients — is due to individuals and their families not considering organ donation for fear, ignorance or misunderstanding. Moreover, LRD also causes the grievous heart to the donor himself / herself. Realizing the grave situation, focus of kidney donation demands further consideration and steps to cadaver organ donation.

There are multiple obstacles of successful implementation of Cadaveric Organ Donation program in our country i.e. no funding from GOVT, lack of infrastructural and logistic support in the hospitals, unawareness of Brain Death concept to the community. Cadaver organ transplantation is one of the preferred ways of treating the patients with ESRD. Prompt diagnosis of brain death to provide optimal support to potential donors and trying to increase the donation rate must be the main focuses of all transplant centers. Maximizing the potential for organ donation also has the ramifications for the national donor pool; organs and tissue may be shared among the transplant units.¹⁻³

In 1965 first cadaver kidney transplantation was carried in Spain. Over the time they became capable to establish 'Organizational transplant model'. Up to 1997, 92% (4347) KT were performed from cadaver organ donation.⁴ Even now, Non-heart beating donor (NHBD) has been

suggested as the effective way to bridge the gap between the supply and the demand for, kidney transplantation. Maastricht and Leicester showed that there is no significant difference regarding 5 years graft survival rate in the two groups.⁵

Daily more than hundred of patients of motor vehicle accident coming to the hospital 'broad dead' or dead after emergency management in the big cities of Bangladesh. Rationally we can approach to increase the cadaver organ donation pool. Voice of awareness should be first raised from the professionals like ours. Print and electronic media should play a vital role.

Prof. AKM Zamanul Islam Bhuiyan

Director & Head Department of Urology
National Institute of Kidney Diseases and Urology,
Dhaka, Bangladesh.

References:

1. Pearson IY: The potential organ donor. Med J Augst 158:45,1993
2. Nikolovoski M: The organization and function of donor transplantatio unit. Khirurgiia 47:13, 1995
3. Shirley S, Cutler J, Heymann C et al: Narrowing the organ donation gap. J heart lung trnsplantton 13; 817, 1994
4. L. garcia Aparicio, J. M. Grinyo, M. A. Viedma, MT aguayo, J lioveras and C Constante. 31,346-350 (1999)
5. Wijnen RMH, Booster MH, Stubenitsky Bm et: lancet 345:10067,1995