Scandiatransplant living donor database

Initial registration   Donor number: ☐☐☐☐☐

I Basic information:

● Donor name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐   [surname / first name]

● Birth number: ☐☐☐☐☐☐☐☐☐☐☐

● Sex: Male ☐   Female ☐

● Country of residence: Sweden ☐ Denmark ☐ Finland ☐ Norway ☐ Iceland ☐ Estonia ☐

● Local hospital: _____   *Hospital of diagnostic evaluation and/or follow up*

● AB0 blood group: A ☐   B ☐   0 ☐   AB ☐

● Relation to recipient:

AD: Anonymous Donor ☐
BSL: Brother/Sister-in-law ☐
CHA: Co-habitant ☐
CO: Cousin (first) ☐
COS: Second cousin ☐
DA: Daughter ☐
FA: Father ☐
FRI: Friend ☐
GRC: Grand-child ☐
GRP: Grand-parent ☐
MO: Mother ☐
OFL: Other familial linkage ☐
OTC: Not Scandiatransplant ☐
OTR: Other related ☐
OTU: Other unrelated ☐
SI: Sibling, no haplo spec ☐
SI0: Sibling, 0 haplo id ☐
SI1: Sibling, 1 haplo id ☐
SI2: Sibling, 2 haplo id ☐
SO: Son ☐
SP: Spouse ☐
UA: Uncle/Aunt ☐

Other, specify ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

● Birth number of **recipient**: ☐☐☐☐☐☐☐☐☐☐☐

II Preoperative data

● Height: ☐☐☐ cm

● Weight: ☐☐☐ kg

● Organ type:

Kidney left ☐
Kidney right ☐

● Any previous urinary tract disease/condition:
→ No ☐
→ **Yes** ☐

→ Significant Urinary Tract Infection(s)***** ☐
→ Hematuria (micro-/macro-) ☐
→ Urolithiasis ☐
→ Tumor ☐
→ Renal anomaly/Other renal disease ☐
→ Other UT disease/condition ☐

Comment: _____

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*Definition of Significant Urinary Tract Infection(s):
♂: Any UTI
♀: Any pyelonehritis. >1 lower UTI/cystitis per 10 years of age

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● Kidneys/vessels evaluated by:
Ultrasound ☐
Angiography; conventional/invasive ☐
Rtg. urography ☐
Renography (isotope-) ☐
CT/-angiography ☐
MR/-angiography ☐

III Virology and bacteriology (infection serology)

	Neg	Pos	ND
CMV: Anti-CMV (Cytomegalovirus)	☐	☐	☐
EBV: Anti-EBV IgG (Epstein-Barr)	☐	☐	☐
HBc: Anti-HBc (antibody)	☐	☐	☐
HBsAb: Anti-HBs (antibody)	☐	☐	☐
HBsAg: Hepatitis Bs antigen	☐	☐	☐
HCV: Anti-HCV (antibody)	☐	☐	☐
HCVAg: Hepatitis C antigen (RNA)	☐	☐	☐
HDV: Hepatitis Delta Virus (antibody)	☐	☐	☐
HIVab: Anti-HIV (antibody)	☐	☐	☐
HIVag: HIV antigen	☐	☐	☐
HSV: Anti-HSV (antibody)	☐	☐	☐
LUES: Syphilis antibody	☐	☐	☐
MV: Anti-MV IgG (Morbilli antibody)	☐	☐	☐
TOXO: Toxoplasma antibodies	☐	☐	☐
VZV: Varicella zoster virus	☐	☐	☐

Other **<u>positive</u>** infectious parameter ☐

Specify:

IV HLA typing

Serological:

A	_____	B	_____	Bw4/w6	_____
Cw	_____	DR	_____	DQ	_____

Genomic:

A	_____	B	_____	C	_____
DRB1	_____	DRB3/4/5	_____	DPA1	_____
DPB1	_____	DQA1	_____	DQB1	_____

V Baseline risk factors

> *During evaluation or at admission*

● p-Cholesterol: ☐☐█☐☐ mmol/l

● p-Triglycerides: ☐☐█☐☐ mmol/l

● p-HDL: ☐☐█☐☐ mmol/l

● p-LDL: ☐☐█☐☐ mmol/l

● Anti-lipid drugs; number of: ☐

● Smoking? *[1 choice of 3]:*
  → No ☐
  → Previously ☐ → *Previously > 3 years smoking or > 3 "pack years" (not at present)*
  → At present ☐ → *> 3 cigarettes per week*

● Systolic blood pressure: ☐☐☐█☐ mmHg

● Diastolic blood pressure: ☐☐☐ mmHg

> *The representative pressure for donor acceptance; with or without antihypertensive drugs*

● Anti-hypertensive drugs; number: ☐

VI Kidney function

● Plasma indicators:

→ Creatinine: ☐☐☐☐ μmol/l

→ Cystatin C: ☐☐☐☐ mg/l

● Glomerular Filtration Rate:

→ Creatinine Clearance: ☐☐☐ ml/min

→ Cr-EDTA Clearance: ☐☐☐ ml/min

→ Iohexol Clearance: ☐☐☐ ml/min

> **Estimated clearance, auto calculated in YASWA:**
> <u>Cockroft formula</u>: Weight (kg) • (140 – Age (years)) • C • 1/Creatinine (μmol/l)
> ♂: C = 1,23   ♀: C = 1,23 • 0,85   (1/1000 • kg • years • min)

● Proteinuria

→ No ☐

→ ND ☐

→ **Yes** ☐

> *<u>No, if:</u> < 0.5 g protein/ 24 hours ∩ < 0.3 g albumin/ 24 hours*

    → Single miction: Sticks ☐

    → 24-hour urine: Protein assay ☐☐☐☐ g

    → Single miction: Alb.-/Creat.-assay ☐☐☐☐ mg/mmol

    → Single miction: Protein-assay ☐☐☐☐ g

● Microalbuminuria

→ No ☐

→ ND ☐

→ **Yes** ☐

> *<u>No, if:</u> < 30 mg albumin/24 hours*

    → Single miction: Sticks ☐

    → 24-hour urine: Protein assay ☐☐☐☐ g

    → Single miction: Alb.-/Creat.-assay ☐☐☐☐ mg/mmol

    → Single miction: Protein-assay ☐☐☐☐ g

● Diabetes/Pre-Diabetes ?

→ No ☐
→ ND ☐
→ **Yes** ☐

          → Year of diagnosis ☐☐☐☐

          → Diagnostic criteria / level of disease ☐

          → Treatment
          ☐ None
          ☐ Diet
          ☐ Peroral anti-diabetic drugs
          ☐ Insulin

VII Donor operation

● Date of operation: ☐☐☐☐☐☐

● Operative technique

    → **Open** ☐
      → Flank incision: ☐ → Costal resection: No: ☐   Yes: ☐
      → Subcostal/ventral and **retro**peritoneal: ☐
      → Subcostal/ventral and **trans**peritoneal: ☐

    → **Scopic** ☐
      → Laparoscopic (transperitoneal) ☐
      → Retroperitoneoscopic ☐
      → Converted to open* ☐

          → Strict scopic: ☐
          → Hand-assisted with handport: ☐
          → Hand-assisted without handport: ☐

* Conversion, reason ☐

    → **Combined procedures**
      (not only hand-assisted)
          → Open during caval exclusion: ☐
          → Other modification ☐

Comments: ☐

● Number of renal arteries ☐   *Anatomically prior to division*

● More arteries after division   Yes: ☐   No: ☐

● Peroperative complications/incidents:
→ No   ☐
→ ND   ☐
→ **Yes**   ☐

       → Bleeding requiring transfusion   ☐   Units of blood   ☐

       → Visceral perforation   ☐

       → Lesion of renal vessel(s)   ☐

       → Other perop. complication   ☐

       → Renal tumor   ☐

          → Specify tumor:_____

          → Kidney discarded   Yes: ☐   No: ☐

Comments: [   ]

● Operative time: ☐☐☐ min   *"Skin to skin" time*
- Inactive time may be subtracted
(e.g. waiting for recipient)

● Anesthetic time: ☐☐☐ min   *Intubation to extubation*

VIII Postoperative data

● Postoperative complications/incidents: | Within **30 days** post donation |
    → **No** ☐
    → **Yes** ☐
       → Bleeding requiring transfusion ☐ → Units of blood postop.: ☐☐

      → **Wound** complications ☐
              → Infection: ☐
                →Specify: _____

> **Infection**; *Definition:*
> *Purulent secretion and/or + bacteriology*

              → Lymphocele: ☐
                →Specify: _____

> **Lymphocele**; *Definition:* *Deep fluid accumulation; requiring intervention*

              → Dehiscence: ☐
                →Specify: _____

       → Urinary tract infection ☐
               →Specify: _____
       → Pneumonia ☐
               →Specify: _____

       → Thromboembolism ☐
              → Deep vein thrombosis: ☐
              → Pulmonary embolism: ☐
              → Other ☐ →Specify: _____

       → Anti-hypertensive treatment ☐ ⟶ | *If* <u>*not*</u> *also antihypertensive medication preop.* |
       → Other postop. complication ☐
              → ICD-10 diagnostic code: ☐☐☐☐▌☐

              → Specify: _____

       → Reoperation ☐
              →Specify: _____

● Postop kidney function by plasma indicators | *Last measurement prior to discharge* |

     → Creatinine: ☐☐☐☐ μmol/l

     → Cystatin C: ☐☐☐☐ mg/l

● Date of discharge: ☐☐☐☐☐☐ [date; ddmmyy] | *Discharge from Tx-related department* |

● Mental effect by donation:

           → Physically reduced capacity ☐

           → Mentally reduced capacity ☐

           → **Negative** experiences/mental effect ☐

           → **Positive** experiences/mental effect ☐

Specify: _____

Follow-up at 3 months – n years post-donation

I *Basic information:*

● Donor number

● Donor name:

[surname / first name]

● Birth number:

● Date of consultation: _____

● Next follow up: _____

● Lost to follow up ☐

● Telephone surgery
→ Date of contact: _____
→ Comments:

● Weeks out of work due to donation: ☐☐☐ weeks

Unemployed, pensioner etc:
0 weeks

● Have you suffered economic loss due to donation ?
→ **No** – no problem with compensation ☐
→ **No** – but **troublesome** compensation ☐
→ Specify:
→ **Yes** ☐
→ Specify:

● *Loss of income*
● *Altered working conditions*
● *Aid at home/children*
● *Cover charges/drugs etc*

II Restitution

Date of full restitution: _____

● Overall **_Positive_** effect of donation (somatic/mental)
→ **Positive** experiences/mental effect by donation ☐
→ **Negative** experiences/mental effect by donation ☐

Specify: _____

● Overall **_Negative_** effect of donation (somatic/mental)
→ Mentally reduced capacity ☐
→ **Negative** experiences/mental effect by donation ☐
→ **Positive** experiences/mental effect by donation ☐
→ Physically reduced capacity ☐

● **Pain** (relating to donation)
→ Analgesic drugs?
  → Every day ☐
  → Sporadically ☐
  → Seldom/Never ☐

→ Location/type; specify briefly: _____

III Complications

● Late complication or readmission related to donation?   > 30 days post-donation
    → **No** ☐
    → **ND** ☐
    → **Yes** ☐
        → **Wound** complications ☐
            → Hernia / protrusion ☐ → Specify: _____
            → Lymphocele/(seroma) ☐ → Specify: _____
            → Sensory disturbance/ ☐ → Specify: _____
            hyperesthesia (significant)
        → **Uremia** ☐ → *[2 of 2]*:
            → Dialysis: No: ☐   Yes: ☐ _____
            → Specify disease - - - - - - - -: _____

        → Readmission ☐ → Specify: _____
        → Reoperation ☐ → Specify: _____

        → Other late complication ☐ → Specify: _____

● Significant *intercurrent disease* (not clearly related to donation) or *pregnancy* ?
    → **No** ☐
    → **Yes** ☐ → *[1-7 choices of 7]*:
        → Urinary tract disease ☐ → *[1-6 choices of 6]*:
            → Urinary Tract Infection(s) ☐
                → Specify: _____

→ Hematuria (micro-/macro-) ☐
       → Specify:
→ Urolithiasis ☐
       → Specify:
→ Tumor ☐ →*[1-2 of 2]:*
    → ICD-10 diagnostic code: ☐☐☐█|█☐ [Xnn.d]

    → Specify:

→ Renal anomaly ☐ →*[1-2 of 2]:*
    → ICD-10 diagnostic code: ☐☐☐█|█☐ [Xnn.d]

    → Specify:

→ Glomerular/interstit. disease ☐ →*[1-2 of 2]:*
    → ICD-10 diagnostic code: ☐☐☐█|█☐ [Xnn.d]

    → Specify:

→ Other UT disease/condition ☐ →*[1-2 of 2]:*
    → ICD-10 diagnostic code: ☐☐☐█|█☐ [Xnn.d]

    → Specify:

→ Cardiovascular disease ☐
    → Specify:
→ Pulmonary disease ☐
    → Specify:
→ Thromboembolism ☐ →*[1-3 of 3]:*
    → Deep vein thrombosis: ☐
    → Pulmonary embolism: ☐
    → Other ☐ →Specify:

→ Other infectious disease ☐
    → Specify:
→ Other intercurrent disease ☐
    → Specify:

→ **Pregnancy** ☐
    → Specify:

● **Death?**
Date of death: _____

Cause of death:

Death ICD-10 code: _____

IV Risk factors

● Height: ☐☐☐ cm

● Weight: ☐☐☐ kg

● p-Cholesterol: ☐☐☐☐ mmol/l

● p-Triglycerides: ☐☐☐☐ mmol/l

● p-HDL: ☐☐☐☐ mmol/l

● p-LDL: ☐☐☐☐ mmol/l

● Anti-lipid drugs; number of: ☐

● Smoking?

    → No ☐

    → Previously ☑   *Previously > 3 years smoking   or   > 3 "pack years"   (not at present)*

    → At present ☐   *> 3 cigarettes per week*

● Systolic blood pressure: ☐☐☐ mm Hg   *The representative pressure – with or without antihypertensive drugs*

● Diastolic blood pressure: ☐☐☐ mm Hg

● Anti-hypertensive drugs; number: ☐

V Kidney function

    → Creatinine: ☐☐☐☐ μmol/l

    → Cystatin C: ☐☐☐☐ mg/l

● Glomerular Filtration Rate:

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→ No ☐

→ ND ☐

→ **Yes** ☐

If, no: *< 0.5 g protein/ 24 hours ∩ < 0.3 g albumin/ 24 hours*

→ Single miction: Sticks ☐

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● Microalbuminuria

→ No ☐

→ ND ☐

→ **Yes** ☐

No, if: *< 30 mg albumin/24 hours*

→ Single miction: Sticks ☐

→ 24-hour urine: Protein assay ☐☐☐☐ g

→ Single miction: Alb.-/Creat.-assay ☐☐☐☐ mg/mmol

→ Single miction: Protein-assay ☐☐☐☐ g

5. Diabetes mellitus

→ No ☐

→ ND ☐

→ **Yes** ☐

→ Year of diagnosis ☐☐☐☐

→ Diagnostic criteria / level of disease ☐

→ Treatment
☐ None
☐ Diet
☐ Peroral anti-diabetic drugs
☐ Insulin