

# FUTURE WORK

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The major limiting factor in pancreas transplantation is greater morbidity compared with kidney transplantation alone. This is largely a function of the immediate reperfusion pancreatitis that is a common sequel to implantation. A second limitation is the very poor utilisation of donor organs: in the UK, only 25% of organs that are offered are actually transplanted. The risk profile of the organ donor population is increasing (largely because of age) and this increases the need to develop a means of preservation and organ assessment that gives clinicians the confidence that organs are suitable for transplant. Machine perfusion, has been successful in other organs, but there has been no such advance in pancreas transplantation – this is largely a function of the relatively small numbers of patients undergoing this procedure. New methods of graft surveillance to detect rejection or other complications at a much earlier stage are also needed. International collaboration and multicentre clinical trials are needed to advance practice. If it were possible to reduce the morbidity and improve the survival of pancreas transplants to the same level as kidney transplants, the indications for this procedure would expand, possibly allowing patients to benefit before developing kidney failure. Our sincere thanks to Mr James Gilbert for supplying the photographic images.

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