IMMUNOSUPPRESSION AND FOLLOW-UP Long-term monitori

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Blood glucose monitoring is reassuring for the patient but, once glucose levels are raised as a result of graft rejection, it is usually too late to reverse. Haemoglobin A1c (HbA1c) levels are an independent predictor of long-term graft function and oral glucose tolerance testing can also be used to assess organ dysfunction and aid management. Fasting C-peptide and insulin levels can also give an idea of pancreatic function. Cellular rejection is di ffi cult to diagnose owing to the absence of a biomarker: in patients who have undergone SPK, serum creatinine can be used as a surrogate marker and renal biopsy /uni25CF performed, although discordant rejection of kidney and pancreas is a well-recognised event. However, if the pancreas rejects but not the kidney , the diagnosis is much more di ffi cult and relies on cross-sectional imaging (to exclude vascular complications) and a high level of clinical suspicion. In PTA, the exocrine secretions can be managed by anastomosis with the urinary bladder, which means that urinary amylase can be measured sequentially and used as a biomarker of pancreatic function and a surrogate for rejection. A reduction in levels of urinary amylase may indicate rejection. Cystoscopic duodenal biopsy can be performed but the histology is often di ffi cult to interpret and the presence of lymphocytes may not necessarily indicate rejection. Computed tomography angiography may show peripancreatic inflammation, which would be consistent with rejection and be an indication for rescue therapy .

transplantation. Generic Enteric drainage Bladder drainage complications Bleeding Anastomotic Loss of sodium leak bicarbonate Reperfusion and acidosis/ pancreatitis Stoma formation extracellular Thrombosis Exacerbation of volume depletion gastropathy and Paralytic ileus malnutrition Rejection Chemical cystitis Infection – e.g. Urethritis CMV, candida Bladder leak Retinal Re /f_l ux pancreatitis haemorrhage Recurrent UTIs and worsening Bladder stones of vision Urethral strictures Limb ischaemia Urethral irritation Epididymitis Prostatitis and prostatic abscess CMV, cytomegalovirus. a Linked to duration of transplant. b Documented complications but very rare.

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