Introduction

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Current World Health Organization estimates are that about 9% of the global population have diabetes. This translates to over 600 /uni00A0 000 /uni00A0 000 people living with diabetes, with a significant proportion of these patients requiring insulin: approximately 10% of this population has type 1 diabetes. The aims of pancreas transplantation are to restore normoglycaemia, with freedom from insulin therapy , and to limit the progression of complica tions associated with diabetes. Pancreas transplantation is most commonly (but not exclusively) performed in individuals with type 1 diabetes with end-stage renal disease. In certain diabetic patients without renal insu ffi ciency , pancreas transplantation alone can be performed to av ert life-threatening complications of hypoglycaemia and to prevent the progression of diabetic complications. Unlike cardiac, lung and liver transplant, pancreas transplantation is not an immediately life-saving procedure, although it significantly improves not only quality of life but also life expectancy . Despite successful outcomes in the majority of patients following transplant, particularly for combined kidney–pancreas transplant, there is significant morbidity and mortality associated with the procedure. These factors, including the complications of long-term immuno suppression, must be carefully weighed against any potential benefit prior to patient listing. Current data indicate that more than 42 /uni00A0 000 pancreas transplants have been performed world wide, with the majority having been in the USA.

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