

Outcomes

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There are no randomised controlled trials that compare the outcome of SPK transplantation with kidney transplantation alone, so best practice has mostly been determined from registry analyses and single-centre experiences. The major limitation of comparing SPK with deceased donor kidney transplantation is the inherent selection bias that patients who are suitable for SPK are fit enough to undergo major abdominal surgery and those undergoing deceased donor kidney transplant may not be. However, registry analyses show a clear survival benefit of SPK compared with deceased donor transplant. Adjusted 10-year patient survival rates were 67% for SPK recipients, 65% for LD kidney recipients and 46% for deceased donor kidney recipients. In the UK, 1- and 5-year pancreas graft survival for patients undergoing their first SPK is 90% and 81%, respectively . Patient survival is 98% and 89% at 1 and 5 years, respectively . PTA has the poorest long-term survival because of high rates of early thrombosis and cellular rejection but provides exogenous insulin production to treat the the outcomes are still inferior with 1- and 5-year pancreas graft survival of 82% and 54%, respectively . In the USA, the data are similar with 5-year pancreas graft survival currently 73% for SPK, 65% for PAK and 53% for PTA; 5-year patient survival rates are 93% for SPK, 91% for PAK and 78% for PTA recipients, respectively .

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