

transplant

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1 Simultaneous pancreas-kidney transplant (SPK) . Both organs come from the same deceased donor. - This is the commonest type of pancreas transplant and is indicated in patients with chronic renal failure (on or close to requiring dialysis) secondary to diabetes. 2 Pancreas transplant alone (PTA) . Primarily for patients with type 1 diabetes who have repeated episodes of hypoglycaemia associated with unawareness (i.e. patients develop hypoglycaemic coma without warning). This is a life-threatening situation and such patients are unemployed. 3 Pancreas-after-kidney transplant (PAK) Deceased donor pancreas transplantation is performed after a previous kidney transplant, from either a living or deceased donor. 4 Simultaneous deceased donor pancreas and live donor kidney transplant . This option may shorten waiting times but is logistically very challenging and rarely performed. Transplantation of the islets of Langerhans (islet cell transplant) is an alternative to pancreas transplant alone for patients with hypoglycaemic unawareness. This is not a solid organ transplant and therefore not detailed in this chapter, but a brief description follows. After pancreas retrieval, islets are isolated, prepared and delivered into the portal vein (PV) of the recipient, usually via a percutaneous transhepatic radiologically guided procedure. Early results demonstrated that the presence of functioning islets appeared to protect against refractory hypoglycaemia and improve glycaemic control with a low incidence of insulin independence. However, success rates have improved in the last decade with some series showing 50% of patients remaining insulin independent at 5 years. Immunosuppression is required for islet transplantation and the associated long-term risks need to be balanced with the treatment benefits.

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