

Heart and Lung Transplant Hospitals Discussion Minutes held on 17/05/2016 at Rajiv Gandhi Government General Hospital, Department of Vascular Surgery, 5th Floor.

A discussion was held on 17/05/2016 by Transplant Authority of Tamil Nadu at "Rajiv Gandhi Government General Hospital, Dept of Vascular Surgery, 5th Floor to discuss various issues regarding Heart and Lung allocation procedures and Scientific methods employed in optimizing sub optimal organs by the use of Organ Care System. The meeting was presided by Prof. J.Amalorpavanathan, Member Secretary TRANSTAN.

Following members were present at the meeting.

1. Dr Sunder – Consultant Cardiothoracic & Transplant Surgeon – Apollo Hospital
2. Dr.Madan Kumar - Consultant Cardiothoracic & Transplant Surgeon – Apollo Hospital
3. Dr.Balakrishnan – Director Cardiac Sciences – Fortis Malar
4. Dr.Murali Krishna – Consultant – Fortis Malar
5. Dr.Ejaz Sheriff – Senior Consultant Cardiac Surgeon - MMM
6. Dr.Jacob – Cardiothoracic Surgeon - MMM
7. Dr.Govini B – Consultant Cardiothoracic Surgeon - Global
8. Dr.Vijil Rahulan – Transplant Pulmonologist
9. Dr. Rahul Chandola – Senior Consultant Heart & Lung
10. Thiru C.E.Karunakaran – Trustee, NNOS

Prof. J.Amalorpavanathan, Member Secretary, TRANSTAN opened the discussion by welcoming all the members. The agenda for discussion was circulated to all members and their consent/suggestion/feedback was obtained and a consensus was reached.

Following points were discussed at length :

1. Organ Care System (OCS) is a serious attempt to improve transplantation outcomes. Use of machine perfusion systems can be used to optimize donor organs if they are suboptimal- especially lungs. The use of OCS will prevent wastage of time, logistics and organs lost. However there is no guarantee that sub optimal donor organs when put into OCS will be utilized. Following guidelines was established regarding the use of OCS for the time being on a experimental basis :
 - a. OCS will be used by a hospital when all hospitals in the waitlist has declined for the identical blood group or compatible blood groups. No penalty to be applied if organs become unutilizable even after OCS is used.
 - b. OCS to be used to the maximum extent possible only for sub optimal organs.
 - c. If a hospital uses OCS for a optimal organ and wastes the organ it will loose the next turn to other hospitals in priority.
2. Heart from a heart lung recipient as a Domino Heart on appropriate situations was discussed. When a recipient heart becomes available during a heart lung transplant, hospitals can go for evaluation. It is necessary to obtain consent from the recipient for using his heart as domino heart. Heart valves can be used from not used domino hearts as there is a demand for heart valves as stated by experts.
3. Hospitals were in agreement to put the donor on machines (Ecmo etc) (after Family consent / 2nd Apnea) if necessary to stabilize the organs, preventing the donor from crashing before retrieval. The family has to be taken into confidence and explained that the whole process exercised is only to stabilize the organs and not for reviving the donor.

4. Combined transplants for Heart & Lung will no longer have priority over individual organ transplants. Heart and Lung will be allocated as per seniority maintained in the registry. Organs will be allocated to identical blood group or compatible blood groups in priority. If there is two registrations on same day/time allocation to a younger recipient will be given priority. Foreigners will be last priority. For all other procedures of allocation existing guidelines will be followed. Following guidelines will be followed in the allocation of Heart and Lung which will enable maximum usage of organs and recipients.
 - a. Hospitals to list separately in TNOS registry for Heart, Lung and combined transplants (Heart & Lung, Lung & Heart)
 - b. For a donor, if hospital A asks for Heart & Hospital B asks for double Lungs & Hospital C asks for Heart & Lung for a combined transplant, allocation will be done for Hospital A & B.(principle max usage of organs & recipients)
 - c. For a donor, if hospital A asks for Heart, No takers for lungs & hospital C wants for a combined transplant, allocation will be to Hosp C (for a combined transplant). (principle max usage of organs)
 - d. For a donor, if hospital A asks for lungs, No takers for heart & hospital C wants for a combined transplant, allocation will be to Hosp C (for a combined transplant). (principle max usage of organs)
 - e. For a donor, if hospital A asks for Heart & hospital B asks for single lung & hospital C asks for combined transplant, allocation will be done for A & B. (principle max usage of organs & recipients)
 - f. Urgent listing for Heart & Lung supersedes normal allocation procedures.
5. Hospitals to strictly adhere to the time schedule of 45 minutes to accept the offer for Heart and Lung (Local and Share). All hospitals can go for assessment irrespective of their priority, but allocation will be made as per priority, this will enable in saving valuable time if donor hospital insists on shifting the donor to OT due to various reasons. Hospitals which initially accepted the offer but failed to access and not present at the donor hospital during shifting of donor will miss their turn and the organ will be allocated to the hospital who are present at the donor hospital.
6. The status and progress made from the last meeting with regard to Heart transplants at Rajiv Gandhi Government General Hospital was brought up. All hospitals agreed that any professional assistance in the form of training for surgeons involved in the transplant program can be provided to kick start the program at RGGGH.
7. The Member Secretary requested all hospitals to suggest the name of some eminent person in the Heart and Lung program who can be invited to deliver the next oration which is scheduled to be held in the month of October 2016.

The meeting was concluded with members expressing their agreement on all the above procedures which to be put into force after required changes carried out in the registry.