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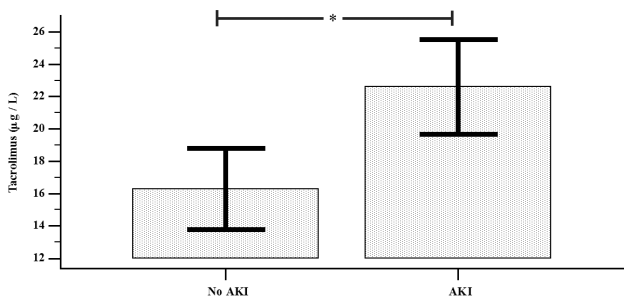
Tacrolimus and acute kidney injury in early postoperative stage after liver transplantation.Gulbin Tore Altun,¹ Pelin Corman Dincer,²Mustafa Kemal Arslantas,² Deniz Birtan,³ Ender Dulundu⁴¹Anesthesiology and Reanimation, Marmara University Pendik Training and Research Hospital, Istanbul, Turkey.²Anesthesiology and Reanimation, Marmara University, School of Medicine, Istanbul, Turkey.³Organ Transplantation Coordination Unit, Marmara University Pendik Training and Research Hospital, Istanbul, Turkey.⁴Department of General Surgery, Marmara University Pendik Training and Research Hospital, Istanbul, Turkey.

Background: Acute kidney injury (AKI) is a serious complication after liver transplantation (LT) and is associated with increased mortality and morbidity. It is frequently encountered during perioperative liver transplantation operations in which hemodynamic instability, intraoperative blood transfusion and/or positive fluid balance occurs, which are known risk factors for postoperative AKI. In addition, nephrotoxic effects of some drugs contribute to AKI development. Tacrolimus is widely used as an immunosuppressant in liver transplantation but is suspected for drug-induced acute kidney injury. In this study it is aimed to investigate whether tacrolimus is associated with AKI.

Methods: We retrospectively evaluated serum levels of tacrolimus concentrations that were measured in LT recipients (n: 42) postoperatively for the first seven days. Recipients with preoperative renal failure (n:2), patients who passed away on the 2nd postoperative day (n:2) and one patient with missing data were excluded from the study. AKI was defined according to Kidney Disease: Improving Global Outcomes (KDIGO) criteria.

Results: The majority of the patients were women (n:21). The median age was 44 years [IQR 32,75-55]. Of the 37 patients analyzed 22 patients (59%) developed AKI. Renal replacement treatment was started in 6 of these patients and 1 of them died. Tacrolimus level was significantly higher in AKI developed patients (P=0.001) (Figure 1).

Conclusions: Blood tacrolimus level should be closely monitored as this may have detrimental effects on patient outcomes.



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Immediate donation of eyes after life (IDEAL): The first prospective, nurse driven, smart phone based study on cornea donation in India.Avnish Seth,¹ Twinkle Singh,¹ Swati Kalra,² Preeti Monga²¹Fortis Organ Retrieval and Transplant, Fortis Healthcare Limited, Gurugram, India.²Project Jyoti, Dr Shroff's Charity Eye Hospital, Eye Bank, New Delhi, India.

Background: Over 100,000 individuals need cornea transplant annually in India. Current cornea donation (CD) rate of 10 PMP results in only 25000 corneal transplants annually. A need was felt to develop a system to effectively identify donors and counsel families for CD in hospital.

Methods: Nursing, critical care and administrative staff from 6 tertiary care private hospitals in New Delhi and Kolkata were sensitized for CD by holding workshops. Two 1-hour training sessions for nurses on counseling of families for CD were held in each hospital. All deaths occurring between January 2017 and March 2019 were prospectively monitored. Deaths were reported by Nursing Supervisor in a Whatsapp group comprising of staff from hospital administration, nursing, critical care and experts in CD. The prescribed reporting format brought out the time and cause of death and whether there was any contraindications to CD. If not, the family was counseled by nursing staff on duty and response posted on Whatsapp as yes/maybe/no. In case of maybe/no two text messages were sent to the family at 5 minutes interval by the Eye Bank, bringing out the need for CD in the country, explaining the process of CD and lack of disfigurement. A call was made by Eye Bank after 15 minutes to understand the final wish of the family which was respected. Data was maintained prospectively and a follow up call made after 1 week.

Results: Of 1690 deaths reported, contraindication to CD was seen in 1188 (70.3%). These included sepsis (90%), extremes of age (3.3%), viral infections (3%), hematological malignancies (2.6%) and neurodegenerative disorders (1.1%). Of the remaining 492, counseling for CD was done in 308 (62.6%). Consent for CD could be obtained by in 57 (18.5%) of whom 55 were obtained by nursing staff. Intervention by Eye Bank by text and phone call resulted in only 2 extra conversions. Reasons for not counseling in 184 included hesitation by nursing staff 100 (54%) agitated family 38(21%), doubt in contraindication 30 (16%) and unknown time/cause of death in casualty 16 (9%). On follow-up call 4/62 (6.4%) respondents said that they rued their decision and would love to donate corneas and organs the next time an opportunity presented itself in the family.

Conclusions: Consent for CD in hospital setting can be effectively driven by nursing teams with a short training. Progress can be monitored by Whatsapp. Additional counseling by messaging and phone calls does not significantly impact the consent rate.