



DONATE KIDNEYS TO SAVE LIVES



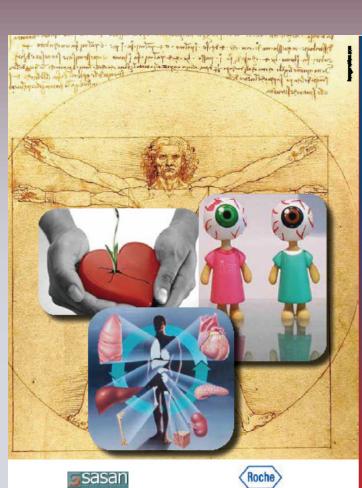






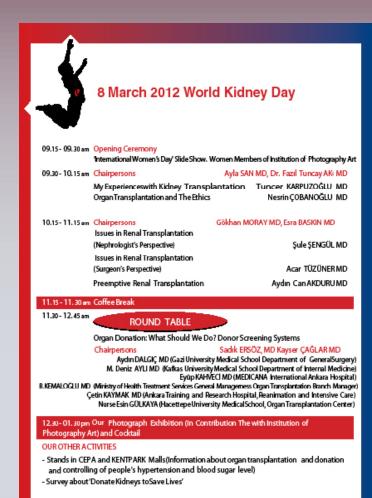
Our Scientific Activities

Ufuk University Conference Hall. 8th March, 2012











MY EXPERIENCES ABOUT RENAL TRANSPLANTATIO



PROF. TUNCER KARPUZOĞLU, M.D. AKDENİZ UNIVERSITY PROF, TUNCER KARPUZOĞLU,MD. ORGAN

Prof. Nesrin Çobanoğlu M.D. Gazi University Medical School President of Medical Ethics and Medical History Department



THE PROBLEMS IN KIDNEY **TRANSPLANTATION**



Prof. Şule Şengül M.D. **Ankara University Medical School Nephrology Department**

Surgeon's Perspective

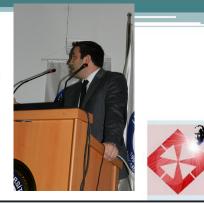
Issues of Kidney Transplantations

> Assoc. Prof. Acar Tüzüner, M.D. Department of General Surgery Ankara University Medical School Transplantation Unit



Renal Transplantation Before the Start of Dialysis (Preemptive Renal Tranplantation)

Spec. Aydıncan Akdur, M.D. Başkent University Hospital Department of General Surgery



Kidney Transplantation – Living Donor

TRANSPLANTATION INSTITUTE

Ankara University Medical School Hospital Dikimevi/ANKARA

Surgeon Tuncer Karpuzoğlu, MD, et al. 18 transplantations from living donors were



Living Donors:

Cadaveric Donors:



Total Kidney Transplantation: 2752 (1978-2011) 2457 Number of Adult Cases: 295 Number of Child Cases:

Akdeniz University, Prof. Tuncer Karpuzoğlu M.D. Organ Transplantation Training, Research and Practice Center, 07058



2172

580



The purpose of organ transplantation which started with the first applications of profession of Medicine and considered to have reached its highest points today. Here there is the responsibility of the physician to find the best possible way and the desire of doing kindness of the person who gave his/her organ to another person voluntarily for his/her advanced benefit. Also ethical problems being discussed in organ transplantation is concerned to achieve the best. The main aim is to achieve the best.

Ethical orientation of society is the result of

their efforts to adapt to each other.

PROBLEMS

- Insufficient number of transplantations and extending waiting lists.
- **Patient Survival** <u>Graft Survival</u>
- Cardiovascular disease >Deaths due to functional graft
- >Cr. allograft dysfunction Malignancies Infections
- Problems with immunosuppression (Early and late period)
- Immune monitoring (non-invasive)
- Provision of immune tolerance
- Cost

at all times

initiated.

Legislation and practices

Open and Laparoscopic Donor Nephrectomy Surgical Technique

- 1. Way of Surgical Entrance a. Transperitoneal
- b. Retroperitoneal 2. Surgical Technique
- a. Pure LDN
- b. Hand-Assisted LDN c. Robot-Assisted LDN



Preemptive Renal Transplantation-1

 The number of patients on the waiting list and increased mortality, has brought to agenda that patients must undergo transplantation without initiation of dialysis. Preemptive renal transplantation is primarily selection of renal transplantation as a renal replacement treatment when end stage renal failure development has not been seen or currently developed.

WHAT SHOULD/CAN WE DO?

- Ethical rules and regulations should be fostered
- Transplantation practices should be developed globally, all the components should work together.
- Cadaveric donation and cadaveric transplantation should be increased.
- Use of living donor should be increased. Donation practices after cardiac death can be

Conclusion

- The number of grafts is quite inadequate.
- Increase of organ pool is essential. • Surgery technique seems to have completed its development.

LAPAROSCOPIC DONOR NEPHRECTOMY HAS BECOME GOLD STANDARD.

CONCLUSION

- Patient and Allograft survivals of living donor or preemptive cadaveric kidney transplantation are better than the transplantation after initiation of dialysis (Provides protection from uremic complications)
- Preemptive renal transplantation considerably increases the quality of life with advanced degree in patients.

