

Laparoscopic live donor simple nephrectomy

Understanding NICE guidance –
information for people considering the
procedure, and for the public

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**National Institute for
Clinical Excellence**

MidCity Place
71 High Holborn
London
WC1V 6NA

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About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called laparoscopic live donor simple nephrectomy. It is not a complete description of what is involved in the procedure – the healthcare team should describe it in detail.

NICE has looked at whether laparoscopic live donor simple nephrectomy is safe enough and works well enough for it to be used routinely when a person is donating a kidney.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of laparoscopic live donor simple nephrectomy and how well it works
- asked experts for their opinions
- asked the views of the organisations that speak for the healthcare professionals and the people who will be affected by this guidance.

This guidance is part of NICE's work on 'interventional procedures' (see 'Further information' on page 10).

About laparoscopic live donor simple nephrectomy

When a kidney is used in a kidney transplant, it's more likely that the transplant will be successful if the kidney has come from a living person (called a kidney donor) than if it has come from a person who has died.

The standard operation for taking the kidney out involves making an opening near to the kidney. The surgeon then works through this opening to remove the kidney. At the end of the operation, the opening is stitched closed. This is known as an 'open' procedure.

The operation that NICE has looked at is a way of removing the kidney from the kidney donor using keyhole surgery. This means that the surgeon uses special narrow equipment and does the operation through small cuts made in the kidney donor's abdomen.

How well it works

What the studies said

The studies NICE looked at showed that there were no differences in how well the transplanted kidney worked between patients whose donors had had the keyhole procedure and those whose donors had had the open operation. It was not possible to see whether this would be the case over a long period of time, though, because the studies didn't give any information on this.

One of the studies showed that around one-third of transplanted kidneys were rejected by the patients' bodies in the month after the transplant. This was the same for patients whose donors had had the keyhole procedure and for patients whose donors had had the open operation.

In general, the donors who had the keyhole surgery stayed in hospital for a shorter time than the donors who had the open operation, and they were also able to go back to work sooner.

What the experts said

The experts did not have any concerns about how well the new procedure worked.

Risks and possible problems

What the studies said

The risks of the new procedure seem to be similar to those of the open operation for both the donors and the transplant patients (the patients who received a donated kidney). Up to 1 in 5 donors who had the new procedure had problems during or after the operation. Some of the studies of the open procedure did not give any information about what happened to donors. But the information that was given showed that up to around 1 in 3 donors had problems during or after the open operation.

For the transplant patients, there didn't seem to be any differences between the problems when the donor had had the new procedure and when the donor had had the open operation. But again, some of the studies didn't say what happened to all the transplant patients. Where information was given on problems affecting the tube joining the kidney to the bladder, the numbers for comparison were:

- 3 to 10 transplant patients in 100 had this type of problem where the donor had had the new procedure
- 3 to 6 transplant patients in 100 had this type of problem where the donor had had the open operation.

What the experts said

The experts said that the main problems with laparoscopic live donor simple nephrectomy were likely to be bleeding and damage to other parts of the body near to the kidney. In some cases, a problem with this procedure may mean that part way through, the surgeon decides that it would be best to change to the open operation.

What has NICE decided?

NICE has considered the evidence on laparoscopic live donor simple nephrectomy. It has recommended that when doctors use it for people who are donating a kidney, they should be sure that:

- the kidney donor understands what is involved and agrees (consents) to the procedure, and
- the results of the procedure are monitored.

What the decision means for you

As a kidney donor, you may be offered laparoscopic live donor simple nephrectomy. NICE has considered this procedure because it is relatively new. NICE has decided that the procedure is safe enough and works well enough for use in the NHS. Nonetheless, you should understand the benefits and risks of laparoscopic live donor simple nephrectomy before you agree to it. These should be discussed with you. Some of these benefits and risks may be described above.

Further information

You have the right to be fully informed and to share in decision-making about the procedure you have. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website (www.nice.org.uk) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on laparoscopic live donor simple nephrectomy is on the NICE website (www.nice.org.uk/IPG057guidance), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0568. The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you want more information on kidney disease, a good starting point is NHS Direct, telephone 0845 4647, or NHS Direct Online (www.nhsdirect.nhs.uk).

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