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**WTP2.9 Early Deceased Donor Kidney Transplant outcomes: Results from a Prospective National Transplant Access to Theatre (NTACT) Audit**

Balint Borbas¹, Mariyam Mujeeb¹, Andrei Tanase², Somaiah Aroori³

¹University of Plymouth
²University Hospitals Bristol and Weston NHS Foundation Trust
³University Hospitals Plymouth NHS Trust

**Background:** Renal transplantation is increasing, yet there is a paucity of data describing post-operative complications. Therefore, this national audit aims to identify the incidence of early complications that impact patient outcomes.

**Methods:** We conducted a multicentre, prospective audit of adult deceased donor kidney-only transplants across 14 UK transplant centres between February and September 2022. Data was collected on significant checkpoints pre, intra and post-operatively, assessing for 30-day complication and mortality rates. Data was recorded on RedCap and analysed using descriptive statistics.

**Results:** 476 kidney-only transplants were recorded, (59 excluded for incomplete/incorrect data). Of 417, 215 were donation after brainstem death (DBD) organs and 202 were donation after circulatory death (DCD) organs. The 30-day mortality was 0.47% (n=2/417). The primary graft function rate was 81%. The 30-day readmission rate was 18%, and median number of readmissions was 1 (IQR: 1-3). Of the readmitted recipients, 92% were readmitted once and 8% were readmitted more than once. The 30-day reoperation rate was 12%, and median number of reoperations was 1 (IQR: 1-2), of these, 91% had 1 reoperation and 9% had more than 1 reoperation. Most common indications for reoperations were bleeding 49% (n=25), assessment of graft perfusion 17% (n=9), and wound dehiscence 10% (n=5). We noted a difference in rates of reoperations between DCD and DBD organs, 16% and 9% respectively, however, this was not significant. There was no significant difference in the readmission and mortality rate between DBD and DCD organs.

**Conclusion:** The overall early postoperative complication rates and 30-day mortality following deceased donor kidney transplantation are low.