

# Relation between Ischemia and the graft function in decreased donor kidney transplant

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The cold ischemia time is the period between the start of perfusion with cold preservation fluids after suspending the circulation, until the

beginning of the first vascular anastomosis at implantation. Although cold ischemia has been widely used in the area of transplantation, there is no precise consensus between its relationships with the prognosis of renal transplantation.

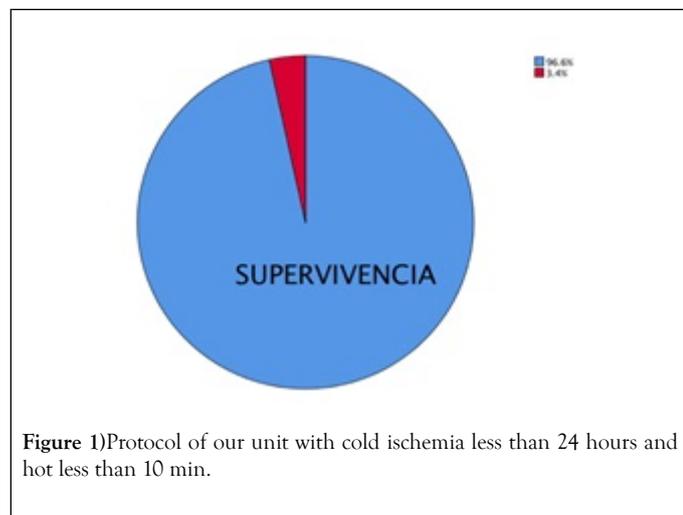
Among the risk factors for the development of delayed graft function are multiple factors, however, cold ischemia seems to be one of the most relevant. This suggests that the cold ischemia time should be reduced to decrease the risk of damage to the transplanted organ.

## ABOUT THE STUDY

A retrospective study is carried out in the 29-brain donor transplantation in the 2016-2017 period, trying to show if there is any relationship between the different types of ischemia, the characteristics of the different types of population, in the short and medium term. In the present study, 29 patients transplanted in a 2-year period of cadaveric donor were taken as a reference to determine the effect of cold ischemia on graft function [1-10].

29 donor transplanted patients, with a mean age of 39.5 years (55-10 years), being 65.5% male, with a prevalence of 62.1% for positive group O, 24.1% B positive and 13.8% A positive. No significance was detected in the correlation of creatinine levels and ischemia.

It was determined that the protocol of our unit with cold ischemia less than 24 hours and hot less than 10 min graft survival is 96.6% at 1 year as shown in **Figure 1**.



**Figure 1)** Protocol of our unit with cold ischemia less than 24 hours and hot less than 10 min.

## CONCLUSION

In our population, no case exceeded 24 hours of cold ischemia that we consider should be the goal in every patient, this due to the high survival we present in the unit.

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