

# Consent and donor choice in heart transplantation

A patient's guide

Heart transplantation is a good option for carefully selected patients with end stage heart disease but sadly there is a critical shortage of organ donors which results in many patients listed for heart transplantation (20-30%) dying of their disease before donor organs become available. There are many ways in which we are trying to increase the pool of potential donors and this information sheet has been developed to help explain some of the choices that you might be asked to consider when you are on the waiting list for a heart transplant and indeed you might have already stated your preferences or have had a phone call to discuss some of the issues.

We would like to record your preferences in advance so that we do not have to confront these issues at the time when donor organs becoming available.

It is important that you understand that all organ transplants are associated with a risk of complications or death. Organs only become available because sadly someone has passed away

and whilst every potential donor undergoes a vigorous and thorough assessment by a team of experienced surgeons the function of these organs is unpredictable.

### **Organs from a donor with a brain tumor**

Occasionally we are offered organs from patients with either known or possible tumors. Usually these are isolated brain tumors with a very low-risk of spread and as a result would be considered a low-risk for transplantation. Even in patients with a brain tumor classified as high-grade there is less than 3% risk of transmission of cancer, a risk which needs to be balanced against the likely mortality for potential recipients who remain on the transplant waiting list.<sup>1</sup>

### **Organs from an older donor (greater than 60 years of age)**

We are often offered organs from donors who are over the age of 60. Research has not yet established a safe 'older donor age' although it has been identified as a risk factor for death from any cause and from early graft failure. These donors will be assessed

thoroughly for their suitability for organ donation and only used if survival benefit of heart transplantation for a recipient exceeds those risks associated with an older donor.<sup>2</sup>

### **Organs from a donor who may have taken intravenous drugs or had high risk sexual behavior**

All organs donors are screened at time of donation for infective viruses like HIV and those which cause hepatitis. When the donor has taken intravenous drugs or has a history of high-risk sexual behavior there is a small risk of them being infected at a stage before the blood test will pick up the virus. In practice, the risk of infection from such donors is very small, around 1 in 5-10,000. High-risk behavior is where either the donor has injected, been paid for sex or paid for sex, had unprotected vaginal, oral or anal sex with a high-risk partner in the last three months before death. A high-risk partner includes someone who comes from a country with a prevalence of HIV or hepatitis, has injected drugs, is paid for sex or is a bisexual or gay man.<sup>3</sup>

*Thank you for reading this information.*

Each of these potential options needs to be considered carefully in the context of a severe life threatening illness. We believe that many people will benefit from these different approaches however, if you feel uncomfortable with any of these different options then please indicate this on the accompanying form.

Likewise if there is anything you are unsure about or wish for further clarification then please do call the Transplant Coordination team

### **References**

1. Watson CJE, Roberts R, Wright KA, Greenberg DC, Rous BA et al (2010). How safe is it to transplant organs from deceased donors with primary intracranial malignancy? An analysis of UK Registry data. *American Journal of Transplantation* 10 pp1437-1444.
2. Costanzo MR et al (2010). The International Society of heart and lung transplantation guidelines for the care of heart transplant recipients. Task Force 1: Peri-operative Care of the Heart Transplant Recipient. [www.ishlt.org/contentdocuments/ishlt\\_gl\\_taskforce1\\_080410.pdf](http://www.ishlt.org/contentdocuments/ishlt_gl_taskforce1_080410.pdf)
3. Halpern SD, Shaked A, Hasz RD, Caplan AL (2008). Informing candidates for solid organ transplantation about donor risk factors. *New England Journal of Medicine* 358, pp2832-2837.

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