INCREASED LENGTH OF HOSPITAL STAY FOR EARLY MORNING KIDNEY TRANSPLANTS


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Introduction: Because of limited organ storage times, kidney transplant operations often occur at extreme times of the day. The purpose of the study was to determine associations between time of transplantation and patient outcomes.

Methods: 351 deceased donor kidney transplants between 2001 and 2005 were reviewed retrospectively. Transplants were categorized into three time intervals 00:00-06:59 (A), 07:00-17:59 (B), and 18:00-23:59 (C). Kaplan-Meier estimates were calculated for graft and patient survival at 1, 2, and 3-years post transplantation. Volume of blood loss (BL) and length of stay (LOS) were secondary endpoints.

Results: 42, 246, and 63 transplants occurred in the A, B, and C time intervals, respectively. Neither prevalence of patient race and gender nor estimates of survival for patients and allografts differed significantly between groups. Milliliters of blood loss were statistically similar for all transplant patients. Compared to time intervals B and C, time interval A LOS was significantly greater (10.2 vs. 7.7 vs. 6.8, p=0.0053).

Discussions: Early morning kidney transplantation appears to prolong post-operative hospitalization, suggesting that time of transplant may impact additional variables not measured in this study. Further analysis is required to fully understand associations between time of kidney transplant and patient outcomes.