

A new technique, laparoscopic donor nephrectomy, has recently been used for the first time in South Africa by specialists from the Stellenbosch University. Project leader, Dr André van der Merwe, a urologist and laparoscopic specialist who is a senior lecturer at the division of Urology, stated that this could lead to an increase of almost 40% in donors which, in turn, could have a positive influence on dialysis waiting lists.



Prof André van der Merwe indicates where incisions are made on a "patient" - an assistant of Prof Van der Merwe. (Photo: Anton Jordaan (SSFD))

NEW KIDNEY TRANSPLANT TECHNIQUE *a first* FOR SOUTH AFRICA

Kidney transplants are the only cost effective method of treating patients who are suffering from end stage kidney failure and has an enormous positive influence on a patient's life style. In the past, donor kidneys were mainly sourced from brain dead donors, but lately there has been a shift towards donors from family members, says Van der Merwe.

A laparoscopic donor nephrectomy (removal of the donor kidney for transplant to a receiver), is a technically challenging procedure with a higher risk of damaging the kidney in the process. Van der Merwe studied the technique with a Swiss research team during a recent study tour to Europe. The procedure has been performed successfully 150 times in Switzerland. The first patient has been operated in April and was released after just 3 days.

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and it was removed in excellent condition through a mini bikini incision, almost like a caesarean operation. Van der Merwe said the donor kidney was removed within 180 seconds during the first operation once the veins had been clamped. The optimal time to put the kidney on ice is five minutes, but the whole procedure lasts about 4 hours, more or less the same time as the traditional procedure. The patient can, however, leave hospital within 2 days, as opposed to the 5 to 7 days for the traditional procedure.

The huge incision of about 20cm between the lowest and second-lowest ribs, which is traditionally made in the patient's flank to remove the kidney for a transplant disheartens a lot of potential donors. This can also cause a hernia-type bulge in the patient's flank which could

cause chronic pain and result in muscle weakness. A further negative factor is the five to six days which a donor had to spend in hospital, severely sedated with morphine. Because of these factors, patients with end stage kidney failure had to live with dialysis for years waiting for a suitable donor.

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Van der Merwe is positive that the new technique holds many positive advantages to both donors and receivers. The procedure has been done successfully in Europe and America, and hopefully many more laparoscopic donor nephrectomies will follow in South Africa. [m](#)