1 The Intestinal transplantation: Organ allocation Policy (NHSBT POL193) states:
For the purposes of deceased organ donation and donor family consent purposes, a ‘bowel’ graft is defined as a graft that may contain any or all of the following parts of the GI tract: stomach, duodenum, jejunum, ileum, colon.

2 Policy POL193 was developed by the Bowel Advisory Group on behalf of NHSBT “to cover the allocation of all UK-wide donor organs or combination of donor organs that include the intestine ([…] it does not cover pancreas grafts which are retrieved with a segment of duodenum).”

3 A small number of adult elective patients who required a liver and pancreas transplant (with/without a kidney) with a short length of donor jejunum for anatomical reasons but not because of any underlying intestinal disease have been registered for transplantation using the Intestinal Transplant Recipient Registration Form in the past, with the following implications:
   a. A patient registered to the transplant list using the Intestinal Transplant Recipient Registration Form will be prioritised for organ allocation ahead of non-super-urgent liver recipients, pancreas and kidney recipients (POL193), and will be recorded as an intestinal transplant recipient.
   b. A patient classed by NHSBT as an intestinal transplant recipient will be included in NHSBT intestinal analyses and reports, including those submitted to the Commissioners.

4 We propose that the term ‘intestinal transplant’ should be reserved for transplant patients with intestinal disease. Patients without intestinal disease should not be registered for transplantation using the Intestinal Transplant Recipient Registration Form.

5 An alternative route to register, allocate organs and follow up patients who require a short length of small bowel for anatomical reasons will need to be identified and implemented by NHSBT and relevant Solid Organ Advisory Groups.

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