

# Transplantation Scenario in India Today

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The incidence of end organ damage and irreversible organ failure is rising in India today at a faster rate than ever before. The rising incidence of diabetes mellitus and life style diseases has made its impact to produce this scenario. The alarming fact is that organ transplantation has not increased to the extent needed to counter this health problem. Thus more people die with irreversible renal failure, liver failure and heart failure than get treated with proper organ transplantation at the correct time. More often it is due to inadequate number of centres performing the procedures, high mismatch between the number of patients waiting for transplantation and the number of available transplantable organs, poor financial resources and the high cost of the operative procedures and cost of postoperative Immunosuppression therapy.<sup>1-3</sup> With the setting up of the Indian Transplant Registry, transplant related data from various centres in India are collected and collated to derive information regarding the number of transplants done in the country, essential demographic data of Indian patients undergoing transplant, the immunosuppressive regimen used in various centres, the short term and long term results of the allograft, complications during the management in short term and long term, patient survival after transplants, the HLA profile of Indian patients, numbers of living and cadaver transplants, relationship in case of related transplants, and profile of donors, Figures being mentioned are 1,50,000 patients waiting for renal transplantation while only 5000 get timely renal transplantation done. Nearly 1,00,000 patients reach end stage liver disease and a much lower number get timely liver transplantation.

In India the reasons for difficulty in getting live donors is multi factorial. One way out of this bleak scenario is deceased organ donation or cadaver transplantation. This concept has been slow to take off in India. With the passing of THOA Act the declaration of brain

death and harvesting of organs from deceased donors has been legalized.<sup>4</sup> Popularizing this concept with awareness classes for the lay public and the working of transplant coordinators in intensive care units, where the care for critically injured patients admitted after Road Traffic Accidents and major Cerebro Vascular Accidents takes place, has made a slow but sure difference. MOHAN Foundation is one organization which has been in the forefront of this major slow transition. Based in Chennai and led by a socially committed urologist Dr Sunil Shroff this organization produced a Tamil Nadu model for organ sharing based on a transparent seniority based online recipient registry.<sup>5,6</sup> Later this success was replicated in Kerala utilizing the platform created by the Kerala Network for Organ Sharing also called Mrithasanjeevani. In nearly three years of its existence KNOS has been going strong each year.<sup>7</sup> Approximately 1250 patients are waiting for renal donors with about 265 kidneys already transplanted from deceased donors. About 150 end stage liver patients await organs while nearly 90 have already received liver donations. Nearly 6 patients await heart donors while 16 have already received them. This success is now spreading through MOHAN Foundation to Andhra Pradesh and Rajasthan. Jeevandan is the official cadaver transplant programme in the states of Telangana and Andhra Pradesh which was launched in November 25 2012.<sup>8</sup> The Rajasthan Network for Organ Sharing is the official cadaver transplant programme designed to overcome the shortage of organs in the state of Rajasthan.<sup>9</sup>

Articles on the perioperative complications of renal transplantation,<sup>10</sup> problems in managing resistant tuberculosis and an original field survey for the problems faced by the elderly are featured in this issue. Case reports about bleeding craniopharyngioma, saccular cysts of the larynx and renal artery stenosis after renal transplantation are also presented.

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## END NOTE

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## REFERENCES

1. Indian Society of Organ Transplantation
2. Deceased Organ Donation in India – MOHAN Foundation
3. List of Approved Transplant Centres in India – MOHAN Foundation
4. (PDF) The Transplantation of the Human Organs Act, 1994. – Health
5. Sunil Shroff, Sumana Navin and Sujatha Niranjani: Organ Donation and Transplantation from deceased donors in India – an Overview: KMJ 8 (1): p 39-45.
6. Tamil Nadu Organ Sharing Registry – Share Organs save Lives
7. Kerala Organ Sharing Registry – Share Organs Save Lives
8. Jeevandan
9. Rajasthan Organ Sharing Registry – Share Organs save Lives
10. Vasudevan S, Sam Thampan: Surgical complications of Renal Transplantation; Single Centre Single Surgeon experience over 4 years: KMJ Vol 8 (1): p 3-8.