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Factors affecting length of hospitalization in kidney transplant recipients

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Abstract

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Objectives: Owing to improvements in surgical techniques and clinical care, many of the earlier difficulties surrounding kidney transplants have been overcome and so, the number of operations performed has increased dramatically. Resource utilization and costs are now cited as problems for some transplant centers. Because length of hospitalization accounts for the largest portion of the total cost of the treatment process, we sought to determine and assess the factors that might reduce its length. **Materials and Methods:** We retrospectively studied the medical histories of 115 kidney transplant recipients and donors whose operations were performed between May 2000 and April 2002. Collected information for the recipients included sex, age, reason for kidney failure, weight, height, blood group, length of pretransplant dialysis, number of prior transplants (1 or 2), immunosuppressive regimen, postoperative complications (ie, lymphocele, wound infection, urinary tract infection, graft rejection), and hospitalization after the first discharge owing to postoperative complications. For donors, these demographics included age, sex, blood group, type of donor (deceased or living), and relationship to the recipient. **Results:** Length of pretransplant dialysis and relationship of the donor to the recipient were independently associated with predicting an increased length of hospitalization (and consequently, increased costs). **Conclusions:** By reducing the length of pretransplant dialysis (wait time) and performing more operations between related donors and recipients, the length of hospitalization as well as the cost of treatment can be significantly reduced. Given the results of this study and owing to the increasing number of transplant surgeries occurring globally, future research should focus on analyzing other factors that affect length of hospitalization and associated costs. Copyright © Ba kent University 2007 Printed in Turkey. All Rights Reserved.

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Author keywords

Dialysis period; Related donors; Sex; Wait time; Weight

Indexed Keywords

EMTREE drug terms: corticosteroid; cotrimoxazole; cyclosporin; lymphocyte antibody; methylprednisolone; mycophenolic acid 2 morpholinoethyl ester; prednisolone

EMTREE medical terms: adolescent; adult; age distribution; aged; article; blood group; body height; body weight; bone marrow suppression; cadaver donor; controlled study; cost control; dose calculation; drug blood level; drug dose reduction; female; gastrointestinal toxicity; graft recipient; health care cost; hospitalization; human; immunosuppressive treatment; kidney donor; kidney failure; kidney graft rejection; kidney transplantation; length of stay; living donor; lymphocele; major clinical study; male; postoperative complication; preoperative period; retrospective study; school child; sex difference; treatment duration; urinary tract infection; wound infection; dialysis; economics; family; hospital cost; prognosis; time

MeSH: Dialysis; Family; Hospital Costs; Humans; Kidney Transplantation; Length of Stay; Living Donors; Prognosis; Retrospective Studies; Time Factors

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