

GENERAL SURGERY COMMITTEE OUTPATIENT CLINIC RENAL TRANSPLANTATION CASES

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Summary

Introduction and objective. The aim was to investigate the types of reports of patients undergoing renal transplantations which were the reasons for presentations to the general surgery committee outpatient clinic of the hospital in 2017, 2018, 2019, 2020, and 2023 in which the pandemic ended, donor types, and how many times they received renal transplantations.

Materials and methods. The patients presenting to the general surgery committee outpatient clinic of the hospital were asked if they had any operation related to the general surgery. The epicrisis of the patients with a history of renal transplantation was seen and they were registered. In the statistical evaluation of the study data, quantitative variables were shown with descriptive statistical methods such as frequency and percentage. In the evaluation of the relationships between variables, the Chi Square Test was used in a Single-Eye Pattern. Significance was accepted as $p < 0.05$.

Results. There were twenty patients receiving renal transplantation once including ten females and ten males. There was only a female patient receiving renal transplantation twice. A total of twenty-one patients were investigated. All ten female patients receiving renal transplantation once had living-donor renal transplants. Nine of ten male patients had living-donor renal transplants and one of them had a deceased donor transplant. A female patient receiving renal transplantation twice had two living-donor renal transplants, the first one from her mother to her right side and the second one from her husband to her left side. Transplantation has been performed on the right side of seven female patients and the left side of three female patients. Transplantation has been performed on the right side of six male patients and the left side of four male patients. The distribution of living-donor renal transplants was as follows: eighteen from first and second-degree relatives, one from a third-degree relative, one from a fourth-degree relative, and one from a deceased donor transplant. The most common cause of presentation was to receive a disability status report.

Conclusions. A disability status occurs in patients receiving renal transplantation due to renal failure with comorbidities that can develop as a result of either major surgical intervention or immunosuppression, and the patients present to the health committees to receive a health committee report to benefit from the given rights to them and to eliminate their socio-economic losses.

Key words: renal transplantation, Health Committee, disability

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INTRODUCTION AND OBJECTIVE

The aim was to investigate the types of reports of patients undergoing renal transplantations which were the reasons for presentations to the general surgery committee outpatient clinic of the hospital in 2017, 2018, 2019, 2020, and 2023 in which the pandemic ended, donor types, and how many times they received renal transplantations.

MATERIALS AND METHODS

All patients presenting to the general surgery committee outpatient clinic of the hospital were asked if they had any operation related to the general surgery. The epicrisis of the patients with a history of renal transplantation was seen and they were registered. In the statistical evaluation of the study data, quantitative variables were shown with descriptive statistical methods such as frequency and percentage. In the evaluation of the relationships between variables, the Chi Square Test was used in a Single-Eye Pattern. Significance was accepted as $p < 0.05$.

RESULTS

There were 20 patients receiving renal transplantation once including 10 females and 10 males (Tab. I). There was only a female patient receiving renal transplantation twice (Tab. I). A total of 21 patients were investigated.

10 of all 10 female patients receiving renal transplantation once had living-donor renal transplants. 9 of 10 male patients had living-donor renal transplants and 1 of them had a deceased donor transplant (Tab. II).

A female patient receiving renal transplantation twice had two living-donor renal transplants, the first one from her mother to her right side and the second one from her husband to her left side.

Transplantation has been performed on the right side of seven female patients and the left side of 3 female patients. Transplantation has been performed on the right side of 6 male patients and the left side of four male patients (Tab. III; Fig. 1).

There were 1 female and 1 male patient undergoing transplantation without having dialysis (Tab. IV).

There was a significant difference between the numbers of those who underwent dialysis and those who underwent dialysis without seeing the transplant ($p < 0.01$); although it is highly recommended for the patient to do without dialysis, the low rate in the patients is striking.

Of the 21 transplantation cases, 19 received dialysis and 2 received kidney transplantation without dialysis (Tab. V). In the statistical evaluation of the study data, quantitative variables were shown with descriptive statistical

methods such as frequency and percentage. In the evaluation of the relationships between variables, Chi Square Test was used in a Single-Eye Design. Significance was accepted as $p < 0.05$.

The distribution of living-donor renal transplants was as follows: eighteen (85.6%) from first and second-degree relatives, 1 from a third-degree relative, 1 (4.8%) from a fourth-degree relative, and 1 (4.8%) from a deceased donor transplant (Tab. VI; Fig. 2).

5 of 10 female patients with single renal transplantation presented to receive disability status report (DSR), 3 of them for retirement due to disability, and 2 of them for the certificate of exemption from special consumption tax (CESCT) (Tab. VII). 5 of 10 male patients presented to receive disability status reports (DSR), 4 of them for retirement due to disability, and 1 of them for the certificate of exemption from special consumption tax (CESCT) (Tab. VII, Fig. 3).

A female patient receiving renal transplantation twice presented to receive disability status reports (DSR).

While the mean age of the female patients was 44.1 years, the mean age of the male patients was 43 years.

Both female and male patients with transplantation usually presented to receive a disability status report (DSR) involving the rights of receiving the disability pension, benefiting from tax reduction, and getting a disabled identity card.

ACCOMPANYING COMORBIDITIES

Hypertension in 2 patients, diabetes mellitus in 1 patient, hyperlipidemia in 1 patient, hepatitis B in 1 patient, IgA nephropathy in 1 patient, osteoporosis in 1 patient, cataract in 1 patient, myoma in 1 patient, goiter in 1 patient, gastric ulcer in 1 patient, invasive breast carcinoma in 1 patient, lumbar disc hernia in 1 patient. 2 patients underwent thyroidectomy, 2 patients underwent cholecystectomy, 1 patient underwent appendectomy, 1 patient underwent a total abdominal hysterectomy, and 1 patient underwent lumbar disc hernia surgery.

In 2024 and 2025, 6 female patients who were excluded from the study applied to get a report after renal transplantation, the majority of them were for the purpose of obtaining a disability retirement report in the second place, 5 of them were living donors and 1 was a cadaveric transplant. 4 patients received dialysis treatment before transplantation, 2 of the donors were wife, 1 was a daughter, 1 was a friend and 2 were cadaveric transplants. In the same period 2024-2025, 8 male patients were admitted, mother was the donor in 3 cases, wife was the donor in 2 cases, sister was the donor in 1 case, father was the donor in 1 case, and relative in 1 case. These male patients had excise tax exemption in the first place and disability retirement

Table I. Distribution of patients with renal transplantation according to gender (total 21 patients).

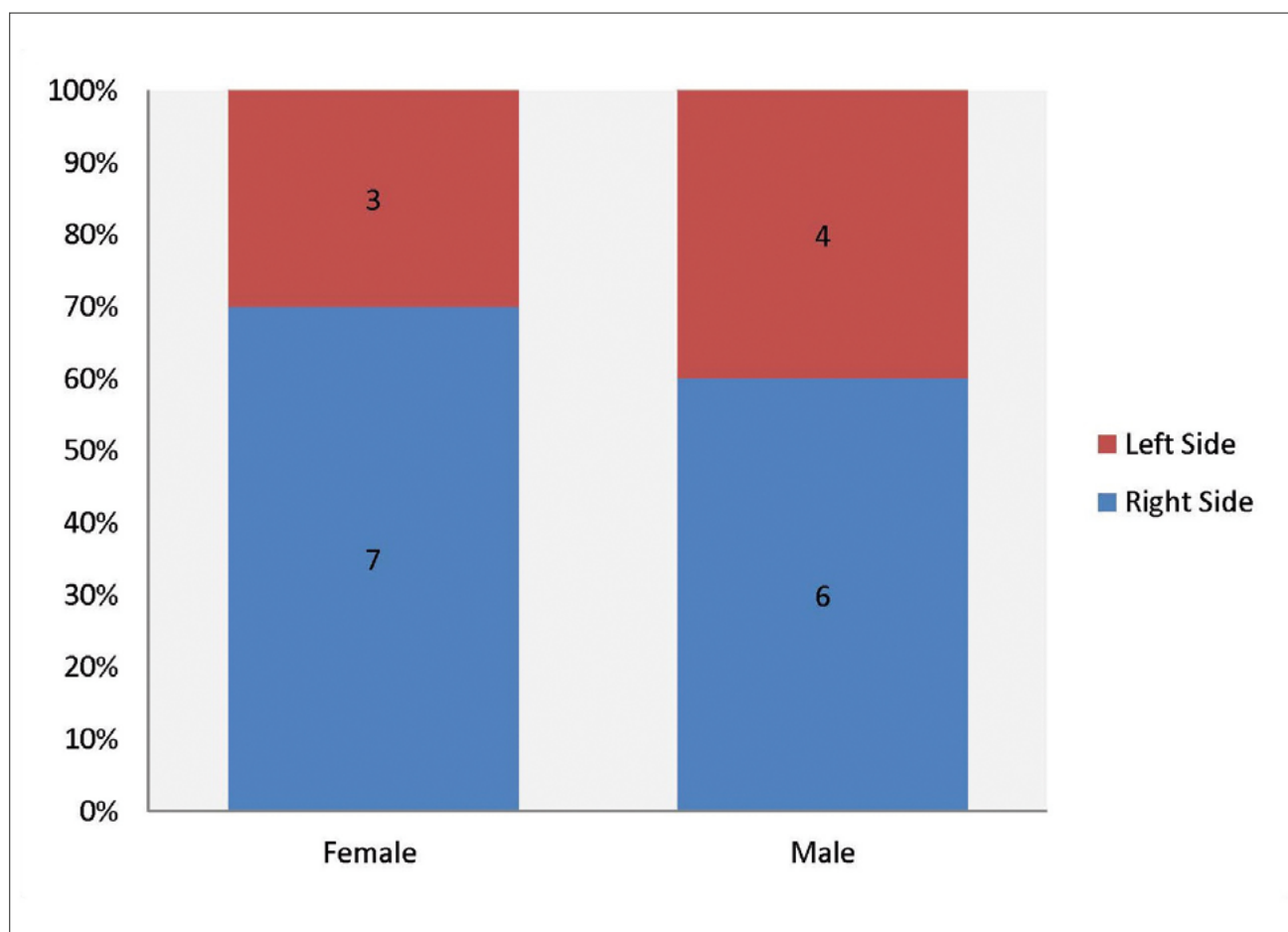
	Gender	N (%)
Single transplantation	Female	10 (50%)
	Male	10 (50%)
2 transplantation	Female	1 (100%)
	Male	-

Table II. Distribution of patients with single renal transplantation according to donor.

	Gender	Living donor; n (%)	Deceased donor; n (%)
Single transplantation	Female	10 (100%)	-
	Male	9 (90%)	1 (10%)

Table III. Distribution of patients with single renal transplantation according to transplantation side.

	Gender	Right side; n (%)	Left side; n (%)
Single transplantation	Female	7 (70%)	3 (30%)
	Male	6 (60%)	4 (40%)

**Figure 1.** Distribution of patients with single renal transplantation according to transplantation side.

report in the second place. 1 Among a total of 14 male and female patients admitted in 2024-2025, 2 male patients and 1 female patient received dialysis again due to graft failure. Again in 2024-2025, 1 morbidly obese female donor nephrectomy patient gave her left kidney to her father, the transplant was performed on the right side of her father, her father had hypertension and received preoperative dialysis, she had pseudotumor cerebri and asked for a report to have sleeve gastrectomy but was given a report that sleeve gastrectomy could not be performed.

Again, a male donor nephrectomy patient with hepatitis with appendectomy gave his left kidney to his son, the kidney was implanted on the right side of his son, his son received preoperative dialysis and stated that he had hypertension, he wanted to get a report that he could work in the food sector, but he was given a report that he could not work in the food sector. Again, a male donor nephrectomy showed that he had sleep apnea disease, that he gave his right kidney to his mother, that he was operated on due to appendectomy and left shoulder bancard syndrome, and that he still had hypertension and proteinuria.

DISCUSSION

In this study, it was observed that living-donor renal transplants were in the first place both in female and male patients.

Table IV. Patients undergoing transplantation without having dialysis.

Gender	N (%)
Female	1 (50%)
Male	1 (50%)

In the USA, a living-donor transplant is used in 33% of renal transplantation¹. Relative benefits of a living-donor renal transplant compared to a deceased donor renal transplant are as follows: better short-term results (95% one-year function compared to 90% one-year function), positive long-term results (12-20 years half-life compared to 8-9 years half-life), early function, avoidance of anxiety for brain death, low-rate of retarded graft function, end of prolonged waiting period for a deceased donor, and low-rate of immunosuppression.

The major complication in the living-donor renal transplantation is death seen in 1 of 200,000 patients¹. In the USA, over 12,000 renal transplantations are performed each year¹. Laparoscopic nephrectomy is recommended in the living-donor nephrectomy². The survival rate with transplantation is higher, especially in diabetic patients compared to dialysis therapy; while a 5-year survival rate without transplantation is 26%, this rate increases to 80% with transplantation³. Graft survival rates and patient survival rates were found to be higher in the living donor group in transplantations performed from 147 living donors and 139 deceased donors but it was concluded that this rate was not statistically significant⁴. Transplantation is the best therapeutic option for end-stage renal failure⁵, but it causes a certain morbidity due to being a major surgery or immunosuppression⁶⁻¹².

After kidney transplantation, 0-3. the mortality rate in the months is 0.6% due primarily to cardiovascular diseases and then infections¹³, the mortality rate in donor nephrectomy is 0.03%, and in graft nephrectomies performed after rejection, the morbidity is 20-30% and the mortality rate is 0-11%¹⁴⁻¹⁹.

There are a limited number of articles in the literature stating disability status namely loss of function rates of patients with transplantation.

In this study, the rate of presentation of female and male patients with renal transplantations was almost equal,

Table V. Evaluation of dialysis status in transplant cases.

Dialysis	Transplanted	Expected N	Residual	p
	Observed N			
Dialysis	19 (90.5%)	10.5	8.5	0.001**
Nondialysis	2 (9.5%)	10.5	-8.5	

Chi-Square Test; **p < 0.01.

Table VI. Degrees of affinity of the donors of patients with renal transplantations.

	N (%)
1st and 2nd-degree relative	18 (85.6%)
3rd-degree relative	1 (4.8%)
4th-degree relative	1 (4.8%)
Transplantation from a deceased donor	1 (4.8%)

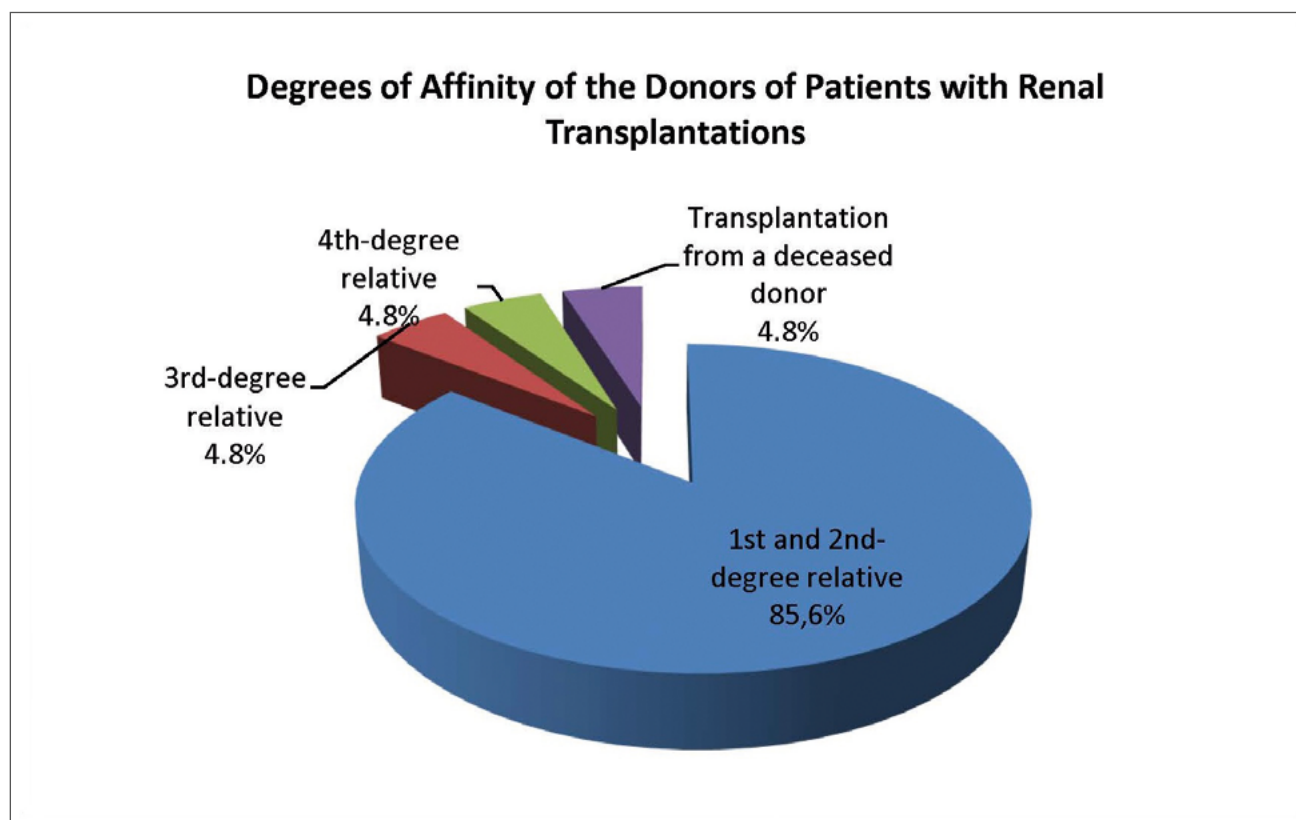


Figure 2. Distribution of degrees of affinity of the donors of patients with renal transplantations.

Table VII. Reasons for female and male transplantations to receive report.

	Female transplantations; n (%)	Male transplantations; n (%)
DSR	5 (50%)	5 (50%)
Retirement due to disability	3 (30%)	4 (40%)
Certificate of exemption from special consumption tax (CESCT)	2 (20%)	1 (10%)

receiving a disability status report (DSR) involving the rights of getting a disability pension, benefiting from tax reduction, and getting a disabled identity card was in the first place and receiving a disability status report for retirement due to disability was in the second place.

In the United States, the vast majority of kidney recipients are covered by Medicare for 44 months. Medicare coverage for immunosuppressive drugs has been extended to 3 years. State disability insurance (SDI) begins 1 week after a kidney transplant patient stops working and can be extended for up to 1 year. Social Security Disability income (SSDI) is for long-term workless cases. Supplemental security income (SSI) provides monthly cash assistance to incapacitated people with limited income. The Cobra (the consolidated budget reconciliation act cobra) law allows employees and their relatives who are no longer covered

by health insurance for reasons such as the retirement or death of a spouse, divorce, or termination of employment to have their insurance coverage extended for up to 36 months if they do not have any other coverage when their insurance ends ¹.

There are more than 60,000 patients with kidney failure in our country. The Minister of Health announced that 5084 organ transplants will be performed in our country in 2023 ²⁰.

During the period when this study was conducted, a total of 16,982 kidney transplants were performed in our country. It was observed that a total of 21 kidney transplant patients applied to the general surgery clinic of our hospital to get a report, and this was a very low rate of 0.001%. In this study, 7 out of 21 kidney transplant patients, or 33.3%, applied for disability retirement.

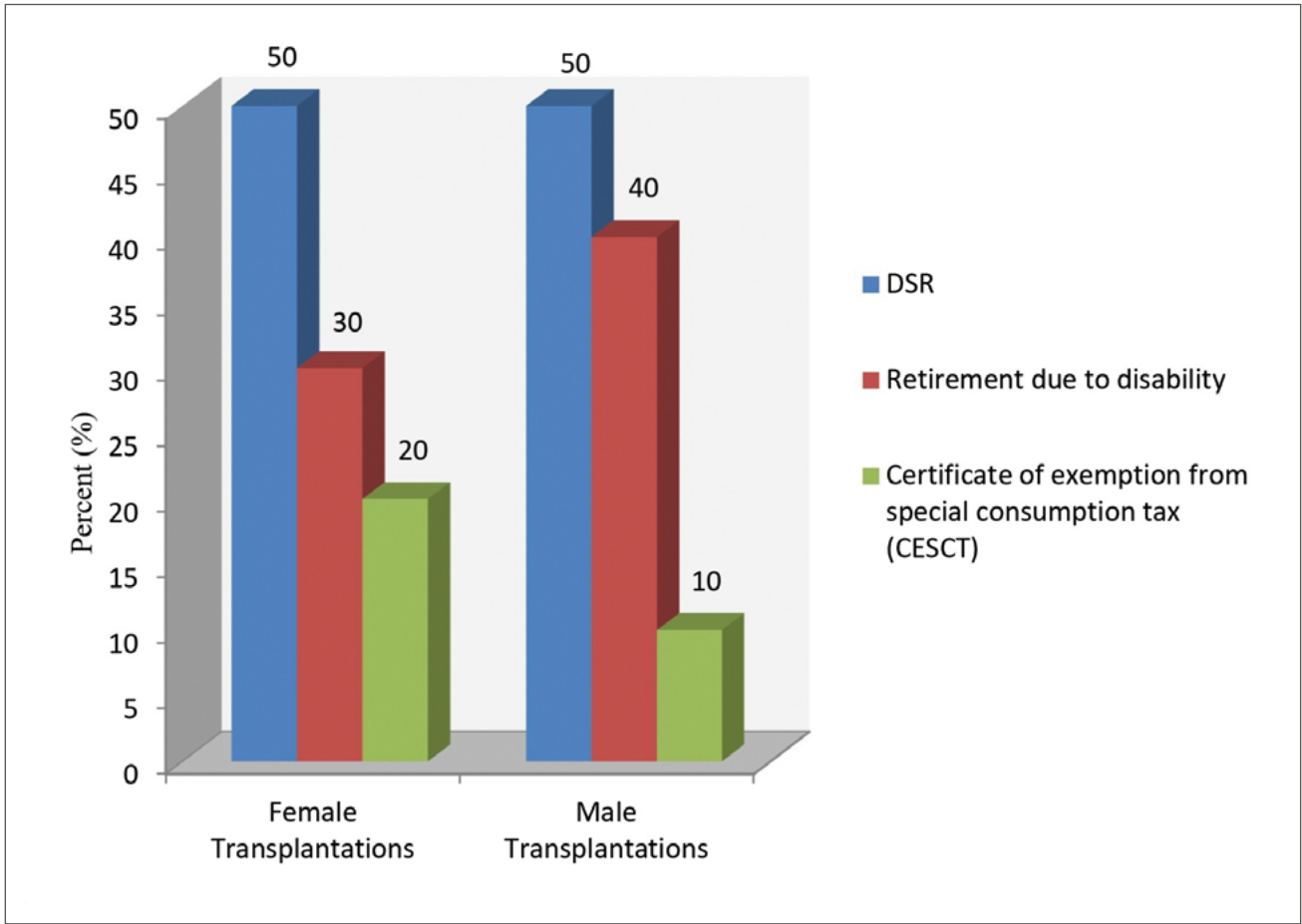


Figure 3. Distribution of reasons for female and male transplantations to receive report.

Studies on kidney transplant patients have shown that these patients' participation in employment decreases after transplantation²¹⁻²⁶.

CONCLUSIONS

In patients undergoing renal transplantation due to end-stage renal failure, a disability condition occurs with comorbidities (especially based on their own statements) that can be caused by both major surgical intervention and immunosuppression (especially the appearance of two patients in live donor transplantation) patients apply to health boards in order to benefit from the rights granted to them by the ministry of health and to eliminate their socioeconomic losses. As an employee at the clinic where live donor kidney transplantation was performed here for a period of time, the fact that patients who are constantly undergoing dialysis, sometimes 3 times a week, due to

kidney failure, are getting rid of the time loss and complications caused by this by renal transplantation, their comfort of life increases, is definitely accepted Kidney transplant cases in 2024-2025 were excluded from the study because they included cases between 2017-2020 and 2023, when the study was planned.

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