

# Cardiff Transplant Unit

## General Information

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## General Information

### Medical/Surgical Staffing

The transplant department is currently staffed by 7 Consultant Transplant Surgeons, 4 Consultant Transplant Nephrologists, 3 Transplant Fellows, 2 Research Fellows, 3 Surgical Trainees, one Transplant Nephrology Registrar and one Surgical Core Trainee, supported by a large number of allied specialists including pharmacists, dieticians, nurses, and secretaries.

#### **Consultants**

Mr Argiris Asderakis	Consultant Transplant and General Surgeon
Mr Rafael Chavez	Consultant Transplant and General Surgeon
Mr Adel Ilham	Locum Consultant Transplant Surgeon
M Elijah Ablorsu	Consultant Transplant and General Surgeon
Mr Mike Stephens	Consultant Transplant Surgeon
Mr Doruk Elker	Consultant Transplant Surgeon
Mr Laszlo Szabo	Consultant Transplant Surgeon
Dr Sian Griffin	Consultant Transplant Nephrologist
Dr Vinod Ravindran	Consultant Transplant Nephrologist
Dr Sarah Browne	Consultant Transplant Nephrologist
Dr Pramod Nagaraja	Consultant Transplant Nephrologist

The consultant surgeons cover transplant on call for a week at a time and during their on call week will attend the daily lunchtime ward round. The consultant transplant nephrologists also cover CTU for a week at a time and will attend the daily ward round but are also available for advice at other times as required. Individual consultants can be contacted either via their secretary (see below) or directly via switchboard.

#### **Secretaries**

The transplant secretaries are located in the Nephrology and Transplant department (lower ground floor, near the concourse). They usually know what is happening and where everybody is located, and are therefore generally the first contact point if you need to speak with anyone!

Laura Harris (Secretary to AA and MS): ext 3772, email [laura.harris3@wales.nhs.uk](mailto:laura.harris3@wales.nhs.uk)

Sharon Burton (RC, AI, EA): ext 6647, [sharon.daniels@wales.nhs.uk](mailto:sharon.daniels@wales.nhs.uk)

Alison Hedges (DE, LS): ext 6652, [alison.hedges@wales.nhs.uk](mailto:alison.hedges@wales.nhs.uk)

Mandi Cutajar (PN): ext 8410, [mandi.cutajar@wales.nhs.uk](mailto:mandi.cutajar@wales.nhs.uk)

Julie Graham (SB): ext 6646, [Julie.graham@wales.nhs.uk](mailto:Julie.graham@wales.nhs.uk)

Leah Bartlett (SG, VR): ext 8451, [leah.bartlett@wales.nhs.uk](mailto:leah.bartlett@wales.nhs.uk)

The general surgery secretaries are located adjacent to ward C2:-

Carol Matthews ext 3171, email [carol.matthews@wales.nhs.uk](mailto:carol.matthews@wales.nhs.uk)

Deborah Kirby, email [Deborah.kirby@wales.nhs.uk](mailto:Deborah.kirby@wales.nhs.uk)

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### **Transplant Fellows**

The 4 transplant fellows are usually senior registrars with experience of transplant surgery and transplant patients. The more senior fellows are expected to take the lead for coordinating weekly activities, take an active role in training and research, and provide support to the less experienced registrars. Each fellow will have a named educational supervisor who will help to tailor an individualised training experience.

### **Research Fellows**

The 2 research fellows will have reduced clinical commitments to allow them to concentrate on their research. They will participate in the transplant on call rota and cover some clinical activities (especially during our NORS on call week).

### **General Surgical Trainees**

Most of the surgical trainees will be allocated to the transplant department for a six month period as part of their general surgical training, although senior transplant trainees may well be in the department for longer periods. The Cardiff Transplant Unit offers trainees the opportunity to experience the management of transplant patients, participate in transplants (including performing parts of the procedure), perform vascular access and peritoneal access surgery as well as general surgical procedures, all with consultant supervision appropriate for their level of experience. On call commitments will be in transplant surgery, including some experience of organ retrieval. All trainees will have a clinical supervisor and an Assigned Educational Supervisor and it is advisable to meet formally with them during the first week of the job to agree learning objectives. There is an expectation that trainees will complete the required number of Work Based Assessments and there should be ample opportunity to achieve the benchmark number of operative procedures set out by your Programme Director. The department currently performs approximately 120 renal transplants, 40 live donor nephrectomies, 15 pancreatic transplants, 80 multi-organ retrievals and 450 vascular access procedures per year as well as numerous other 'general' surgical procedures.

### **Nephrology Transplant Trainees**

The nephrology transplant trainees are attached to the transplant unit for a 4 month period as part of their nephrology specialist training. They participate in the morning and lunchtime ward rounds, are responsible for inserting lines for transplant patients and are jointly responsible (with the surgical ward registrar) for transplant biopsies. The transplant nephrology trainee will also attend the Monday morning and Thursday morning transplant clinic and will have some additional general nephrology and dialysis commitments. One of the nephrology registrars will be responsible (with the surgical registrar) for the ward from 8-4pm, the other registrar will cover clinics and help with the ward when required.

### **Core Surgical Trainees**

The one core trainee will participate in the general surgical emergency rota including the hospital at night. When covering general surgery they are not expected to be available for clinical duties on the transplant unit but are encouraged to attend if available. Elective surgical experience will be prioritised to general surgical lists but they will have the opportunity to participate in transplant procedures during their placement.

## **Duties**

### **8am 'Board Round'**

This is a new initiative being piloted for a three month period from August 2018. Every morning at 8am there will be a run through of the transplant patients. This 'board round' will run between 8-8.30am and the following people will attend:-

- Consultant transplant surgeon
- Consultant transplant nephrologist
- Outgoing on call transplant registrar
- Ward transplant registrars (both nephrology and surgery)
- Associate Nurse Practitioner (Rachel or Chris)
- Nurse in charge of CTU

The board round will set the scene for the day and ensure robust handover and planning. It needs to start **promptly at 8am.**

### **Ward Registrar**

The ward surgical registrar will be responsible for the day to day running of CTU between 8am and 5pm. They will lead the ward round in the morning and at lunch time and are responsible for requesting daily blood tests and other investigations, ensuring the patients' notes are kept up to date, collecting results, completing the flow charts and prescribing immunosuppression. They are also expected to complete a concise but complete discharge summary (a copy of which will go to the GP and into the transplant notes) using the electronic discharge system on the day of discharge. Transplant biopsies will be organised and performed by the ward registrar (with supervision as required- see later). The ward registrar is not expected to see emergency referrals (this is the responsibility of the on call registrar) but should submit theatre lists, although obviously there may need to be some overlap during busy times. It is essential that a good handover occurs between the on call registrar and the ward registrar both in the morning and at 5pm, and the minimum of a telephone handover should occur, although a face-to-face handover is preferable. There are two Associate Nurse Practitioners (ANPs), one of whom will be on the ward every day to help with the day to day activities.

### **On Call duties**

The on call registrar is responsible for covering CTU between 5pm-8am, admitting new patients for transplants (assisted by the ward registrar during the day), accepting and assessing emergency referrals, and attending theatre for all emergency procedures (including transplants). There is no requirement to be resident in the hospital during on call, but the registrar must be easily contactable and available to attend the ward quickly if required. The Hospital @ Night team have only a minimum role in the care of transplant patients (limited mainly to taking bloods, inserting venflons etc) and should not be called to make clinical assessments of patients on CTU- this is the responsibility of the on call transplant registrar. If there are problems contacting the on call registrar or the registrar will not come in to review a patient when requested the nursing staff have been instructed to contact the on call consultant directly. Again, a good handover to the ward registrar in the morning is essential.

### **NORS**

Cardiff provide organ retrieval services as part of the National Organ Retrieval Service (NORS) for 15 weeks of the year. During these weeks there will be a consultant and registrar on call purely for this service, and they need to be free from

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other commitments and available to mobilise within an hour. The NORS on calls are mostly covered by the fellows although all registrars will have the opportunity to participate at some point during their attachment.

### **Annual/Study Leave**

All annual and study leave must be booked 6 weeks in advance. Only 2 registrars will be allowed to be away at any one time (apart from in exceptional circumstances) and therefore communication with colleagues to ensure fairness is required. Study leave is booked via the online system you will already be familiar with. For annual leave complete the request form which is available from the transplant secretaries (Sharon, Laura or Alison) and leave it with them to be authorised. You should only consider the leave booked when it has been authorised. Any on calls or ward cover that fall during planned leave must be swapped **and it is the responsibility of the registrar taking the leave to ensure this is done and that the secretaries know of these arrangements.**

### **Documentation**

Recording in the medical notes is vital for all specialities but especially so for transplantation where there are multiple members of the team making decisions and the need to change management plans occurs frequently. There is a separate protocol for note-keeping which you should be familiar with (available on the 'S' drive and in the protocol folder on CTU). Documenting the consent process is also vitally important (again there is a protocol and also a model consent form for kidney transplantation on the 'S' drive) and if you have any concerns about how to do this **make sure you ask** rather than just attempting without being sure. The discharge summaries provide useful information both to the patient's general practitioner but also for the outpatient environment so having them completed well and in good time is very important (this will be audited regularly). If a patient telephones the ward for advice or attends the ward and is not admitted, the consultation needs to be recorded. You will each be given an nhs.wales email address (if you don't already have one) when you start in the department which you'll need to use to communicate these patient consultations with other members of the transplant team.

### **Timetable**

#### **Ward Rounds**

The majority of transplant inpatients will be located on the Cardiff Transplant Unit (CTU) on the 5<sup>th</sup> floor of the Tower Block, but there may also be outlying patients, especially on the Nephrology Ward (B5). There are 2 ward rounds on CTU every day (including weekends):-

8.30 am:       Ward Surgical Registrar  
                  Transplant Nephrology Registrar  
                  Core Trainee  
                  Ward Staff Nurse

12.30pm:      Consultant Surgeon and Nephrologist on call  
                  Ward Surgical Registrar  
                  Transplant Nephrology Registrar  
                  Core Trainee  
                  On Call Transplant Surgical Registrar  
                  Nursing staff  
                  Pharmacist  
                  Dietician

On Thursdays the lunchtime round will either precede or follow the transplant MDTM, and the ward registrar is expected to give a brief summary of the ward patients in the MDTM. It is important that all of the blood results and the results of any investigations are available for the lunchtime ward round (and documented on the flow chart in the front of the patients' notes). The ward surgical registrar is responsible for leading the ward round, but it is expected that the CT participate as well e.g. presenting patients etc. Note there are often a lot of people on the lunchtime round and it is therefore important that it is led well to ensure a prompt completion! Documentation is vitally important for transplant patients, especially during the lunchtime ward round when the majority of clinical decisions will be taken. Every entry must be clearly labelled with the date **and time**, the name of the person leading the round, a single line summary of current condition and a formal plan of action (with time scale if relevant). The entry must be signed and the name of the person completing the entry, their grade and contact details printed next to the signature.

### Theatres

There are several theatre lists per week, and often more than one at the same time. Main Theatre (MT) lists must be submitted to the theatre department by no later than midday the day before the list, and it is the responsibility of the ward registrar to ensure that this happens (don't forget to include the anaesthetist's name, and your contact details). The all day main theatre lists usually consist of both general surgical patients and transplant/access patients (except when there is a live donor scheduled when the donor nephrectomy is performed in the morning and the transplant in the afternoon). To find out which patients are scheduled for a list contact Sharon or Alison (transplant secretaries) **and also check with the general surgical secretaries** (ward C2).

The Day Case Unit (DCU) lists are submitted directly by the secretaries. Many of the DCU lists are conducted under local anaesthetic, but for the general anaesthetic access lists (Thursday afternoon and Friday Llandough) it is important that all patients have up to date blood results (especially U+Es) available **by the start of the list**. This means seeing the patients and taking any necessary bloods in plenty of time!

The following is a guide to the department theatre timetable (there are often additional lists and/or changes):-

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>am</b>	Main Theatre SSSU (LA) Llandough DCU	Main Theatre SSSU (LA)	Llandough DCU		Main Theatre (alt wks) Llandough (alt wks)
<b>pm</b>	Main Theatre	Main Theatre	SSSU (local)	SSSU (GA)	Main Theatre (alt wks) Llandough (alt wks) SSSU (alt wks)

### Outpatient Department

The transplant outpatient department is located on the Upper Ground Floor of the Tower Block. There is a transplant clinic every day with a mix of new and follow-up patients and there will be a registrar allocated to most clinics, primarily for seeing the follow-up patients but also to assist with any new patients (supervised by the consultant). There may also be patients attending for pre-admission clerking (usually a live donor/recipient pair for the following week) and the clinic registrar should see these patients first. The follow-up patients have blood taken on arrival and are seen with the results of their tests from about 10am onwards. We are fortunate to have excellent support in clinic from experienced transplant nurse specialists (Sharon,

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Stephanie and Beth) who will gladly help out with any questions. **Please do not take advantage of this!** It is very common for patients to be admitted from clinic, in which case a clear plan needs to be formulated (with the consultant in clinic) and this should be conveyed to the ward registrar.

In addition to the transplant clinic there are also 2 general surgical clinics per week (Wednesday afternoon and Friday afternoon) located in Suite 5 of the main outpatient department. Letters dictated from this clinic are typed by the general surgical secretaries (Carol and Deborah) so don't forget to check and sign them.

There is also a one-stop clinic for dialysis access assessment on Tuesday afternoon in the transplant OPD, and usually one of the registrars will be allocated to this.

### **Multidisciplinary Meeting**

There is a weekly transplant MDTM in either the Nephrology and Transplant Seminar Room or the pathology Geoff Newman room (Pathology- opposite B1) at 12.30pm. Any difficult cases are discussed here and all junior doctors are expected- it is a good opportunity to learn about some of the more complex transplant issues. All junior doctors are expected at the MDTM.

### **Teaching**

There is a weekly teaching session aimed at the junior medical staff but open to all members of the department on Thursday morning from 10am-12pm. Attendance at these sessions is compulsory for all the transplant junior doctors- apologies for absence to be sent to Mr Stephens. The sessions will cover general transplant topics, general surgery, nephrology and also a journal club with an opportunity for senior trainees/ fellows to participate in the teaching.

### **Clinical Governance**

There is a monthly half day clinical governance session (Transplant and Nephrology combined) which is currently organised by Dr Vinod Ravindran and Mr Rafael Chavez. There will be ample opportunity for junior staff to contribute during their time in the department.

### **Tissue Typing Meeting**

There is a monthly tissue typing meeting held in the Welsh Transplantation and Immunogenetics Laboratory (WTAAIL) in Llantrisant (usually on a Wednesday afternoon). Transplant trainees or senior fellows may find this a useful educational experience and are welcome to attend.

### **Weekly Timetable**

A timetable for the following week's activities will be emailed to everybody on a Thursday. If there are any mistakes (e.g. you have booked annual leave but have been allocated to clinical duties) please let the coordinator know ASAP so changes can be made. Requests for specific sessions will be considered but may not always be accommodated!

## **The Cardiff Transplant Unit**

All admissions onto CTU should be cleared with the on call surgical transplant consultant. The following patients are eligible for admission, in order of priority:

1. Patients immediately post transplant
2. Other patients with pathology related to transplantation
3. Other patients with kidney disease (not to the last bed)

### **MRSA**

Patients who are known to be MRSA positive should be admitted to a single room only. Patients transferred from other hospitals should (a) be screened on admission for MRSA (done as routine by nursing staff), and (b) be placed in single rooms until the results of the screening are known (2-5 days). If no single room is available, then the situation should be discussed with the medical microbiologist on call, but – unless the patient is deemed to be at very high risk – admission to an ‘open’ bed on CTU will usually be allowed. Staff handling (touching!) patients with MRSA or at risk of MRSA (screen not yet known to be negative) should wear gloves and plastic aprons, wash their hands, and use alcoholic chlorhexidine for hand hygiene.

### **Phone calls**

Transplant patients at home who need advise usually phone the transplant nurse specialists but they may phone CTU or the transplant CT/registrar at any time (although they are not encouraged to do so). Please discuss all such calls with senior staff (medical or surgical registrar or consultant, as appropriate) and email the outpatient team with an update. In those recently transplanted (within the first three months) have a **very low threshold** for getting patients to come to the next clinic or up to the ward for review. Please also remember to document the consultation (see previous section on documentation).

GP's/Doctors in other hospitals may phone CTU or the transplant CT/registrar about a renal transplant patient at any time. If you are unsure, take details and contact senior staff (medical or surgical, registrar or consultant, as appropriate).

Phone calls regarding potential live or cadaver donors should *not* come directly to transplant doctors, but they sometimes do. **Be helpful! Show interest!** Take brief details, and then offer to (a) put the caller back to switchboard to contact the live donor coordinators (Ann Marsden, Rhian Cooke or Dominique Cook), or (b) get the recipient nurse coordinator to phone them back (make sure you get the contact's number!).

### **Research protocols**

Dr Sian Griffin is the department research and development lead and research is an important part of the transplant unit's work. All staff are expected to help and assist with these when required to do so. Details of any current research trials will be on CTU but if in doubt contact a senior member of the team for more information. Please also see the separate document on opportunities in Research and Development.