

STANDARD SELECTION CRITERIA



All potential renal transplant candidates must meet criteria for transplantation. The following are the conventional indications for renal transplantation.

Conventional Indications (Examples):

- Congenital disorders
 - > Aplasia
 - > Hypoplasia
 - > Horseshoe kidney
- Toxic nephropathies
 - > Lead nephropathy
 - > Analgesic nephropathy
 - > Lithium nephropathy
- Metabolic disorders
 - > Hyperoxaluria
 - > Nephrocalcinosis
 - > Gout nephritis
 - > Amyloidosis
 - > Cystinosis
- Irreversible acute kidney failure
 - > Tubular or cortical necrosis
 - > Interstitial nephritis
 - > Acute and subacute glomerulonephritis
 - > Glomerulonephritis
- Hereditary nephropathies
 - > Alport syndrome
 - > Polycystic kidney disease
- Progressive chronic kidney disease with:
 - > Estimated glomerular filtration rate less than or equal to 20
 - > Diabetic nephropathy
 - > Hypertensive nephrosclerosis
- Vascular diseases
 - > Renal artery occlusion
 - > Granulomatosis with polyangitis
 - > Polyarteritis (periarteritis nodosa)
 - > Goodpasture's disease
- Obstructive nephropathy
- Trauma or tumors requiring nephrectomy
- Other cases considered based on expert and multidisciplinary transplant team review
- Systemic or immune
 - > Systemic lupus erythematosus (SLE)
 - > HIV-associated nephropathy

Eligibility Requirements:

- Medically and psychosocially suitable for surgery and immunosuppression
- Able to comply with post-transplant care
- Emotionally stable with realistic expectations
- Substance use evaluated by Transplant Psychiatry

Absolute Contraindications:

- Active infection or malignancy
- Untreatable cardiac or pulmonary disease
- Advanced dementia, alcoholic hepatitis
- ABO incompatibility (unless desensitization protocol)

Relative Contraindications:

- BMI > 40 (requires weight loss before listing)
- Inadequate social support
- History of non-compliance with care plans

Note: All patient cases are individually assessed by the multidisciplinary transplant team, ensuring alignment with evolving clinical evidence and patient-centered care.