

Live donor nephrectomy

This issue of the journal contains a number of interesting and provocative articles. The article on live kidney donation in British Columbia points out that many patients waiting for cadaveric transplant have negative views about live organ donation, and these views are frequently communicated to family members and other potential donors. In the face of prolonged waits for cadaveric kidneys, one would anticipate the opposite, i.e. that patients on dialysis who were candidates for transplant would bring the option of live donation up repeatedly with family and friends. The risk of coercion and guilt-engendering behavior would, one would think, be the predominant problem. Instead, patient's attitudes are characterized by ambivalence and lack of knowledge.

The advent of safe laparoscopic donor nephrectomy has opened the world of live kidney donation up considerably. Indeed, many Canadians have been moved to do the unthinkable; to offer their kidney to a stranger, purely on altruistic grounds. These stories, which have been widely reported in the lay press, are impressive, and restore one's faith in the capacity of human beings to display generosity towards their fellow men and women. Indeed, a transplant physician was quoted recently as thinking originally that anyone offering to donate a kidney to a stranger must be crazy; only to find that, on evaluating these Good Samaritans, they were normal, stable, decent people. Donor nephrectomy has been reduced from a major operation with a large, painful incision and a risk of flank bulge, to a routine laparoscopic procedure. One kidney is perfectly capable of supporting life indefinitely. Under those circumstances, a decision to donate a kidney on compassionate grounds seems reasonable, although beyond the altruistic limits of most people.

The shortage of cadaveric donors needs to be addressed by a public program to facilitate organ donation from trauma patients and others who experience sudden brain death. In the meantime, this article makes the case that encouraging dialysis patients and their families and friends to become knowledgeable about live organ donation might contribute to an increase in live organ donation, reducing the burden of care and improving the quality of life in these patients.

The article on the use of Botulinum A toxin for patients with neurogenic, hypercontractile bladders who are incontinent in spite of intermittent catheterization reports impressive results, albeit on a small number of patients. This is an enticing treatment for a refractory and challenging group of patients, and clearly warrants further evaluation.

The study on health related quality of life in patents with ileal conduits compared to continent urinary diversions is interesting in that it failed to demonstrate a substantial difference in QOL between these operations. The authors have identified a series of diversion-specific domains, which should provide a useful tool for further QOL assessments in this important group of patients.

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