

## LETTER TO THE EDITORS

**Which factors can be modified in renal transplantation to get the best results?**

doi:10.1111/tri.12637

Dear Ladies and Sirs,

It was interesting to read the comment of Stephen O'Neill, Gabriel C. Oniscu and Ewen M. Harrison [1] on our article 'The faster the better: anastomosis time (AT) influences patient survival after deceased donor kidney transplantation'.

With all the given disadvantages of a retrospective analysis, this is the first investigation of a larger cohort focusing on AT in deceased donor kidney transplantation after a certain cold preservation time. Recipient and donor factors which could be indirect markers displaying arteriosclerosis were analysed in reference to AT in our study. A recipient BMI >25 kg/m<sup>2</sup> and donor hypertension were the only factors having a significant AT-prolonging effect. Furthermore, the results section includes a clear statement concerning the nonsignificant impact of AT on graft survival in the overall cohort. When the analysis is performed for kidney first transplants only, the significant negative impact of AT on graft loss is more than obvious [2]. To our knowledge, the two 'times', cold ischaemia time (CIT) and AT are the only modifiable factors in renal transplantation using organs from donors after brain death so far. It is not new to aim to keep CIT as short as possible and to decide to start a kidney transplant as soon as possible in an immunological or technical high-risk recipient. Certainly, it is a clinical investigation to show that AT may have

an impact on patient and possibly graft survival, what may only, as discussed, reflect the conditions in the recipient. But bearing in mind that AT is important, surgeons will speed up and certainly some harmful minutes of warm ischaemia can be avoided in many cases. The means to achieve shorter AT involve better vessel exposure, an experienced surgeon at a high volume centre and suturing training devices to improve techniques as well as the awareness that AT is important.

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**References**

1. O'Neill S, Oniscu GC, Harrison EM. Faster may be better for anastomosis time, but does it really affect survival? *Transpl Int* 2015; **28**: 764.
2. Weissenbacher A, Oberhuber R, Cardini B, et al. The faster the better: anastomosis time influences patient survival after deceased donor kidney transplantation. *Transpl Int* 2015; **28**: 535.