

2.1 Referral criteria and pathway

Referral criteria

The RCH intestinal transplant team welcomes referrals directly from intestinal failure physicians throughout Australia and New Zealand, and encourages medical suitability discussions for patients with possible contraindications, based on the following indications and contraindications for transplant:

Indications for intestinal transplant:

Patients who have irreversible intestinal failure, are on PN therapy and meet one or more of the following criteria:

1. End stage liver disease, or impending
2. Loss of central line access (>2 major veins)
3. Severe sepsis/ line infection (2 or more episodes per year)
4. Frequent episodes severe dehydration

Contraindications to intestinal transplant:

1. Metastatic cancer
2. Ongoing/recurrent infections resistant to treatment
3. Significant cardiac/pulmonary conditions
4. Demonstrated patient non-compliance
5. Significant psychiatric or social risk
6. Potential complications from immunosuppressive therapy unacceptable to patient

In line with international recommendations, referral criteria for intestinal transplantation in Australia are more inclusive than intestinal transplant listing criteria. This is to enable:

- Timely referral and listing with better patient outcome
- Early assessment of patients to prevent progression of IFALD
- Support patient management
- Encourage isolated intestinal transplant

Many patients who are referred for transplant assessment can be treated by other means and do not necessarily require listing for intestinal transplant.

In patients for whom loss of central venous access is an indication, the referral should be made prior to the patient losing all access, as central venous access is necessary for both survival during the transplant surgery, as well as for adequate post-operative care. For most patients, a minimum of 8 separate infusion points are required for intestinal transplantation due to drug interactions. One of these infusion points must be above the diaphragm, and suitable for continuous Veno-Veno Haemofiltration (CVVH) postoperatively, in the event of acute-renal failure. It is preferable to refer patients prior to irreversible liver disease, so that an isolated intestinal transplant may be undertaken.

Australian Patients

Victorian Patients

Intestinal transplant is currently funded for patients in Victoria by the Victorian Government

Non-Victorian Patients

Intestinal transplant for patients from all other States and Territories in Australia will need to apply for funding through their Doctor, to their local State/Territory Government

International patients

International patients can discuss with their care providers the option of intestinal transplantation in Australia

Referral pathway

Referring Clinicians are encouraged to contact Professor Winita Hardikar directly (via email) to discuss medical suitability for potential candidates.

Other references

Section 2.1.1: Referral Pathway for Paediatric Intestinal Transplant

Section 2.1.2: Interstate Intestinal Transplant Referral - Form 1

Section 2.1.3: Interstate Intestinal Transplant Referral – Form 2