

Streszczenie w języku angielskim

Title: Optimization of perioperative management of patients undergoing kidney transplantation

Optimal management of patients undergoing kidney transplantation can significantly enhance both short-term and long-term transplant outcomes and overall quality of life. However, there are still some knowledge gaps that hinder transplantologists from making evidence-based clinical decisions at various stages of the treatment process.

This work aims to generate evidence supporting the optimization of perioperative management of kidney graft recipients. It was achieved through the analysis of benefits associated with the routine use of prophylactic surgical drainage, as well as the investigation of the optimal timing for peritoneal dialysis catheter removal. This dissertation consists of three peer-reviewed scientific publications that are thematically related.

The first article is a systematic review and meta-analysis comparing the risks and benefits of the routine use of prophylactic intra-abdominal drainage following kidney transplantation. The comparison of groups of patients with and without drainage did not show any statistically significant differences in the occurrence of perirenal transplant fluid collection, surgical site infection, lymphocele, hematoma, and wound dehiscence.

The second publication is a systematic review and meta-analysis focusing on the risks and benefits of various timings for peritoneal dialysis catheter removal in renal transplant recipients. The comparison of participants whose catheters were removed at the time or after surgery did not show any significant differences in the occurrence of dialysis shortly after transplantation, peritonitis, or catheter-related infections. The analysis revealed poor quality of the available evidence, which led to the development of the protocol for the last study.

The third work summarizes the results of a multicenter retrospective cohort study comparing adult renal graft recipients whose peritoneal dialysis catheters were removed at the time of or after the procedure, respectively. They do not reveal any significant differences in the need for dialysis within the first two posttransplant months, catheter-related infections, peritonitis, and/or surgical site infections. However, the study noted a statistically significantly shorter hospitalization time in participants with catheters removed during the transplantation procedure.

Results summarized in the publications do not support the routine use of prophylactic intra-abdominal drainage after kidney transplantation, nor the postponement of the removal of the peritoneal dialysis catheters.