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| **PROTOCOL TITLE:** Kidney and Pancreas Post-Transplant Recipient Biopsy |
| **APPLICABLE FACILITIES:**[ ] EHC [ ] EDH [ ] EHH [ ] EHI [ ] EHN [ ] EJCH [ ] ELTAC [ ] ESJH[x] EUH [ ] EUHM [ ] EUHS [ ] EUOSH [ ] EWWH [ ] RJV-ERH [ ] RJV-ESOP [ ] TEC/ESA |
| **EFFECTIVE DATE:**  | **ORIGINATION DATE:** 10/01/2008 |

**CATEGORY:** Diagnostic/Therapeutic/Preventive

**LEVEL:** Independent

**BACKGROUND:**
Kidney transplant patients need a kidney biopsy for a myriad of reasons. Approximately 20% of patients will experience an episode of transient dysfunction. Complications resulting from mechanical factors, infections, toxic injuries, or immune mechanisms may occur, though timely intervention can often reverse or ameliorate the injurious effects of these hazards.

It is the policy of the Emory Transplant Center to monitor acute changes in kidney excretion parameters with a kidney biopsy when clinically indicated

**GUIDELINES:**

Patientswill be biopsied if they fall under one of the following categories: Acute or Subacute

**Acute Biopsies:**

All acute biopsies will be done at the discretion of care team (transplant nephrologist/transplant surgeon) for the following indications:

1. Acute unexplained rise in creatinine
2. Delayed graft function.

Patients with sluggish kidney function or dialysis dependence post transplantation with unclear cause may get a kidney biopsy as frequently as weekly post-transplant as clinically indicated.

1. New onset sub-nephrotic/nephrotic range proteinuria in the early post- transplant period concerning for disease recurrence.

**Subacute (elective) Biopsies:**

Subacute biopsies will be done for the following reasons:

1. New onset sub-nephrotic/nephrotic range proteinuria> 3 months post- transplant.
2. Microscopic hematuria unexplained by anatomical causes
3. New onset DSA with stable creatinine
4. History of Acute Cellular Rejection

Repeat biopsy 1 month following diagnosis of acute cellular rejection unless specific contraindications or concerns with re-biopsy.

1. BK Viremia without an acute change in serum creatinine.
* Kidney biopsy is indicated if serum BK PCR is > 5 log10 copies/ml, at initial diagnosis.
* Kidney biopsy is considered if serum BK PCR is > 4.5 log10 copies/ml, despite immunosuppression reduction.

**Biopsy instructions including instructions with regards to anticoagulation will be provided to the patient by the care team.**

**RELATED POLICIES / PROCEDURES:** N/A

**DEFINITIONS:** N/A

**REFERENCES AND SOURCES OF EVIDENCE:** N/A

**KEY WORDS:** kidney biopsy, kidney transplant