

# Quick physical exam can reduce wait for a transplant by half a year

August 3 2012, By Helen Dodson

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(Medical Xpress) -- A one-day coordinated evaluation can significantly reduce the amount of time it takes to be put on a kidney transplant waitlist, according to a new study from Yale School of Medicine. The study appears in the *American Journal of Kidney Diseases*.

Nearly 100,000 American are on the waitlist for a kidney transplant at any given time, and many die waiting. The Yale researchers studied the efficacy of a new system developed and implemented at Yale five years ago, that coordinates and schedules all necessary tests and assessments in one day to determine whether it led to faster placement on the organ sharing waitlist, thereby reducing the time the patient would have to wait before actually undergoing the transplant.

After studying around 900 [patients](#), the researchers determined that those who underwent these centralized evaluations in one day were put on transplant wait lists an average of six months sooner than those who underwent standard evaluations in which tests were done one at a time over a period of weeks or months.

“Most transplant centers view a patient’s ability to complete the work-up for kidney transplant as an indicator that they will be compliant with medical instructions following transplant. We believe that this type of judgment should be eliminated, as it does not consider significant logistical and financial barriers many patients have to overcome in order to complete the transplant work-up themselves,” explained the study’s lead author, Dr. Sanjay Kulkarni, director of kidney and pancreas transplantation at Yale School of Medicine.

Typically, a patient’s physician coordinates all the evaluations to determine if the patient is eligible for a transplant. Often these tests result in long-term dialysis, which can complicate the prospects for transplant. The one-day system of evaluation is handled in hospital transplant centers instead.

In addition, the authors note, studies show that both African-American and Hispanic patients take longer to be put on a transplant list. Kulkarni hopes this new centralized approach will end such disparities.

“Many studies have demonstrated that access to medical care differs among socioeconomic groups, but few studies suggest a solution to the problem,” said Kulkarni. “The Yale method requires a fundamental change in how to approach patients in need of [kidney transplant](#) and has shown that this method eliminates many of the socioeconomic disparities that have existed in access to the waiting list.”

Provided by Yale University

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