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European liver transplant registry: A 30-year model of international scientific collaboration

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The European Liver Transplant Registry (ELTR) is a voluntary collaboration of 161centers in 31 European countries established in 1985. For ELTR, a pre-specified set of variables is collected from every liver transplant (LT) patient at the point of transplantation. Moreover, follow up data are updated by contributing centers at each visit so that re-transplantations as well as deaths can be recorded. The ELTR has established partnerships to exchange data with key European Organ Sharing Organizations (NHS Blood and Transplant- UK, Organización Nacional de Transplantes- Spain, Agence de la Biomedicine- France, Stichting Nederlandse Transplantatie- Netherlands) and European Organ Exchange Organizations (Scandiatransplant and Eurotransplant Foundation). Coverage of LT in Europe within ELTR has been shown to be as high as 97% in 2013; data obtained from the ELTR database can thus be described as highly representative of Europe. Data are collected prospectively by an EDC standardized questionnaire, which is regularly updated by a scientific committee, and subject to strict internal and external quality control to ensure the accuracy and consistency of the information. Annual audits of randomly selected centers are continuously performed, which have confirmed that data from the ELTR are a reliable and credible representation of LT practice in Europe. As such, data from the ELTR has also formed the foundation for the development of risk models for LT outcomes. The ELTR has currently worked on implementing a platform by combining traditional data management and analytics roles to effectively evaluate LT data in real-time by utilizing the appropriate data IT solutions.

Use of a new laser for prostate surgery

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50 patients were evaluated in our clinic for symptoms of bladder outlet obstruction and were scheduled for laser ablation of the prostate utilizing the ProTouch 1470 laser. All patients failed medical treatment, five presented with urine retention. Preoperative evaluation included ultrasound, cystoscopy, flow rate and the BPH scoring system. Operative time was markedly shorter than the gold standard TURP. Time of resection ranged from 10 minutes to 45 minutes depending on the size of the prostate. The glands ranged in size between 30 g and 120 g. No intraoperative complications took place and no postoperative bleeding was noted. No postoperative fluid absorption was verified by postoperative blood work and no patient demonstrated an altered mental status while being observed at the hospital. All patients ate on the same day of surgery and were ambulated when spinal anesthesia worn off. Most patients had spinal anesthesia unless contraindicated or refused by the patient. All patients left the hospital following an overnight stay. The Foley catheter was removed on the second morning before discharge except in two patients; no manual bladder irrigation was needed. No patient presented to emergency department after discharge with bleeding or other complications. The technology used for these procedures was the ProTouch 1470 Diode Laser, which is manufactured by Convergent Laser Technologies located in Alameda, CA. The ProTouch operates on the 1470 wavelength. The wattage ranged from 85 to 100, the recommended setting is 90 watts. A setting of 45 watts in super pulse mode was found to be optimal for the resection of bladder tumors. This laser can be used in any operating room that has a standard 110 V line. It reduces hospital expenses through decreased intraoperative times and reduced lengths of stay for patients.