Pancreatic transplantation in insulin-dependent diabetes
Scottish Health Purchasing Information Centre

**Record Status**
This is a bibliographic record of a published health technology assessment. The agency responsible for the publication, formerly a member of INAHTA, has subsequently been disbanded. No evaluation of the quality of this assessment has been made for the HTA database.

**Citation**

**Authors' objectives**
This report aims to answer the following questions:

1. Is pancreatic transplantation worth doing as an addition to renal transplantation alone? Are the benefits in terms of independence from insulin injections, improved diabetic control, and reduced long-term complications, sufficient to justify the increased risks of operation and subsequent treatment?

2. What are the marginal costs of combined transplantation compared to kidney transplantation alone?

3. If pancreatic transplantation should be provided for Scottish patients, should it be provided in one or more Scottish centres, or from one of the English centres?

**Authors' conclusions**
1. Combined kidney and pancreatic transplantation is worthwhile in some patients with insulin-dependent diabetes. The option should be considered in any patient with IDDM and renal failure, but in each individual case the balance of risks and benefits will need to be considered carefully.

2. Results are improving over time, and the balance will shift towards doing more combined transplants.

3. Pancreatic transplantation in patients not having a kidney transplant has a less favourable balance of benefits and disadvantages than in the combined transplantation and will be much rarer, but may be worthwhile for a few patients who have considerable difficulties with insulin therapy. As results improve, this number may increase.

4. The case-load in Scotland would probably only justify one centre.

5. We do not expect combined kidney and pancreatic transplantation to be cost-saving. In some patients, there would be savings from better diabetic control and fewer admissions, but those savings would be spread over a number of hospitals, and would have insufficient impact on any one hospital to create significant savings.

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