

Adult Organ Transplant Service Jawda Guidance

Version 1

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Executive Summary

The Department of Health– Abu Dhabi (DOH) is the regulatory body of the healthcare sector in the Emirate of Abu Dhabi and ensures excellence in healthcare for the community by monitoring the health status of its population.

The Emirate of Abu Dhabi is experiencing a substantial growth in the number of hospitals, centers and clinics. This is ranging from school clinics and mobile units to internationally renowned specialist and tertiary academic centers. Although, access and quality of care has improved dramatically over the last couple of decades, mirroring the economic upturn and population boom of Emirate of Abu Dhabi, however challenges remain in addressing further improvements.

The main challenges that are presented with increasingly dynamic population include an aging population with increased expectation for treatment, utilization of technology and diverse workforce leading to increased complexity of healthcare provision in Abu Dhabi. All of this results in an increased and inherent risk to quality and patient safety.

DOH has developed dynamic and comprehensive quality framework in order to bring about improvements across the health sector. This guidance relates to the quality indicators that DOH is mandating the quarterly reporting against by the operating general and specialist hospitals in Abu Dhabi.

The guidance sets out the full definition and method of calculation for patient safety and clinical effectiveness indicators. For enquiries about this guidance, please contact <u>jawda@DoH.gov.ae</u>

This document is subject for review and therefore it is advisable to utilize online versions available on the DOH at all times.

Issued:December 2024, Version 1Effective:January 2025 (Q1 2025)

About this Guidance

The guidance sets out the definitions and reporting frequency of JAWDA Adult Organ Transplantation (AOT) performance indicators. The Department of Health (DoH), with consultation from local and international experts, has developed Adult Organ Transplantation Performance Indicators that are aimed for assessing the degree to which a provider competently and safely delivers the appropriate clinical services to the patient within the optimal period of time.

This Jawda KPI guidance includes measures to monitor morbidity and mortality in patients undergoing Adult Organ Transplantation procedures. Healthcare providers are the most qualified professionals to develop and evaluate quality of care for Adult Organ Transplantation patients; therefore, it is crucial that clinicians retain a leadership position in defining performance among Adult Organ Transplantation healthcare providers.

Who is this guidance for?

All DoH licensed healthcare facilities providing adult Organ Transplant services in the Emirate of Abu Dhabi.

*The patient's age at the time of registration on the waiting list is used to classify pediatric (listed before their 18th birthday) and adult patients.

How do I follow this guidance?

Each provider will nominate one member of staff to coordinate, collect, monitor and report Organ Transplant quality indicators data as per communicated dates. The nominated healthcare facility lead must in the first instance e-mail their contact details (if different from previous submission) to <u>JAWDA@doh.gov.ae</u> and submit the required quarterly quality performance indicators through Jawda online portal.

What are the Regulation related to this guidance?

- Legislation establishing the Health Sector
- As per DoH <u>Policy for Quality and Patient Safety</u> issued January 15th 2017, this guidance applies to all DOH Licensed Healthcare Facilities in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard
- DOH Standard for Centers of Excellence in the Emirate of Abu Dhabi issued March 2019

Type: AOT Qualit	y Indicator Indicator Number: AOT001
KPI Description (title):	Patient Survival Rate (one year) after Primary Organ Transplantation
Domain	Effectiveness
Indicator Type	Outcome
Definition:	 Percentage of adult primary organ transplant recipients who survive for one year after transplantation. This KPI reflects the long-term outcomes and quality of care provided by the program. This is calculated on a rolling survival rate of a 2-and-a-half-year patient cohort reported every 6 months.
Calculation:	 Numerator: Number of adult primary organ transplant recipients in the cohort who survive for one year after primary organ transplantation i.e. through day 365 post-transplant. Numerator Inclusion: Patient survival includes follow-up after graft failure, retransplant, and return to maintenance dialysis in the case of kidney recipients. Patients not reported to have died in any relevant data source are assumed to be alive. Denominator: Total number of adult primary organ transplant recipients during the accrual period. Denominator Inclusions: Single primary organ transplants occur during the accrual period. Day of transplantation is day "0". Note: Report the number of deaths and patient days for each transplant separately. Aidney transplant from living donors Kidney transplant from deceased donors Combined pancreas kidney transplant
Reporting Frequency: Unit of Measure: International	 d) Heart Transplant e) Lung Transplant Denominator Exclusion: Age less than 18 years at time of transplantation. Loss to follow-up (Patients with unknown survival status who may have died outside the UAE). Multiorgan transplantations
comparison if available Desired direction:	https://www.srtr.org/reports/psr-reporting-timeline/ https://www.cedars-sinai.org/quality-measures/clinical/transplants.html Adult (1-year patient survival) Kidney transplant from living donors 98%

	Kidney transplant from deceased donors	96%
	Liver Transplant	91.7%
	Heart Transplant	91.1%
	Lung Transplant	87.8%
Data sources and	-Patient medical record	
guidance:	-Hospital administrative data	

Type: AOT Quality Indicator

VDI Decemination	Detient Summinal Date (three years) often Drimery Organ	
KPI Description (title):	Patient Survival Rate (three years) after Primary Organ Transplantation	
Domain	Effectiveness	
Indicator Type	Outcome	
Definition:	 Percentage of adult primary organ transplant recipients who survive for three years after transplantation. This KPI reflects the long-term outcomes and quality of care provided by the program. This is calculated on a rolling survival rate of a 2-and-a-half-year patient cohort reported every 6 months. 	
Calculation:	 Numerator: Number of adult primary organ transplant recipients in the cohort who survive for three years after primary organ transplantation i.e. through day 1095 post-transplant. Numerator Inclusion: Patient survival includes follow-up after graft failure, retransplant, and return to maintenance dialysis in the case of kidney recipients. Patients not reported to have died in any relevant data source are assumed to be alive. Denominator: Total number of adult primary organ transplant recipients during the accrual period. Denominator Inclusions: Single primary organ transplants occur during the accrual period. Day of transplantation is day "0". Note: Report the number of deaths and patient days for each transplant separately. Aidney transplant from living donors Kidney transplant Heart Transplant Lung Transplant Lung Transplant Lung Transplant Multiorgan transplantations Age less than 18 years at time of transplantation. Loss to follow-up (Patients with unknown survival status who may have died outside the UAE). Multiorgan transplantations A multi-organ transplant is defined as receiving more than one organ from the same deceased donor. 	

	0 1	lanted with a deceased donor pancreas transplant if the two transplants took other.
Reporting Frequency:	Semiannually	
Unit of Measure:	Percentage of patients surviving at three year	ars after primary organ transplantation
International comparison if available	Scientific Registry of Transplant Recipients https://www.srtr.org/reports/psr-reporting- https://www.cedars-sinai.org/quality-meas	
Desired direction:	Kidney transplant from living donors Kidney transplant from deceased donors Heart Transplant Lung Transplant	94% 87% 81% 60.5%
Data sources and guidance:	-Patient medical record -Hospital administrative data	

Type: AOT Quality Indicator

KPI Description (title):	Graft Survival Rate (one year)
Domain	Effectiveness
Indicator Type	Outcome
Definition:	 Percentage of adult primary organ transplant recipients who have a functioning transplanted organ one year after transplantation. This KPI reflects the long-term outcomes and quality of care provided by the program. This is calculated on a rolling survival rate of a 2-and-a-half-year patient cohort reported every 6 months.
Calculation:	 Numerator: Number of adult primary organ transplant recipients in the cohort who have a functioning transplanted organ one year after primary organ transplantation i.e. through day 365 post-transplant. Numerator Inclusion: A graft is counted as failed if there has been graft failure, a retransplant, or death. Denominator: Total number of adult primary organ transplant recipients during the accrual period. Denominator Inclusions: Single primary organ transplants occur during the accrual period. Day of transplantation is day "0". Note: Report the number of deaths and patient days for each transplant separately. a) Kidney transplant from living donors b) Kidney transplant from deceased donors c) Combined pancreas kidney transplant d) Heart Transplant

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Denominator Exclusion:	
	 Age less than 18 years at time of transplantation.
	• Loss to follow-up (Patients with unknown survival status who may have died outside the UAE).
	Multiorgan transplantations
	 A multi-organ transplant is defined as receiving more than one
	organ from the same deceased donor.
	• A living donor kidney transplanted with a deceased donor pancreas
	is considered a multi-organ transplant if the two transplants took
	place within 3 days of each other
Reporting Frequency:	Semiannually
Unit of Measure:	Percentage
International comparison if available	 Scientific Registry of Transplant Recipients https://www.srtr.org/reports/psr-reporting-timeline/ https://www.cedars-sinai.org/quality-measures/clinical/transplants.html https://www.kidney-international.org/action/showPdf?pii=S0085-2538%2820%2930906-6 https://optn.transplant.hrsa.gov/media/r5lmmgcl/mpsc_performancemetrics_3242022b.pdf
	Adult (1-year graft survival)
Desired direction:	1 year graft survival for living donor kidney transplantation. 93%
	1 year graft survival for deceased donor kidney transplantation92%
Data sources and	-Patient medical record
guidance:	-Hospital administrative data
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Type: AOT Quality Indicator

KPI Description (title):	Graft Survival Rate (five years)
Domain	Effectiveness
Indicator Type	Outcome
Definition:	Percentage of adult primary organ transplant recipients who have a functioning transplanted organ five years after transplantation. This KPI reflects the long-term outcomes and quality of care provided by the program. This is calculated on a rolling survival rate of a 2-and-a-half-year patient cohort reported every 6 months.
Calculation:	 Numerator: Number of adult primary organ transplant recipients in the cohort who have a functioning transplanted organ five years after primary organ transplantation i.e. through day 1825 post-transplant. Numerator Inclusion: A graft is counted as failed if there has been graft failure, a retransplant, or death. Denominator: Total number of adult primary organ transplant recipients during the accrual period. Denominator Inclusions: Single primary organ transplants occur during the accrual period. Day of transplantation is day "0".

	Note: Report the number of deaths and patient days for each transplant separately.
	a) Kidney transplant from living donors
	b) Kidney transplant from deceased donors
	c) Combined pancreas kidney transplant
	d) Heart Transplant
	e) Lung Transplant
	Denominator Exclusion:
	• Age less than 18 years at time of transplantation.
	Loss to follow-up (Patients with unknown survival status who may have died
	outside the UAE).
	Multiorgan transplantations
	• A multi-organ transplant is defined as receiving more than one organ
	from the same deceased donor.
	• A living donor kidney transplanted with a deceased donor pancreas
	is considered a multi-organ transplant if the two transplants took
	place within 3 days of each other
Reporting	Consideration and the second
Frequency:	Semiannually
Unit of Measure:	Percentage
	Scientific Registry of Transplant Recipients
International	https://www.srtr.org/reports/psr-reporting-timeline/
comparison if	https://www.cedars-sinai.org/quality-measures/clinical/transplants.html
available	https://www.kidney-international.org/action/showPdf?pii=S0085-2538%2820%2930906-6
	https://optn.transplant.hrsa.gov/media/r5lmmgcl/mpsc_performancemetrics_3242022b.pdf
	Adult (5-year graft survival)
Desired direction:	5 year graft survival for living donor kidney transplant 80%
	5 year graft survival for deceased donor kidney transplant 70%
Data sources and	-Patient medical record
guidance:	-Hospital administrative data
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KPI Description (title):	Biliary Complication after Primary Liver Transplantation
Domain	Safety
Indicator Type	Outcome
Definition:	Rate of biliary complications that occur within 90 days after primary liver transplantation that requires procedural interventions and not associated with procedural interventions.
	<u>Numerator</u> : Number of adult liver transplant recipients who develop any of the following biliary complications within 90 days of the transplant surgery and which require procedural interventions.
	 (Refer to Appendix) Ischemic biliary complications due to hepatic artery thrombosis or stenosis Stricture Technical biliary complications Ischemic-type biliary lesions Infectious biliary complications/cholangitis
Calculation:	Numerator guidance: Complications will be reported separately for: AOT005a) Whole organ transplantation AOT005b) Partial liver transplantation
	Denominator : Total number of adult patients who had undergone primary orthotopic liver transplant surgery during the reporting period.
	 <u>Denominator Inclusion:</u> Partial and whole-organ liver transplantation Single organ transplants occurring during the measurement period.
	 Denominator exclusion: Age less than 18 years at time of transplantation. Living related liver transplant Strictures associated with acute cellular rejection Patients discharged against medical advice
Reporting Frequency:	Semi-annually
Unit of Measure:	Percentage
International comparison if available	https://karger.com/dsu/article-pdf/25/4/245/2673358/000144653.pdf https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7856868/ https://hbsn.amegroups.org/article/view/29779/html
Desired direction:	< 28%
Data sources and guidance:	-Patient medical record -Hospital administrative data

KPI Description (title):	Severe Primary Graft Dysfunction after Primary Heart Transplantation
Domain	Safety
Indicator Type	Outcome
Definition:	Rate of severe primary graft dysfunction (PGD) that occurs within 24 hours after primary heart transplantation.
	Numerator : Number of adult patients who developed severe primary graft dysfunction (PGD) within 24 hours after primary heart transplantation:
Calculation:	 Numerator Inclusion: (Refer to Appendix) Either of the two categories: PGD-LV, for PGD affecting the left ventricle or biventricular failure with extracorporeal short-term mechanical circulatory support PGD-RV for isolated right ventricular involvement with right-sided short-term VAD (RVAD) or right heart catheter measured haemodynamics in keeping with isolated right-sided dysfunction (RAP > 15 mmHg, PCWP < 15 mmHg, CI < 2.0 L/min/m2, TPG < 15 mmHg and/or pulmonary artery systolic pressure < 50 mmHg) Denominator: Total number of adult patients who had undergone primary heart transplant surgery during the reporting period. Denominator Inclusion: Heart donation after circulatory death Heart donation after brain death Single organ transplants occurring during the measurement period. Denominator exclusion: Age less than 18 years at time of transplantation. Patients discharged against medical advice
Reporting Frequency:	Semi-annually
Unit of Measure:	Percentage
International comparison if available	https://cardiothoracicsurgery.biomedcentral.com/articles/10.1186/s13019-024- 02816-6 https://www.ahajournals.org/doi/10.1161/circ.146.suppl_1.11945 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6697758/
Desired direction:	< 16%
Data sources and	-Patient medical record
guidance:	-Hospital administrative data

KPI Description	Bronchial and Vascular Complications after Primary Lung
(title):	Transplantation
Domain	Safety
Indicator Type	Outcome
Definition:	Rate of all bronchial and vascular complications that occur within 1 year after primary lung transplantation (LT).
Calculation:	Numerator: Numerator: Numerator: Numerator: Numerator: Refer to Appendix) Bronchial (Airway) Complications: Bronchial dehiscence Bronchial anastomotic stenosis Non-anastomotic stenosis Tracheobronchomalacia (TBM) Vascular Complications: Pulmonary embolism Arterial stenosis Venous stenosis Venous thrombosis Denominator: Total number of adult patients who had undergone primary lung transplant surgery during the reporting period. Denominator inclusion: Single LT Bilateral LT Denominator exclusion: Age less than 18 years at time of transplantation.
	Patients discharged against medical advice
Reporting Frequency:	Semi-annually
Unit of Measure:	Percentage
International comparison if available	https://pubs.rsna.org/doi/full/10.1148/ryct.2021190252 https://cardiothoracicsurgery.biomedcentral.com/articles/10.1186/s13019-024- 02731-w/tables/1
Desired direction:	< 20%
Data sources and guidance:	-Patient medical record -Hospital administrative data

KPI Description (title):	Average Primary Organ Transplantation Wait Time		
Domain	Timeliness		
Indicator Type	Process		
Definition:	Average time an adult patient spends on the waiting list before receiving a primary organ transplant.		
	Numerator: Total number of days from registering in the transplant program till day of operation for adult patients who had undergone primary transplant surgery during the reporting period.		
	Denominator: Total number of adult patients who have been on the waitlist and undergone primary organ transplant surgery during the reporting period.		
Calculation:	 Note: Report the number of each transplant separately. a) Kidney transplant from living donors b) Kidney transplant from deceased donors c) Combined pancreas kidney transplant d) Heart Transplant e) Lung Transplant 		
	 Denominator exclusion: Candidates who underwent living donor transplant but were never added to the waiting list Candidates listed only for pancreatic islets are excluded from pancreas reports. 		
Reporting Frequency:	Semiannually		
Unit of Measure:	Average wait time for transplantation (days)		
International comparison if available	Scientific Registry of Transplant Recipients https://www.srtr.org/about-the-data/technical-methods-for-the-program- specific-reports#tableb10 Technical Methods for the Program-Specific Reports (srtr.org)		
Desired direction:	Lower is better		
Data sources and guidance:	-Patient medical record -Hospital administrative data		

KPI Description (title):	Primary Organ Transplantation Waitlist Mortality Rate
Domain	Timeliness
Indicator Type	Outcome
Definition:	Deaths of adult patients on the primary organ transplantation waiting list . It reflects the program's ability to prioritize and allocate organs to patients in need
	Numerator: The number of deaths that occurred during the reporting period among adult patients on the primary organ transplantation waiting list.
	Denominator: Total number of adult patient days for patients on the primary organ transplantation waiting list during the reporting period.
	Denominator Inclusion:
	 Patients on the waitlist are to be followed up from: Date of entry (at any time during the reporting period) into the transplant program.
Calculation:	 Alive at the beginning of the reporting period (if already on the wait list)
	Patients on the waitlist are removed from the waitlist due to transplant, transfer, recovery or death.
	Denominator exclusion: None
	Note: Report the number of deaths and patient days for each transplant separately. a) Kidney transplant from living donors
	b) Kidney transplant from deceased donors
	c) Combined pancreas kidney transplantd) Heart Transplant
	e) Lung Transplant
Reporting Frequency:	Annually
Unit of Measure:	Deaths per 1000 adult transplantation patient waitlist days
International	https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2773824
comparison if	https://www.srtr.org/about-the-data/technical-methods-for-the-program-
available	specific-reports#tableb5
Desired direction:	Lower is better
Data sources and	-Patient medical record
guidance:	-Hospital administrative data

Appendix: Transplantation complication codes

Diagnosis	ICD-10	Description
Liver Transplant	Complica	tions
Ischemic biliary	T86.49	Other complications of liver transplant
complications	174.8	Embolism and thrombosis of other arteries
due to hepatic	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
artery		reaction of the patient, or of later complication, without mention of
thrombosis		misadventure at the time of the procedure
Stenosis	T86.49	Other complications of liver transplant
(hepatic artery)	170.8	Atherosclerosis of other arteries
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
		reaction of the patient, or of later complication, without mention of
		misadventure at the time of the procedure
Stricture	T86.49	Other complications of liver transplant
(hepatic artery)	170.8	Atherosclerosis of other arteries
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
		reaction of the patient, or of later complication, without mention of
		misadventure at the time of the procedure
Bile Leak	T86.49	Other complications of liver transplant
	K83.8	Other specified diseases of biliary tract
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
		reaction of the patient, or of later complication, without mention of
		misadventure at the time of the procedure
Bile collection	T86.49	Other complications of liver transplant
(biloma)	K83.8	Other specified diseases of biliary tract
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
		reaction of the patient, or of later complication, without mention of
		misadventure at the time of the procedure
Biliary abscess	T86.49	Other complications of liver transplant
	K83.8	Other specified diseases of biliary tract
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
		reaction of the patient, or of later complication, without mention of
		misadventure at the time of the procedure
Technical biliary	complica	tions
Anastomotic	T86.49	Other complications of liver transplant
stricture	K83.1	Obstruction of bile duct
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
		reaction of the patient, or of later complication, without mention of
		misadventure at the time of the procedure
Anastomotic	T86.49	Other complications of liver transplant
leak	K83.8	Other specified diseases of biliary tract
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
		reaction of the patient, or of later complication, without mention of
		misadventure at the time of the procedure
Cut surface	T86.49	Other complications of liver transplant
leak1	K83.8	Other specified diseases of biliary tract
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
		reaction of the patient, or of later complication, without mention of
		misadventure at the time of the procedure

MissedT86.49Other complications of liver transplantsegmental ductK83.8Other specified diseases of biliary tractleak1Y83.0Surgical operation with transplant of whole organ as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedureKinkingT86.49Other complications of liver transplantKinkingT86.49Other complications of liver transplantKinkingT86.49Other specified diseases of biliary tractKinkingK83.8Other specified diseases of biliary tractY83.0Surgical operation with transplant of whole organ as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedureCystic ductT86.49Other complications of liver transplantmucoceleK82.8Other specified diseases of gallbladderY83.0Surgical operation with transplant of whole organ as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedureIschemia- reperfusionT86.49Other complications of liver transplantinjury relatedY83.0Surgical operation with transplant of whole organ as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedureImmunological2K83.8Other specified diseases of biliary tractInfectious biliarySurgical operation with transplant of whole organ as the cause of abnormal reaction of the patient, or of later complication, without ment			
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Infectious biliary complications/cT86.43Liver transplant infectionK83.09Other cholangitisholangitisY83.0Surgical operation with transplant of whole organ as the cause of abnormal reaction of the patient, or of later complication, without mention of	Immunological2	K83.8	Other specified diseases of biliary tract
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holangitisY83.0Surgical operation with transplant of whole organ as the cause of abnormal reaction of the patient, or of later complication, without mention of	Infectious biliary	T86.43	Liver transplant infection
reaction of the patient, or of later complication, without mention of	complications/c	K83.09	Other cholangitis
	holangitis	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal
misadventure at the time of the procedure			reaction of the patient, or of later complication, without mention of
			misadventure at the time of the procedure

Heart Transplant Complications		
PGD-LV, for PGD affecting the left ventricle with	T86.98	Other complications of heart transplant
extracorporeal short-term mechanical circulatory	Y83.0	Surgical operation with transplant of
support		whole organ as the cause of abnormal
		reaction of the patient, or of later
		complication, without mention of
		misadventure at the time of the procedure
Biventricular failure with extracorporeal short-	T86.22	Heart transplant failure
term mechanical circulatory support	150.82	Biventricular heart failure
	Y83.0	Surgical operation with transplant of
		whole organ as the cause of abnormal
		reaction of the patient, or of later
		complication, without mention of
		misadventure at the time of the procedure
PGD-RV for isolated right ventricular involvement	T86.98	Other complications of heart transplant
with right-sided short-term VAD (RVAD) or right	Y83.0	Surgical operation with transplant of
heart catheter measured haemodynamics in		whole organ as the cause of abnormal
keeping with isolated right-sided dysfunction		reaction of the patient, or of later
(RAP > 15 mmHg, PCWP < 15 mmHg, Cl < 2.0		complication, without mention of
L/min/m2, TPG < 15 mmHg and/or pulmonary		misadventure at the time of the procedure
artery systolic pressure < 50 mmHg)		

Lung Transmission	Comuliasi	liono			
Lung Transplant	-				
Bronchial	T86.818	Other complications of lung transplant			
dehiscence	J98.09	Other diseases of bronchus, not elsewhere classified			
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal			
		reaction of the patient, or of later complication, without mention of			
		misadventure at the time of the procedure			
Bronchial	T86.818	Other complications of lung transplant			
anastomotic	J98.09	Other diseases of bronchus, not elsewhere classified			
stenosis	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal			
		reaction of the patient, or of later complication, without mention of			
		misadventure at the time of the procedure			
Non-	T86.818	Other complications of lung transplant			
anastomotic	J98.09	Other diseases of bronchus, not elsewhere classified			
stenosis	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal			
		reaction of the patient, or of later complication, without mention of			
		misadventure at the time of the procedure			
Tracheobroncho	T86.818	Other complications of lung transplant			
malacia (TBM)	J39.8	Other specified diseases of upper respiratory tract			
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal			
		reaction of the patient, or of later complication, without mention of			
		misadventure at the time of the procedure			
Vascular Compli	cations of				
Pulmonary	T86.818	Other complications of lung transplant			
embolism	126.99	Other pulmonary embolism without acute cor pulmonale			
	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal			
		reaction of the patient, or of later complication, without mention of			
		misadventure at the time of the procedure			
Arterial stenosis	T86.818	Other complications of lung transplant			
(unspecified	177.1	Stricture of artery			
site)	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal			
)	10010	reaction of the patient, or of later complication, without mention of			
		misadventure at the time of the procedure			
Venous stenosis	T86.818	Other complications of lung transplant			
(unspecified	187.1	Compression of vein			
site)	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal			
51(6)	103.0	reaction of the patient, or of later complication, without mention of			
Vanaua	T06 010	misadventure at the time of the procedure			
Venous thrombosis	T86.818	Other complications of lung transplant			
	182.90	Acute embolism and thrombosis of unspecified vein			
(unspecified	Y83.0	Surgical operation with transplant of whole organ as the cause of abnormal			
site)		reaction of the patient, or of later complication, without mention of			
		misadventure at the time of the procedure			