Type of ruling:Outcome of Assessment (Standpunt)Care form:Transplant of the small intestines for patients suffering from intestinal failureDate:October 2013A transplant of the small intestines may be considered for pa who chronically absorb insufficient nutrients and fluids due t intestinal failure, and who have persistent problems with tota parenteral nutrition (TPN).The indication for a transplant of the small intestines implies no other treatment is possible for patients with intestinal fail and TPN problems. As a result, there are no studies comparin efficacy of the operation with any other treatment. The treat outcomes of a transplant have been described in prospective recorded patient registries and retrospective patient series. T outcomes have been published and can be compared with th expected natural course: the life expectancy of patients with intestinal failure who are incapable of receiving further nutrit extremely short.	1
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Summary:The published data shows that a transplant of the small integresults in an 80% 1-year survival rate, a 70% 3-year survival rate a 60% 5-year survival rate. Surviving patients can eat and drin normally again. Their quality of life is better than before the operation, though not as good as that of healthy persons. See complications are: sepsis and multi-organ failure, often as a nof transplant rejection.The operation has been part of treatment for patients with in failure for decades. Throughout the world more than 2500 transplants of the small intestines were carried out between and 2011, most of them in the US. To date, the operation has performed 12 times in the Netherlands. This relatively low nuis partly explained by the successful intestinal resection.The National Health Care Institute concludes that intestinal transplants in patients with intestinal failure who have persis TPN problems complies with established medical science and	to tal s that ilure ing the ment ely These he ition is stines rate and ink evere result ntestinal 1985 as been jumber of

The original text of this **Outcome of Assessment** of the National Health Care Institute was in Dutch. Although great care was taken in translating the text from Dutch to English, the translation may nevertheless have resulted in discrepancies. Rights may only be derived on the basis of the Dutch version of the National Health Care Institute's Outcome of Assessment.

Furthermore, the National Health Care Institute points out that only the summary of this report was translated. A proper understanding of all relevant considerations and facts would require familiarity with the Dutch version of this report, including all appendices.