

HISTORY OF UTERUS TRANSPLANT				
and the second				
Internationally: - First uterus transplant performed in Saudi Arabia in 2000 however it did not result in live birth				
<ul> <li>First live birth in Sweden in 2014</li> <li>Around 130 uterus transplants performed worldwide</li> </ul>				
The United States: First live birth in 2017				
<ul> <li>The US has performed around 40-50 transplants to date</li> <li>Approximately 40-60 babies have been born from donated uteruses worldwide</li> </ul>				
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WHO QUALIFIES FOR A UTERUS TRANSPLANT?				
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Diagnosis of Absolute Uterine Factor Infertility (AUFI)				
Congenital absence or malformation of the uterus (ie. MRKH-Mayer- Rokitansky-Küster-Hauser syndrome)				
Prior hysterectomy due to cancer, post-partum complications, or increased uterine bleeding				
Another option to conceive for the above patients				
Uterus Transplant is performed to achieve gestation and live birth				
It is not a permanent replacement of the absent organ  COMPREHENSIVE TRANSPLANT INSTITUTE  MEDICINE				
ABSOLUTE/RELATIVE CONTRAINDICATIONS				
Above the age of 40     Presence of active infection				
Uterus in place     Class III obesity     History of significant medical     Active alcohol or other substance				
disease(s) abuse Severe untreated psychiatric illness Allergyfintolerance to anti-rejection History of prior cancer History of prior cancer				
medications • Other contraindications to pregnancy				

**MEDICINE** 

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This will occur over a 2-3 year period

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- · Review records
- · Eligibility for evaluation determined
- · Phone call to discuss candidacy
- · Visits with Providers
- Medical testing



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- · Multidisciplinary Selection Conference
- · Embryo generation via in vitro fertilization (IVF)



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- · Listing for uterus transplant
  - United Network for Organ Sharing (UNOS)
- · Transplant surgery and recovery
- Relocation
- · Cervical Biopsies and Follow-Up



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- · 6 months after transplant, generated embryo is transferred
- · Confirm pregnancy
- · Close monitoring throughout pregnancy
- · Close follow up and monitoring of transplanted uterus
- · Frequent clinic visits and lab work
- Biopsies



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- Baby typically delivered early between 35-37 weeks gestation
- Option to try for 2<sup>nd</sup> child if desired and deemed safe for patient



- Uterus removed
   All immunosuppression medications stopped

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**MEDICINE** 

	SURGICAL/MEDICAL RISKS AND ALTER	RNATIVES	
The major surgical risks include bleeding, graft loss, and rejection of the uterus		nd rejection of the	
	Additional risks could include acute kidney injury and obstetric risks include pre eclampsia and pre term birth		
	<ul><li>Adoption</li><li>Gestational Carrier</li></ul>		
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	QUESTIONS?		
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