



## **Criteria for ASTS Program Accreditation in Intestine Transplantation**

Programs that wish to pursue ASTS accreditation for training in intestine transplantation must meet all the general criteria for ASTS Fellowship Training accreditation. In addition, the program must exist in the context of an ASTS accredited liver transplant program. For the fellow, there must be evidence of adequate clinical exposure to all facets of intestinal transplantation, including didactic material, operative experience and clinical experience pertaining to management of intestinal failure patients, selection of patients for intestinal transplantation, consideration of organ offers, pre and post transplant management of intestinal transplant recipients and potential complications including rejection, infection and drug toxicity.

The program applying for accreditation must have performed a minimum of 10 intestinal transplants annually for the past two years. Maintenance of this volume is required for continued accreditation. For the purpose of accreditation, intestinal transplantation includes both isolated intestine and *intestine combined en-bloc with other organs (e.g. liver, pancreas, stomach, colon)* when considering program and fellow experience. The program must be accredited by the ASTS to train fellows in liver transplantation.

To receive an ASTS certificate of completion of training in intestinal transplantation, the fellow must complete training at an ASTS accredited program and perform a minimum of 10 intestine transplants in the principal role over the course of the fellowship. The fellow must also meet the prescribed volume requirements for training in liver transplantation. Again, for the purpose of accreditation, intestine alone or *intestine combined en-bloc with other organs (e.g. liver, pancreas, stomach, colon)* count as intestine transplants. The training must include experience in both intestine alone and intestine combined en-bloc with other organs. In addition, the fellow should participate in at least 5 deceased donor procurements that include intestinal grafts. The deceased donor procurements should include experience in both isolated intestine grafts and intestine grafts combined en-bloc with other organs.

The duration of the transplant fellowship is a minimum of 24 months. Due to the need for additional training and a broader clinical experience, multiorgan transplant fellowships that include training in intestinal transplantation should devote all 24 months to clinical training.

If a fellow has successfully completed an ASTS accredited fellowship that included liver (but not intestinal) transplantation, an alternate pathway is available. In the setting where the fellow has successfully completed a 24 month accredited program that included liver transplantation, a fellow may spend one year in a focused intestinal transplantation

training program. The requirements as stated above (volume requirement of 10 with exposure to intestine alone and en-bloc transplants and procurements) remains the same except for the 24 month duration

In addition to this operative exposure, the program and the fellow must provide evidence of a structured experience in the following areas:

1. Preoperative evaluation to include evidence of the fellow's participation in the primary evaluation of intestine transplant candidates and in the consideration of alternative management strategies, with participation in team evaluation meetings.
2. Preoperative management of intestine transplant candidates, including exposure to total parenteral nutrition management, as well as intestinal rehabilitation strategies, both medical and surgical.
3. Perioperative management to include both ICU and floor level care, with responsibility for all areas of care including medical management, surgical complications, and immunosuppression.
4. Short and long term postoperative care in the outpatient setting with experience in reviewing and interpreting intestinal biopsies for the diagnosis of rejection and other graft related complications, and in investigating and managing other complications associated with intestinal transplantation including, infection, graft dysfunction, drug toxicity, and graft loss.

The mandatory non-operative experience is best gained by evaluation of all intestinal transplant inpatients and formal assignment to appropriate clinics and services involved in these specific areas.

---

This document was approved by the ASTS Council on September 19, 2008