

to maximize the clinical care for potential BD organ donors and achieve the best cooperation with the transplantation team including transplantation coordinators to avoid unnecessary delay of BD diagnosis and consequently improving the efficacy of organ donation program. Once people are aware of BD organ donation the next step to be implemented is the issuing of donor cards documenting the willingness of people wishing to donate organs when BD is established. Some Middle East countries published their experience in this respect⁽¹⁹⁾.

The above steps have to go hand by hand with adequate support of transplantation surgeons by the ministry of health for updating their surgical experience and maintaining effective relevant research of patients' and allografts' survival⁽¹⁶⁾ and postoperative complications as well as sharing the experience with the nearby MESOT recognized transplantation centers. The national plan to upgrade organ transplantation has to be carried out in a digital environment where all patients' clinical details are recorded in an intranet to facilitate retrieval and any necessary modification. This will clearly improve KT program from both living and BD donors and it will open the door for other organs transplantation in Iraq such as liver, cornea ...etc to achieve the best results and saving more Iraqi patients suffering from end stage organ disease (ESOD). Finally it is of at most importance to thank all the Iraqi surgeons and other medical staff who worked hardly and continuously under all difficulties and limitations to initiate and maintain KT procedures which saved many Iraqi patients with ESOD

It is recommended to think of the regional and international experience of BD organ donation and open an intensive discussion to select the best plan which fits our local needs and our patient' safety.

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