Uterine Transplant

NUR1421: OB

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**Uterine Transplant**

Uterine transplantation is a surgical procedure where a healthy uterus is inserted into an individual who lacks a uterus or has an abnormal uterus. Lack of a uterus or having an abnormal uterus does not allow for implantation causing the female to be infertile. A uterine transplant is the last option because it is expensive, not covered by insurance, and only a specialist can perform it. Also, the recipient's risks for organ rejections or infection are high. According to Jones et al. (2021), more than 70 uterine transplant procedures had been conducted by 2021, with 23 births. The success rate is about 80% and costs around $300,000.

Unfortunately, uterine transplants provide temporary solutions, as the uterus must be removed after the family goal of getting a child (maximum of two) has been achieved (Jones et al., 2021). The procedure begins by retrieving the uterus from the donor. In this case, the donor can be deceased or alive. Then, the recipient undergoes three surgeries. The first one is the transplantation of the donor uterus. When a pregnancy occurs, resulting in birth, the recipient undergoes a cesarean section. After the completion of childbearing, the woman undergoes a hysterectomy to remove the uterus. The risk of infection or cancer is more significant since the recipient is under immunosuppression therapy. Since the procedure is not considered lifesaving by the medical community, the uterus is eventually removed.

**Why Uterine Transplant is a Better Option**

Other options for conception for an infertile female include surrogacy and adoption (Testa et al., 2020). However, these options are associated with financial, legal, ethical, and cultural hurdles. The alternatives offer a chance to become a parent, while a uterine transplant offers gestational parenthood. The possibility of experiencing pregnancy is the primary motivator for a patient to consider a uterine transplant. Besides, a transplant allows the person to bypass the legal or cultural issues associated with assisted reproductive therapies like surrogacy or IVF.

**Nursing Diagnosis and Interventions**

A typical nursing diagnosis for infertility is fear and anxiety over the inability to conceive (Zhu et al., 2021). Therefore, a person or a couple diagnosed with infertility requires strategies catering to emotional, physical, and financial aspects over time. Usually, anxiety and fear are common due to a lack of information, myths, or superstitions associated with the causes of infertility. In addition, the person may feel overwhelmed by the many invasive tests they have to undergo and the perception that they are different. Therefore, a nurse should provide interventions that lower anxiety and allow the couple or the individual to focus on solutions.

One intervention is to provide the couple with accurate information on human reproduction, infertility treatments, and pregnancy (Zhu et al., 2021). It is crucial to dispel any misinformation through face-to-face meetings. The couple could also use counseling or a support group to provide emotional support to others undergoing the same problem. Similarly, the nurse could help identify and treat the cause of infertility by liaising with the health care team. Most fears and anxiety come from the home environment; therefore, it is vital to offer information to the family members to fully support the patient in alleviating mental pressure.

In conclusion, uterine transplantation is a form of assisted reproductive technology for people with no uterus or with an abnormal one. Patients prefer uterine transplants to escape the legal and ethical technicalities of other ARTs like IVF. When diagnosed with infertility, the anxiety and fear of ever getting pregnant can be overwhelming. Nursing interventions should include providing correct information on infertility and offering group therapy to the couple or individual.

**References**

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