

Evidence Discussion (CH 32.1)

- Computed Tomography (CT) is often performed for evaluation of individuals prior to lung transplantation. CT allows for surgical planning, to delineate extent of the disease and assess for any contraindications to transplant^{1,2}. CT carries the risk of exposure to iodinated contrast and ionizing radiation.
- Evaluation of donors is commonly performed by chest radiography².
- Cardiac evaluation with echo and/or ischemic evaluation (image stress testing or heart catheterization) is also appropriate prior to lung transplantation.
- Extracorporeal Membrane Oxygenation (ECMO) has been increasingly utilized for bridging prior to lung transplantation or as an adjunct procedure post-transplant^{4,5}. Given the risk of vascular complications⁶ preoperative evaluation of the vasculature is reasonable. For those that are asymptomatic without previously known peripheral artery disease (PAD) initial work up with ankle-brachial index (ABI) and/or arterial duplex⁷ is supported. For those that are symptomatic, have a history of known PAD (either from prior imaging or previous vascular intervention) or initial work up has suggested the presence of PAD advanced imaging is indicated for further evaluation⁷.

Evidence Discussion (CH 32.2)

- There are no universally accepted follow-up protocols for routine post-transplant surveillance². CT chest is supported for initial post-transplant follow up^{1,2,3}. CT carries with it the risk of exposure to iodinated contrast and ionizing radiation.
- Additional follow-up is based on clinical presentation, suspected complication or findings on other imaging^{1,2,3}.

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