From the Games

World Transplant Games – Singapore, 1989

Peter Griffin, MB, BCh, FRCS
Transplant surgeon, British Team Manager, Secretary World Transplant Games Federation

The concept of the Transplant Games was started by Mr Maurice Slapak, a transplant surgeon in Portsmouth. The aim was to promote the benefits of organ transplantation by demonstrating that patients with end-stage organ failure can be rehabilitated to the extent that they can lead normal lives and compete athletically to a reasonable standard. As a result, it was hoped that the public would become even more favourably disposed towards the concept of organ donation. Secondly, it was hoped that transplant patients themselves would be encouraged to become actively involved in sporting activity.

The first Transplant Games were held in 1978 in Portsmouth when 99 recipients of kidney transplants from the UK, USA and France competed in a variety of sporting activities. Since then, a British Games has been held every year and World Games have been held in 1979 Portsmouth, 1980 New York, 1982 Athens, 1984 Amsterdam, 1987 Innsbruck, and 1989 Singapore, with the continuing aim of holding the Games every two years. The next Games in 1991 are to be staged in Budapest, Hungary.

Since 1980 there has been a full British representative team, as distinct from 1978 and 1979 when British representation consisted of teams from all transplant units in the UK. On each occasion Britain has come top of the medal table.

The VII World Games were held in September 1989 in Singapore. This was the first time the Games were held in a third world country and being so close to the Equator (1°N) and being hot (25°-32°C) and humid, it presented certain problems. However, the sporting facilities were of a high standard, the majority of events being staged at the Ngee Ann Polytechnique College in Western Singapore. The college boasted an eight lane Tartan track with a fine grandstand, an Olympic standard 50m swimming pool, superb sports hall, and glass backed squash courts.

The Games themselves consisted of eight different sporting disciplines: track and field, swimming, badminton, tennis, table tennis, squash, golf and cycling. The British team was selected at the British Transplant Games held in Leicester in July 1989. Each team member was expected to have ability in two or more events or disciplines, each competitor being allowed to compete in up to five events. The team was thus small (26 persons) consisting of all round athletes rather than a large team of specialist athletes.

Again the British team performed well, with 26 competitors, all recipients of kidneys, heart or heart and lung transplants. They excelled in all sporting disciplines, winning a total of 18 gold, 21 silver and 17 bronze medals and came top of the medal table. A number of competitors won several medals each; one lady athlete won four gold medals and one silver medal, and a male athlete won three gold medals and one silver medal.

As far as the medical aspect of the

Address for correspondence: Dr P.A. Griffin, Renal Transplant Unit, Cardiff Royal Infirmary, Newport Road, Cardiff, UK.

© 1990 Butterworth-Heinemann Ltd
0306-4179/90/020130-02

Figures. Competitors at the World Transplant Games (Singapore 1989)
team were concerned, especially as the competition was taking place in a potentially hostile climate, management was faced with potential problems. As a result, detailed planning was necessary.

All team members were expected to have good graft function and be free of significant complications of end-stage organ failure or long term immunosuppressive therapy. To this end, each competitor submitted a medical certificate giving details of blood count, graft function, blood pressure, drug therapy and any complications of organ failure or drug therapy. In addition to this, each team member was also seen by the team doctor and blood tests checked for blood count and graft function, in addition to cardiovascular and respiratory status. All the British team were deemed to be medically satisfactory and fit.

As the team was competing in an equatorial climate, a decision was made to travel to Singapore a week before the Games started so some attempt at acclimatisation could be made. This decision, I believe, was correct as all the team members competed well and reasonably comfortably during the Games. We found that during the first two days in Singapore, athletic activity was difficult. Those teams who arrived in Singapore immediately before the Games found the climatic conditions difficult.

Our next problem was to ensure adequate electrolyte fluid replacement before, during and after the events, particularly the endurance events. The Singaporeans organised plenty of fluids and drinking stations. In addition, team members acquired supplies of 100 Plus, an isotonic electrolyte solution. The team medical officer had a good supply of salt tablets. Apart from the incident mentioned later, fluid and electrolyte replacement caused us no problem.

The team medical officer was also expected to deal with minor ailments and to this extent carried a supply of antibiotics, mild analgesics and antihistamines. In addition, a supply of immunosuppressive drugs were carried in case of loss by a team member. Each team member was expected to take adequate supplies of his or her own drugs, such as immunosuppressants and antihypertensives.

In view of the extensive preparation, the call on the team’s medical officer was very limited. A few minor ailments were treated and only two significant problems arose. A heart/lung transplantee developed a chest infection, with shortness of breath, forcing him to withdraw from his planned swimming events. However, it was not severe enough to prevent him travelling on to Australia for a two week holiday. It was known he had a mild degree of chronic obliterative bronchiolitis, and without sputum production, the diagnosis of pseudomonas infection was not diagnosed until his return to the UK. Fortunately he recovered after appropriate antibiotic therapy. During the 500 m ladies’ final one of the British competitors who was leading at the time, collapsed. I suspect it was as a result of hypoglycaemia (no breakfast) and heat. She rapidly recovered with fluids and rest and went on to win the ladies 800 m gold medal later in the day.

My overall impressions of the British team in Singapore was that of a vital group of people who have survived a fatal illness and recovered to show they are of fit and athletic people who were superb ambassadors for the UK and transplantation. It also gave them a chance to say thank you to those people who had agreed to the removal of organs from their loved ones at a time of great distress.

---

NEW FROM OXFORD

Sports Injuries: Recognition and Management
Edited by M. A. Hutson

This book provides the reader with the background information to develop an understanding of the nature of soft tissue injuries sustained in sport, potential of healing, the patient’s future participation in sport, and the benefits of expert rehabilitation, and provides a guide to the practical application of clinical knowledge to such injuries.

0 19 2617508, 400 pp., illus., September 1990 £45.00