

Purpose. Renal discard (organs removed but not implanted) in organ procurement system in the Province of Buenos Aires is around 26% annually (year 2024). The use of renal graft perfusion in organ procurement began to increase in 2023. The objective of this study was to evaluate the impact of the use of preservation machines in relation to this aspect. **Methods.** A sample of organ procurement procedures in the province of Buenos Aires was analyzed between April 18 and September 2, 2025. During this period, 50 organ procurement procedures were performed in which at least one kidney was perfused. The preservation method used was hypothermic without supplemental oxygen. All donors participating in the study met expanded criteria or the cause of death was cardiac (controlled asystole). The retrieved kidneys were transported under static hypothermic preservation conditions to the perfusion center, where perfusion was initiated. After allocation, the grafts were transported under perfusion to the implantation center. The following were analyzed: Type of death (brain or cardiac), mean and median duration of perfusion, conditioning of perfusion parameters by comparing the values at the start of perfusion with the pre-implant values (the values considered optimal were: Perfusion pressure not greater than 45 mm Hg, resistance less than 0.4 and perfusion flow greater than 100 ml/min) and the level of renal discard in the perfused grafts. **Results.** In 50 organ procurement procedures, 85 ablated kidneys were perfused. The perfusion time had a mean of 10.65 hours (SD = 0.52; 95% CI: 9.63–11.68) and a median of 9.3 hours (SD = 0.81; 95% CI: 7.69–10.91), with a range of 2.1 to 27.8 hours. In 72 cases (84.7%), the grafts showed suboptimal values upon connection to the preservation machine, a situation that was rectified in 61 cases (71.8%). In 13 cases (15.3%), the grafts showed optimal perfusion parameters from the beginning to the end of perfusion. The discard rate of the analyzed population was 7.1% (6 grafts). **Conclusion.** The use of preservation machines reduced kidney discard rates compared to typical discard rates in organ procurement in the province of Buenos Aires. This finding is even more remarkable considering that the perfused kidneys came from higher-risk donors, such as those who died from cardiac arrest (controlled asystole) and expanded criteria donors. 87.1% of the procured and perfused grafts achieved optimal perfusion parameters (pressure, resistance, and flow). These data are promising regarding the usefulness of preservation machines in reducing kidney discard rates in kidney procurement practices at our Organization.