UNIVERSITY OF TORONTO LIVER TRANSPLANT PROGRAM

LIVER RETRIEVAL OPERATIVE NOTE

Hospital: _____ Date: _____

Patient Name: _____ Medical Record Number: _____

Surgeons: _____

The patient was prepped and draped in the usual sterile fashion. A midline incision was made from the sternal notch down to the pubic bone. The abdominal incision was continued and the peritoneal cavity was entered. The sternum was opened with a sternal saw and hemostasis was obtained with bone wax and cautery. A brief exploratory laparotomy was then performed. The falciform ligament was taken between ties and divided. The liver was then examined for color, texture, and for aberrant vessels. The left triangular ligament was divided and the diaphragm was incised bilaterally for exposure.

The small intestines were retracted, and the peritoneum over the inferior vena cava (IVC) was incised, and the cava exposed up to the level of the left renal vein. The superior mesenteric artery (SMA) was exposed at this level and a free tie placed around it. The inferior mesenteric artery (IMA) was identified and divided between ties. The aorta was freed up at the level of the IMA and a free tie was placed around it. Next, the porta hepatis was dissected. The common bile duct was identified distally and the distal end was ligated. The common bile duct was identified distally, and the distal end was ligated. The common bile duct was cut above the tie so that free flow of bile could be seen. The gallbladder was opened and irrigated with normal saline until clear fluid was seen in the common bile duct. Dissection then continued across the porta. The supraduodenal vessels were ligated with ties. The gastroduodenal artery was identified and ligated. Dissection continued along the superior border of the pancreas and the splenic artery was identified. The splenic artery was divided between ties. The left gastric artery and vein were identified, and, if there was no evidence of an aberrant left artery, they were divided between ties. If an aberrant left hepatic artery was present, the left gastric artery was preserved by dividing its small branches to the lesser curvature of the stomach. The crura of the diaphragm were then divided and the aorta was exposed at the hiatus. Dissection of the aorta continued until the take-offs of the celiac axis and the SMA were exposed.

The portal vein was exposed and the confluence of the superior mesenteric vein and splenic vein was identified. A cannula was placed in the distal splenic vein and the splenic vein was ligated proximal to the cannula. Pre-cooling of the liver with Ringers Lactate was then started. A free tie was placed around the superior mesenteric vein. Lastly, the IVC was exposed and the left and right renal veins were identified.

THE PATIENT WAS THEN FULLY HEPARINIZED. THE DISTAL AORTA WAS LIGATED AND A CANNULA WAS PLACED IN THE AORTA AT THE LEVEL OF THE IMA. IN CONJUNCTION WITH OTHER RETRIEVAL TEAMS, THE FLUSH PROCEEDED. CRUSHED ICE WAS PLACED ON THE LIVER AND KIDNEYS. THE LIVER WAS REMOVED WITH A PORTION OF THE DIAPHRAGM. THE IVC WAS DIVIDED ABOVE THE RENAL VEINS. THE PORTAL VEIN WAS DIVIDED BELOW THE CONFLUENCE. THE SMA WAS FULLY EXPOSED. IF THERE WAS NO ABERRANT RIGHT HEPATIC ARTERY, THE SUPERIOR MESENTERIC ARTIER WAS DIVIDED AND THE CELIAC AXIS WAS TAKEN ALONG WITH A PATCH OF AORTA. IF AN ABERRANT VESSEL WAS NOTED, THE SMA WAS TAKEN WITH SPECIMEN. PERFUSION TO THE KIDNEYS WAS THEN RE-ESTABLISHED BY PLACING A VASCULAR CLAMP ON THE AORTA. THE LIVER WAS THEN REMOVED. AFTER IDENTIFYING THE URETERS, THE ILIAC ARTERIES AND VEIN WERE REMOVED. THE SPLEEN WAS REMOVED FOR HLA TYPING.

ADDITIONAL NOTES

Aberrant Vessels: _____

Organs Retrieved: _____

Other: _____

Signature: _____