

DCD LIVER/KIDNEY/ PANCREAS RETRIEVAL OPERATIVE NOTE

Hospital: _____

Date: _____

Patient Name: _____

Medical Record Number: _____

Surgeons: _____

As per routine, the donor is given _____ of heparin in the ICU. After the withdraw of life sustaining therapy, the ICU team witnesses the cessation of ventilation and circulation for a pre-determined time period. After this pre-determined time, the donor is transferred to the OR, prepped and draped in the usual sterile fashion. A midline incision was made from the sternal notch down to the pubic bone. The abdominal cavity was entered, the intestines retracted medially, and the peritoneum over the Inferior Vena Cava (IVC) and abdominal was incised. The distal aorta was encircled and ligated, a cannula was inserted immediately and the IVC opened anteriorly.

The crura of the diaphragm were divided and the supraceliac aorta was clamped and the cold perfusion started. Crushed ice was placed on the liver and both kidneys.

The common bile duct was identified and divided distally; the gallbladder was opened and irrigated with saline solution until clear fluids were coming out from the common bile duct.

After adequate cold perfusion of the porta hepatic, cold dissection was started first by identifying the common hepatic artery and then dividing the gastroduodenal artery. Dissection continued through to the celiac trunk, the splenic artery was divided, the left gastric artery dissected and preserved, and the small branches to the lesser curvature of the stomach were divided (to preserve an aberrant left hepatic artery). The dissection of the celiac trunk continued to the aorta where it was divided superiorly. The portal vein was dissected distally and divided.

Posterior to the pancreas, dissection of the superior mesenteric artery was carried out, being divided distally, then dissected down to the aorta (to preserve an aberrant right hepatic artery). After identifying and securing the origin of both renal arteries the aorta was opened anteriorly, divided posteriorly and split into both sides just above the renal arteries. The distal aorta was dissected up to the left renal vein. The left renal vein was divided with a cuff of the IVC and mobilized to the left.

The right atrium was divided distally to get the supra hepatic IVC and the infra hepatic IVC was dissected until the origin of the right renal vein and it was divided above the renal vein.

The left triangular ligament of the liver was divided and the diaphragm incised bilaterally. The right lobe was mobilized, and then the liver was removed with a patch of the diaphragm and portion of the right adrenal gland attached to the IVC.

The pancreas was dissected out of the surrounding tissues, the duodenum was stabled then the pancreas was removed for whole transplant or islet transplant

After identifying the ureters and renal vessels on both sides, both kidneys were dissected out from the surrounding tissues and removed with the aortic patch. On the sterile back table each kidney was dissected further to ensure adequate perfusion and to exclude abnormal pathology.

A specimen of spleen was taken for HLA typing.

Mass closure of the skin began after removing all the ice and all the instruments and insuring correct sponge and instrument count.

ADDITIONAL NOTES

Aberrant Vessels: _____

Organs Retrieved: _____

Other: _____

Signature: _____