UNIVERSITY OF TORONTO KIDNEY TRANSPLANT PROGRAM

DCD KIDNEY RETRIEVAL OPERATIVE NOTE

Hospital:	Date:
Patient Name:	Medical Record Number:
Surgeons:	<u> </u>
team witnesses the cessation of ventilation and circulatime, the donor is transferred to the OR, prepped and from the sternal notch down to the pubic bone. The ab	arin in the ICU. After the withdraw of life sustaining therapy, the ICU ation for a pre-determined time period. After this pre-determined draped in the usual sterile fashion. A midline incision was made odominal cavity was entered, the intestines were retracted medially, and abdominal was incised. The distal aorta was encircled and the IVC opened anteriorly.
The crura of the diaphragm were divided and the suplice was placed on the liver and both kidneys.	raceliac aorta was clamped and the cold perfusion started. Crushed
The distal aorta was dissected up to the left renal vein	ed and dissected with the surrounding tissues and divided distally. The left renal vein was divided with a cuff of the IVC and mobilized dentification of the origin of both renal arteries was accomplished. oth sides.
After identifying the ureters and renal vessels on both and removed with the aortic patch.	sides, both kidneys were dissected out from the surrounding tissues
On the sterile back table, each kidney was dissected f pathology.	further to ensure adequate perfusion and to exclude abnormal
A specimen of spleen was taken for HLA typing.	
Mass closure of the skin began after removing all the instrument count.	ice and all the instruments and insuring correct sponge and
Additional Notes	
Aberrant Vessels:	
Organs Retrieved:	
Other:	
Signature:	