

UNIVERSITY OF TORONTO KIDNEY TRANSPLANT PROGRAM

KIDNEY RETRIEVAL OPERATIVE NOTE

Hospital: _____

Date: _____

Patient Name: _____

Medical Record Number: _____

Surgeons: _____

The patient was aseptically 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. A brief exploratory laparotomy was then performed and the abdominal organs are carefully inspected for suitability and for other abnormal pathology or trauma.

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 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. Dissection then continued across the porta hepatis. 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. 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 superior mesenteric artery were exposed.

The portal vein was exposed and the confluence of the superior mesenteric vein and splenic vein was identified. 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 kidneys and throughout the abdominal cavity. The IVC was divided above the renal veins. Perfusion to the kidneys was then re-established by placing a vascular clamp on the aorta. After identifying and immobilizing each of the ureters, renal veins and arteries, the kidneys were removed. Each graft contained a portion of aortic cuff and IVC. The kidneys may have been recovered separately in situ, or recovered en bloc and dissected further outside of the body. On the sterile back table a small section of renal capsule was dissected from each kidney to ensure efficient perfusion and exclude any abnormal pathology. A portion of spleen was removed for HLA typing.

ADDITIONAL NOTES

Aberrant Vessels: _____

Organs Retrieved: _____

Other: _____

Signature: _____