# Clinical Process Instruction Manual

## Coordination and Recovery of Adjunct Vessels for use in Solid Organ Transplants Process Instruction

### Policy:

Adjunct vessels such as arteries and veins are recovered by transplant teams and may be used for the purpose of solid organ transplants.

TGLN facilitates the recovery of adjunct vessel for banking if the appropriate consent has been obtained.

The vessels recovered will be treated as an organ for transplant and are evaluated for infectious diseases by Trillium Gift of Life Network (TGLN) as per the organ donation protocol.

When vessels are recovered for banking and/or subsequent use in solid organ transplant, the accepting vessel bank is the source establishment, according to Health Canada.

### Process:

**Prior to Departure to Recovery Hospital**

1. The Clinical Services Coordinator (CSC) reviews the medical suitability criteria and consent, and confirms that the organ donor is suitable for recovery of adjunct vessels.

2. Vessels from donors that have been tested for infectious disease and found to be positive for the following infectious disease markers will not be accepted for storage:

    - Human Immunodeficiency Virus (HIV) I/II
    - Hepatitis C Virus (HCV)
    - Hepatitis B Surface Antigen (HBsAg)
    - Hepatitis B Core Antibody (HBcAb) (IgM or IgG)
    - Human T-lymphotropic Virus (HTLV) I/II
    - Syphilis
    - West Nile Virus (WNV)

3. Vessels submitted for banking should always be packaged separately in the donor operating room by the SRC. Vessels sent with organs to the recipient operating rooms can be sent packaged with the intended organ. Vessels delivered with organs to the recipient operating rooms will not be redirected for banking.

4. The CSC notifies the Surgical Recovery Coordinator (SRC) or designate that vessels are to be recovered and delivered to the receiving vessel bank for storage and may document this on the *CSC to SRC Reporting Form.*

5. The CSC sends the appropriate documentation with the SRC to be provided to the vessel bank.

6. The SRC or designate obtains the appropriate documentation required, inclu:

    - Interior label
    - Exterior label
    - Donor chart
    - Donor Medical and Social History Questionnaire
    - *Consent Form to Donate: Organs and/or Tissues*

7. The SRC or designate ensures that the retrieval kit is prepared with the following supplies and equipment:

    - 2 Sterile 90ml specimen containers for vessels (1 for arteries and 1 for veins)
    - 4 Cardio-med organ bags
    - validated red styrofoam cooler
    - lock
    - abdominal organ perfusion and storage solution

8. The SRC or designate confirms that all sealed items have not been tampered, equipment is sterile and all supplies are within expiration dates. The SRC or designate replaces supplies and/or equipment if there is any uncertainty regarding its integrity and places these supplies in the designated area in the surgical retrieval room.

**Instruction in the Operating Room**

9. The SRC or designate reviews the patient's chart with the recovery team, confirms ABO, serology results, declarations, consent and Coroner restrictions (if applicable). If appropriate, the SRC or designate confirms the serology results with the Organ and Tissue Donation Coordinator (OTDC) or CSC.

10. While in the Operating Room (OR), the transplant surgeon will recover the vessels required.

11. The SRC or designate requests the recovery surgeon to provide a description of the vessels and documents this information on the *Organ Donor Surgery Information Form.*

12. Once recovered, the vessels are passed to the SRC or designate for individual packaging into a sterile container. The vessels will be packed using a triple barrier system in order to keep the vessel sterile. The vessels will be packaged as follows (each for vein and artery):
    - first barrier is a sterile 90ml specimen container
    - second barrier is a sterile organ bag
    - third barrier is another sterile organ bag
    - the label will be placed on the third barrier
    - the SRC places an organ label on the package as per *Organ and Composite Tissue Labelling Process Instruction,* CPI-9-417.

13. The SRC or designate fills the red or blue styrofoam cooler with ice and places the vessels inside, completely covering the vessels with ice. The SRC or designate ensures that the vessels remain sterile and at a suitable temperature throughout transport.

14. The SRC or designate reviews the *Organ Donor Surgery Information Form* for completeness of the following:

    - Recovery Surgeon
    - Flush Solution
    - Preservation Solution
    - Time Cold Storage
    - Lot # of storage solution
    - Expiry date of storage solution
    - Which vessel bank the vessels have been sent to
    - Reason for exceptional distribution (if applicable).
    - Donor Adjunct Vessel Description

15. The SRC inserts the *Organ Donor Surgery Form* and any other pertinent documentation as described in step 11 into the plastic envelope located on top of the cooler.

16. The SRC or designate may drop the cooler at the vessel bank.

17. If unaccompanied by an SRC or designate to the receiving vessel bank, the SRC or designate secures the cooler with a one time use fastener. If accompanied by a SRC or designate, it is not mandatory to secure a cooler.

18. The SRC or designate will advise the CSC if vessels were sent to the vessel bank and the CSC will indicate this in the TGLN donor chart. The CSC will update the donor summary in the TGLN donor chart.

19. The following information should be faxed by TGLN to the vessel bank when available:
    - final blood cultures
    - EBV

## Records:

| Record Name | Form No. (if applicable) | Record Holder | Record Location | Record Retention Time (as a minimum) |
|---|---|---|---|---|
| Organ Donor Surgery Information | CSF-9-57 | PRC | PRC | 16 years |

## References:

- *Documentation: Donor Operating Room Process Instruction, CPI-9-416*
  *Organ and Composite Tissue Labelling Process Instruction, CPI-9-417*