

Clinical Process Instruction Manual

Offering and Allocation of Parathyroid Allotransplant

Purpose:

Parathyroid allotransplant is a new surgical procedure that will be used to treat permanent, symptomatic, refractory hypoparathyroidism after a total thyroidectomy.

The ability to allocate parathyroid recipients in TOTAL is not available as of yet. Until this is completed, potential recipients will be ranked according to wait time.

The transplant program will consider parathyroid offers from the Provincial Resource Centre (PRC) and may request specific testing to determine if the parathyroid gland is appropriate for transplantation. In addition, the transplant program will consider factors including cold ischemic time, age and medical history during donor evaluation.

Process:

1. Once the Organ and Tissue Donation Coordinator (OTDC) has obtained consent for organ and tissue donation and identifies the patient as a potential parathyroid donor, the Clinical Services Coordinator (CSC) will review the list of potential recipients on the *Parathyroid Wait List Registration* Excel sheet. If a suitable matched patient is identified, and the donor does not meet any absolute exclusion criteria, the CSC will place an interest call to the transplant program designate on-call to assess interest. If they wish to proceed, the OTDC will approach the family for parathyroid consent. Note: In some situations, the OTDC may proceed with obtaining parathyroid consent in advance of an interest call.
 - 1.1. Information that should be included in the interest call includes the donor chart, Medical and Social History Questionnaire, ABO, CBC and chemistry. The CSC should also include donor BMI and comments about any neck scars or incisions if applicable.
 - 1.2. If the transplant program expresses interest, the CSC will initiate a Pre-Approach Huddle to set up an approach plan and highlight any potential challenges. This huddle will include the Manager On-Call (MOC), OTDC, CSC and CSC Team Lead.
2. Once consent is obtained, the CSC will make a copy of the *Parathyroid Wait List Registration* to be used as an allocation list and perform a manual allocation. A pre-allocation check will be done by a 2nd CSC who will initial and verify the manual allocation. Because the ability for TOTAL to produce a parathyroid allocation is not currently available, parathyroid recipients will be ranked by ABO and wait time.
3. When the donor information relevant to parathyroid offering is available, the CSC will make a formal offer to the transplant program. In conjunction with the OTDC, the PRC will make their best effort to fulfill any organ specific testing requested by the transplant program during the donor evaluation period.

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4. During a manual parathyroid allocation, the CSC will perform an electronic virtual cross-match (VXM). The CSC will read the VXM result to the transplant program during the time of offer and send a copy of the VXM report to the transplant program. The CSC may also provide the donor TGLN number to the transplant program. A STAT cross-match may be requested by the transplant program prior to final acceptance.
5. In lieu of an allocation report, the CSC will write all parathyroid offers, decisions and declines on the printed *Parathyroid Wait List Registration*. In addition, the CSC must record all acceptances or declines in the chart notes of iTransplant.
6. Upon acceptance, the patient's status listed on the *Parathyroid Wait List Registration* should be changed to "Transplant in Progress".
7. After acceptance, the copy of the *Parathyroid Wait List Registration* that was used for manual allocation will be uploaded to the iTransplant donor chart. This form will also be saved in the Parathyroid folder on the Common Drive.
8. Once parathyroid acceptance is confirmed, the CSC will notify the OTDC and the MOC. The MOC will then notify the Administrator On-Call (AOC). The CSC will arrange a "Just-in-Time (JIT)" huddle to develop a plan for parathyroid donation. See Exhibit 1, *TGLN Parathyroid Just-in-Time Huddle Checklist*. The JIT huddle will include the CSC/Team Lead, OTDC and 2nd OTDC if applicable, Manager On-Call (MOC) and Surgical Recovery Coordinator (SRC) if applicable. The JIT may also include the AOC.
9. Upon parathyroid acceptance, the OTDC will arrange for a blood sample to be drawn for a parathyroid hormone level according to the following instructions.
 - 9.1. Two EDTA (pink or lavender top) tubes will be collected.
 - 9.2. One tube will be sent stat to the donor hospital lab to be spun and separated following standard sample separation process. Once separated the lab will aliquot the plasma into a fresh tube (any standard tube)
 - 9.3. The second tube will be sent as whole blood
 - 9.4. The OTDC will send both samples on ice to Toronto Medical Lab (TML) in a green bag. The OTDC will include a copy of *CSF 9-20 Stat/Non-Stat Infectious Disease Testing of Organ Donors* (Exhibit 2) and write 'PTH' on the 'Other' section of the requisition.
 - 9.5. The CSC will contact the Virology Lab Manager to notify of sample eta.
10. After parathyroid acceptance, the CSC and OTDC will discuss a donor operating room (OR) time as per CPI 9-402 *Operating Room- Ontario Donation*. The OTDC will review the current Parathyroid OR Pick List (See Exhibit 3) with the OR staff and notify the CSC of any missing items. The CSC will communicate any missing items to the transplant program accordingly. Once the OR is scheduled, the CSC will notify all transplant and recovery programs involved in the donor of OR timing and Parathyroid acceptance.



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11. The parathyroid cooler sheet will be manually entered by the CSC and sent to the SRC or designate to be included with the organ prior to the donor recovery.
12. After the transplant has been completed, the transplant program will contact the PRC to confirm the final outcome. If the patient was transplanted, the CSC must document the date of transplant and update the patient status to “Transplanted”. If the intended patient was not transplanted, the CSC will change the patient status to “Active” and document the decline reason. The transplant program will also contact TGLN if the intended recipient does not receive their transplant at any point during the process. These updates will be documented on the *Parathyroid Wait List Registration* document saved on the Common Drive.

Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
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References:

- *Ontario – Parathyroid Transplantation Allocation Algorithm*
- *CPI 9-402 Operating Room - Ontario Donation*



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Exhibit 1:TGLN Parathyroid Just-in-Time Huddle Checklist

TGLN Parathyroid Just-in-Time Huddle Checklist

The CSC is responsible for arranging the 'Just-in-Time' Parathyroid Huddle and should include the CSC, the OTDC, and the MOC

TGLN #: _____ Date: _____ Time: _____
CSC: _____ MOC: _____ OTDC: _____

	<u>Complete</u>	<u>Requires Follow-Up</u>
• Discuss approach	<input type="checkbox"/>	<input type="checkbox"/>
• Family situation/special considerations	<input type="checkbox"/>	<input type="checkbox"/>
• Request VIP status on hospital donor chart	<input type="checkbox"/>	<input type="checkbox"/>
• Coroner involvement?	<input type="checkbox"/>	<input type="checkbox"/>
• Is transfer required (Family arrangements, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
• Donor Management?	<input type="checkbox"/>	<input type="checkbox"/>
• Plan for 2 nd OTDC?	<input type="checkbox"/>	<input type="checkbox"/>
• Plan for OR education/support	<input type="checkbox"/>	<input type="checkbox"/>
• Planned OR date/time?	<input type="checkbox"/>	<input type="checkbox"/>
• SRC considerations?	<input type="checkbox"/>	<input type="checkbox"/>
• OR considerations? (Book largest room)	<input type="checkbox"/>	<input type="checkbox"/>
• OTDC to review pick list with OR for missing items	<input type="checkbox"/>	<input type="checkbox"/>
• CSC to notify MOTC of parathyroid acceptance	<input type="checkbox"/>	<input type="checkbox"/>
• CSC to notify other accepting/recovery programs of parathyroid acceptance	<input type="checkbox"/>	<input type="checkbox"/>
• Review plan for PTH blood (EDTA tubes to be spun and separated at donor hospital)	<input type="checkbox"/>	<input type="checkbox"/>
• CSC to notify TML lab manager of PTH blood eta	<input type="checkbox"/>	<input type="checkbox"/>
• CSC to remind SRC to bring 3 sterile organ bags, 1 sterile 90ml specimen container, 1L UW for storage, 1L NS for flush, 2 Venous return cannulas – size 12, 1 red cooler (with wet ice)	<input type="checkbox"/>	<input type="checkbox"/>
• Other considerations?	<input type="checkbox"/>	<input type="checkbox"/>



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Exhibit 2: Laboratory Services Requisition Form

CSF-9-20

Ontario Health Trillium Gift of Life Network		LABORATORY SERVICES REQUISITION STAT / NON-STAT Infectious Disease Testing of Organ Donors	
<small>483 Baw Street, South Tower, 4th Floor Toronto, Ontario</small> TGLN Donor #: _____		DOB (dd/mm/yy): _____	
		<input type="checkbox"/> Non - Ontario Donor	
Testing Services Required (Check ALL Relevant Boxes):			
<input type="checkbox"/> HbcAb (Total) <input type="checkbox"/> HbsAg <input type="checkbox"/> Anti - HCV <input type="checkbox"/> Anti - HIV I / II <input type="checkbox"/> Anti - HTLV I / II <input type="checkbox"/> Anti - CMV <input type="checkbox"/> Syphilis <input type="checkbox"/> EBV <input type="checkbox"/> Toxo	Specimen Status: <input type="checkbox"/> Undiluted <input type="checkbox"/> Diluted	Collection: _____ Date: _____ Time: _____	
<input type="checkbox"/> WNV PCR <input type="checkbox"/> NAT Testing Required	Specimen Status: <input type="checkbox"/> Undiluted <input type="checkbox"/> Diluted	Collection: _____ Date: _____ Time: _____	
<input type="checkbox"/> Other _____			
<input type="checkbox"/> Toxo (Public Health, Toronto) <small>This section is for recording purposes only. Sending a separate Public Health Lab Requisition to the Public Health Laboratory is required.</small>	Specimen Status: <input type="checkbox"/> Undiluted <input type="checkbox"/> Diluted	Collection: _____ Date: _____ Time: _____	
LAB USE ONLY			
Reporting of Results: <input type="checkbox"/> Entered into TGLN Database <input type="checkbox"/> Confirm Receipt of Results by PRC <small>(1-877-363-8456 / 1-888-603-1399 / 416-214-7808)</small>		Specimen ID # _____ Date / Time Received: _____	
Archival Specimen Management Services (Organ Donor) <input type="checkbox"/> Specimen for Archival Storage <input type="checkbox"/> Diluted <input type="checkbox"/> Undiluted Date & Time of Collection: _____			
FOR TGLN STAFF ONLY			
Guidelines for Usage <ul style="list-style-type: none"> • Inform PRC at TGLN (1-877-363-8456 / 1-888-603-1399 / 416-214-7808) when sample is en-route to lab. 			
Non-Ontario Donors <ul style="list-style-type: none"> • Only tick relevant boxes. 			



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Exhibit 3: Parathyroid Transplant OR Pick List



CSF-9-240

Donor OR Required Instruments – Parathyroid Transplant – Pick List

- 3000 ml pressure bags for under shoulders
- Cable bipolar disposable (small one only if available)
- Electrosurge button switch pencil and holster (needle tip or other electrocautery)
- Masticol adhesive liquid (2/3cc)
- Suture BIOSYN UND P13 5-0 18IN (5.0 Monofilament suture for closing)
- Small clips
- Harmonic Shears CUTG/COAG 9cm (please bring if possible and check with OR if they have the proper energy console) or handheld LIGASURE device or cautery and bipolar
- Micro-bipolar forceps (Small) – not essential
- Forceps, McIndoe Dressing, Non-Tooth, 6"
- Frazier suction tube with Stylet, 10Fr, 100Mm, medium angle
- Clip Applier, Curved, 8" 20 cm Small-wide, red (small clips)
- JOSEPH Skin Hook, 2 prongs, 8mm, 165mm or Retractor, BABY-SENN-MILLER, Sharp, 155mm
- Any of the following:
 - Retractor, RICHARDSON, 47x21 mm, 240mm
 - Retractor, RICHARDSON, 23x20 mm, 240mm
 - Retractor, LAGENBECK, 40x10 mm, 230mm, 9"
 - Retractor, U.S.A. Double-Ended, 8" 203mm
 - Retractor, Friedman Rake Sharp, 6.2", 158x4mm
- Retractor, Vaginal, GELPI, 135mm or Lonestar Refractors (disposable)
- Forceps, Mosquito, JACOBSON, Delicate, Curved, 125mm
- Kelly forceps
- Snap forceps
- Scissors, Stevens Tenotomy Curved, 6.3", 159mm or Scissors, Iris, Delicate, S/S, Curved, 115 mm, 4.5"
- Forceps, Lauer (or Lauer) Right Angel, Fine Tip, 7"
- Forceps, Hemostatic, JACOBSON, Slightly Curved, 190mm, 7.5"

The OR Instruments list should be reviewed with TGLN, Donor OR and Dr. Karen Devon/MOTC after acceptance of the parathyroid for transplant. This must be done prior to the retrieval team departing Toronto.