Ontario Health
Trillium Gift of Life Network

Clinical Process Instruction Manual

Communication of Abnormal Findings During Organ Retrieval Process Instruction

Policy:

Trillium Gift of Life Network (TGLN) staff or designates help facilitate communication between surgical retrieval teams and accepting transplant programs during the organ retrieval process.

When an organ retrieval team identifies a potential issue with the organ in the donor operating room (OR), the Surgical Recovery Coordinator (SRC) or designate must notify the Clinical Services Coordinator (CSC) immediately. Issues that would require the surgical retrieval team to notify the CSC may include:

- problems with organ vessels
- injury to the organ
- difference in retrieval technique
- suspected lesions or malignancies
- other pertinent issues at the recovery surgeon's discretion

An organ biopsy may be requested by a transplant program, as outlined in *CPI-9-616 Pre-Operative and Intra-Operative Biopsies*.

Process:

1. In the event that the surgical team identifies a potential issue with the organ in the donor OR, the SRC immediately telephones the CSC. The CSC obtains a telephone number that the retrieval surgeon can be reached for a brief telephone call with the accepting transplant surgeon.

2. The CSC will place a call to the accepting transplant surgeon to inform them of the issue identified and arrange a telephone call for immediate discussion if requested.

3. If the accepting transplant surgeon requires any additional documentation (e.g. picture of the organ) to support decision making for organ suitability, they will inform the CSC of this request. TGLN will make reasonable efforts to facilitate the request in a timely manner.

Records:

- *No records.*

References:

- *CPI-9-616 - Pre-Operative and Intra-Operative Biopsies*
- *Standardized Kidney Retrieval Protocol*

Appendix 1: Standardized Kidney Retrieval Protocol

Standardized Kidney Retrieval Protocol

In Situ Assessment:

1. The recovery team should open the space posterior to the kidneys to make ice pockets for surface cooling prior to flush in Donation after Neurological Death (NDD) and post-flush in Donation after Cardio-Circulatory Death (DCD) cases.
2. When possible, the recovery team should consider en bloc removal.
3. If the kidneys do not look perfused, the recovery team should re-flush the kidneys with HTK or UW solutions in the back-table.

Back-table:

1. The recovery team should bivalve fat laterally but avoid decapsulation. This allows for an assessment of the kidney.
2. The recovery team should assess kidneys for cysts, perfusion, scars, tumors, vascular injury, or the presence of calcification of vessels and take pictures if required.
3. Recovery teams should keep fat on the ureters and avoid hilar dissection.

Pumps:

1. Ontario deceased donor kidneys are placed on kidney pumps as the primary organ preservation method with the exception of the following*: Standard Criteria Donor (SCD)/ NDD kidneys allocated within the local region, pediatric donor kidneys and kidney/pancreas donor kidneys.
   Note: The Ottawa Hospital has requested to use pumps for all kidneys.
2. If the recovery team does have not have time to pump the kidney(s), they must notify TGLN immediately. TGLN will confirm acceptance of the kidney(s) not on pump with the recipient transplant program.
3. If the recovery team cannot cannulate a small peripheral vessel, they should ensure it is flushed and leave it un-pumped.

* Under exceptional circumstances, transplant programs may request an exemption to use kidney pumps for locally allocated SCD/NDD kidneys. In these cases, transplant programs must request a kidney pump from TGLN at the time of offer and provide a medical rationale for the request (e.g. long expected cold ischemic time, organ quality).

Communication:

1. If a kidney is injured during the recovery, the recovery team will retain the damaged kidney (if the kidney has been allocated to their program), regardless of whether it is the left or right kidney.
2. If the recovery team is not retaining the damaged kidney or if the kidney has been damaged and is no longer suitable for transplant, the recovery team *must* notify TGLN immediately by telephone of the issue.
3. TGLN will promptly facilitate a telephone call between the recovering surgeon and the recipient surgeon(s) to inform them of the issue identified.
4. Surgically injured kidneys not accepted by the recipient transplant program will be re-allocated by TGLN.
5. For programs receiving a surgically damaged kidney, an assessment of the kidney at the time it is delivered is mandatory in order to reduce CIT and allow for timely re-allocation. The assessment should be done in a separate OR to maintain sterility.
6. The transplanting program is responsible for final inspection to confirm suitability prior to transplantation.