

The Essentials of DBD and DCD Multi-Organ Procurement

Wendy Grant, MD
ASTS 8th Annual Fellows Symposium
San Diego CA (hee hee hee)
2014

Disclosures

- I am a transplant surgeon
- I was well trained to do organ procurements.
- I don't routinely do the procurement operations now.
- I'm on the Advisory Board of our OPO (NORS).

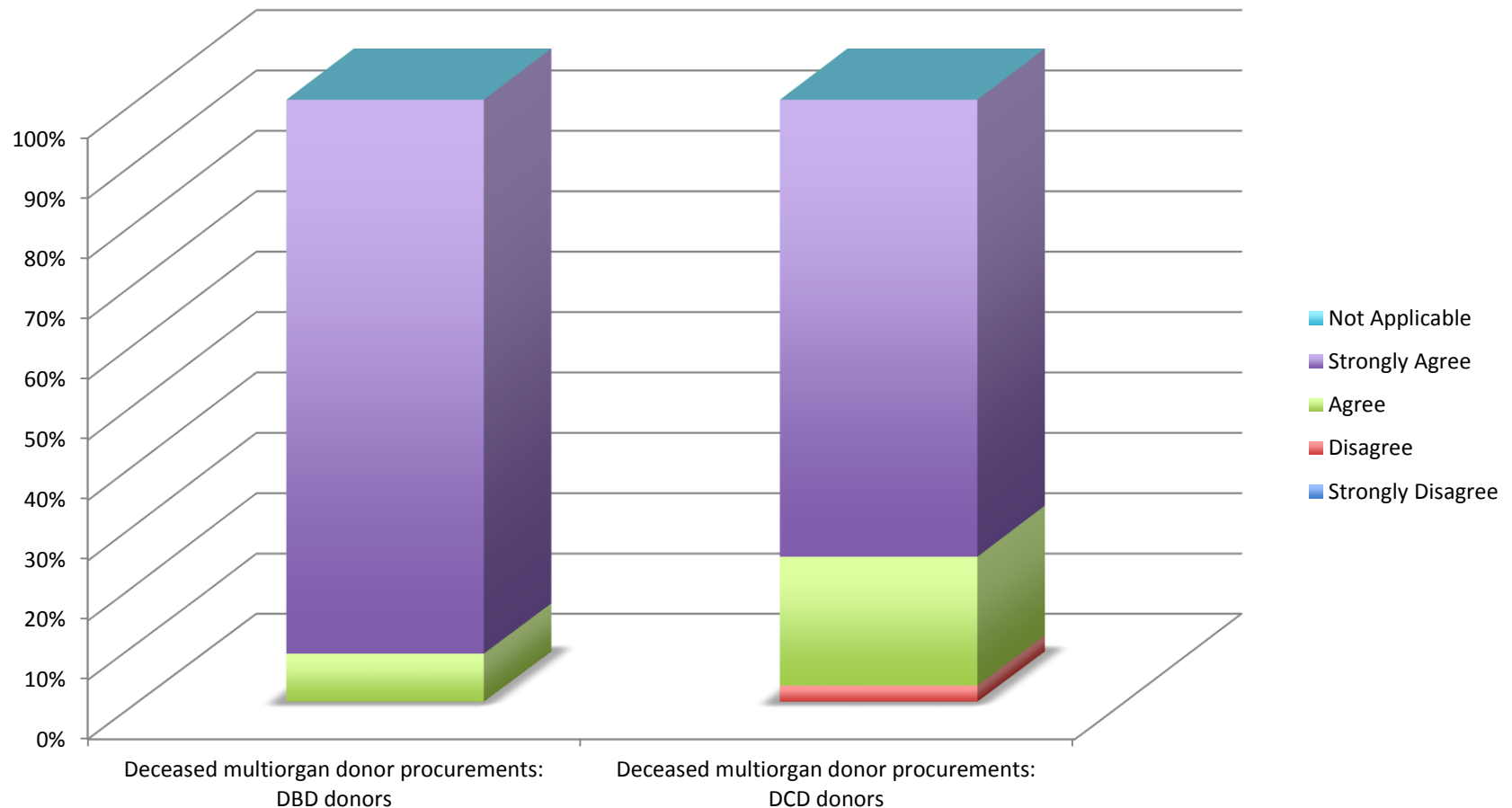
Multi-organ Procurement

- OPO responsibilities
- Surgeon qualifications
- Donor hospital regulations
- Technical approach for DBD donor
- Technical approach for DCD donor
- How to properly procure an intestinal graft
- Conclusions

Multi-organ Procurement

- OPO responsibilities
- Surgeon qualifications
- Donor hospital regulations
- Technical approach for DBD donor
- Technical approach for DCD donor
- How to properly procure an intestinal graft
- Conclusions

During my transplant fellowship training program, I was well prepared to work-up the patient, independently perform the operation, and effectively care for the patient post-operatively, as applicable, for each of the following procedures:



You are on a procurement ...

- 80 year old liver only donor. Infrarenal aorta is like a lead pipe. Liver otherwise looks fine.
 - Should you walk away?
 - How will you cannulate for flushing?
 - There are calcifications at the base of the celiac – should you walk away?

You are on a procurement

- It's July 3. DCD donor at an outside hospital. CCM fellow who is withdrawing and declaring asks you about dosing of heparin ...
 - What is the dose of heparin to use?
 - What is your response to this question?

You are on a procurement ...

- 54 year old abdominal organs only donor in a SMALL town. You make an incision and the donor arrests ...
 - Do you walk away?
 - How would you manage this?
 - You are taking the liver for another center – what do you tell them?

You are on a procurement ...

- 4th year resident that is with you nicks the splenic artery (50% of lumen) while cutting a suture. You are procuring the pancreas.
 - How would you manage this?
 - What do you tell the OPO?
 - Do you call the transplanting surgeon if they are not from your center?

You're on a procurement ...

- 17 year old GSW head donor. You are taking the pancreas and another surgeon is taking the liver. There is a replaced right hepatic artery. The other surgeon says that the pancreas has to be sacrificed because of this anatomy.
 - How do you respond?
 - How do you manage?
 - Do you walk away from the pancreas?

You are on a procurement

- You are procuring livers and kidneys from a 65 year old man who died of a stroke. The liver is going to another center. After it has been packaged and given to the courier you notice a 1cm mass on the left kidney as you are cleaning and giving the measurements to the OPO.
 - What should you do?
 - What do you tell the OPO?
 - What should you tell the liver transplant team?
 - What if pathology is not available at the donor hospital?

You are on a procurement ...

- 17 year old DCD donor in a hospital that has not previously done a DCD donor. Support withdrawn in PACU and patient expires in 3 minutes. 20 minutes after withdraw the donor is still not in the OR because the family is saying goodbyes. You make an incision at 23 minutes after withdrawal and organs are flushed at 28 minutes after withdrawal ...
 - Should these organs be used?
 - What should you have done to prevent this delay?

You are on a procurement

- It's July 3. DCD donor at an outside hospital. CCM fellow who is withdrawing and declaring asks you about dosing of morphine...
 - What is the dose of morphine to use?
 - What is your response to this question?
 - Should you be speaking with the declaring physician?

OPTN Policies – Policy 2 – Deceased Donor Organ Procurement

Effective 10/1/2014

2.16.F Withdrawal of Life Sustaining Medical Treatment or Support

Prior to the donor hospital withdrawing life-sustaining medical treatment or ventilated support, the OPO is required to conduct a timeout to confirm:

1. The patient's identification.
2. The process for withdrawing life-sustaining treatment or ventilated support.
3. Roles and responsibilities of the primary patient care team, the OPO team, and the organ recovery team.
4. The hospital's plan for continued patient care if the patient does not become a donor, and appropriate communication with the next of kin.

No recovery personnel (surgeons and other recovery practitioners) may be present for the withdrawal of life-sustaining medical treatment or ventilated support. No member of the organ recovery team or OPO staff may guide or administer palliative care, or declare death.

OPTN Policies – Policy 2 – Deceased Donor Organ Procurement Effective 10/1/2014

2.16.G Pronouncement of Death

The donor hospital healthcare team member who is authorized to declare death **must not be a member of the OPO or the organ recovery team**. Circulatory death is death defined as the irreversible cessation of circulatory and respiratory functions. Death is declared in accordance with hospital policy and applicable state and local statutes or regulation.

Conflict

Conflict

- Your reputation is important
- Your institution's reputation is important
- Honoring the donor by optimizing procurement and transplantation of as many organs as possible is important
- Egos are not important

Thoughts

- AVOID CONFLICT
- Stand your ground without compromising your reputation and that of your program
- Remember that you are the steward of the donor – optimize EVERY organ that is being donated
- BE SAFE
- This is THE BEST operation to teach residents and students about just about anything – ALWAYS take them along

Comments ...

OPTN Policies – Policy 2 – Deceased Donor Organ Procurement

Effective 10/1/2014

2.15.C Authorization Requirement

- Organ recovery teams may only recover organs that they have received authorization to recover. An authorized organ should be recovered if it is transplantable or a transplant recipient is identified for the organ. If an authorized organ is not recovered, the host OPO must document the specific reason for non-recovery. This policy does not apply to VCA transplants.
- Recovery of vascularized composite allografts for transplant must be specifically authorized from individuals authorizing donation whether that be the donor or a surrogate donation decision-maker consistent with applicable state law. The specific authorization for VCA must be documented by the host OPO.