

Abdominal Perfusion and Preservation

*This Management Process Description replaces
MPD889/3*

Copy Number

Effective 26/06/18

Summary of Significant Changes
Title change and document amended to refer to Abdominal Organ Preservation Practitioners.

Policy

Organ Preservation Practitioners (OPPs) working as part of the National Organ Retrieval Service (NORS) abdominal retrieval teams will facilitate abdominal organ perfusion and preservation in theatre during the organ retrieval operation. This function supports the surgical team in ensuring the safe and efficient retrieval of organs for transplantation.

Purpose

To provide the OPP with the appropriate information and guidance in abdominal perfusion.

Responsibilities

Abdominal Organ Preservation Practitioner

To work to this MPD in undertaking abdominal organ perfusion and preservation during the organ retrieval process, under the advice and guidance of the Lead Abdominal Retrieval Surgeon from NORS.

To work collaboratively with the Specialist Nurse for Organ Donation (SNOD) in ensuring that all organs, tissues and blood samples are correctly packed and labelled for transportation.

Applicable Documents

[MPD1043](#) - NORS Retrieval Standards

[FRM4217](#) - Organ Handover Form

[SOP5499](#) – Theatre Process

Abdominal Perfusion and Preservation

1. INTRODUCTION

- 1.1. Abdominal organ perfusion and preservation is the process of perfusing organs with preservation solutions, as directed by the lead abdominal retrieval surgeon during the organ retrieval operation. It involves perfusing the organs firstly in-situ and, after they have been removed from the body, perfusing them again on the 'back bench'.
- 1.2. Packing of the Organs and placement in the organ transport boxes are important components of organ preservation. Procurement of blood and tissue samples to support organ transplantation are essential to positive transplant outcomes.
- 1.3. Different perfusion fluids are used dependent upon the form of donation that is occurring (Donation following Brain Death (DBD) or Donation following Circulatory Death (DCD)), and on which organs are being retrieved or whether a paediatric donor. This outlines the role of the OPP in abdominal organ perfusion and preservation during the organ retrieval operation.
- 1.4. Organ perfusion and preservation is the responsibility of a registered medical practitioner. In the case of NORS, this is the nominated lead abdominal retrieval surgeon. Therefore, when involved in organ perfusion and preservation, the OPP will work under the advice and direction of the lead abdominal retrieval surgeon.

2. NORS

- 2.1. The NORS team must include, as a minimum, a lead abdominal retrieval surgeon, an assistant surgeon, scrub practitioner and Organ Preservation Practitioner.
- 2.2 The NORS team is responsible for providing all equipment, consumables and pharmaceuticals required for organ perfusion and preservation.

3. SPECIALIST NURSE IN ORGAN DONATION (SNOD)

- 3.1 The SNOD will maintain a presence in theatre to ensure continued co-ordination of the retrieval process.
- 3.2 The SNOD will ensure that the core donor information has been fully completed on EOS and that the Organ Specific donor forms have been fully completed by the surgeons and are dispatched with the retrieved organs and tissue to recipient centres
- 3.3 The SNOD will ensure that a copy of the HTA organ specific form and donor's blood group form accompanies each organ
- 3.4 In conjunction with the OPP, the SNOD is responsible for sealing and labelling of the organ transport box
- 3.4 The SNOD will take responsibility for ensuring the correct organs are packaged and dispatched to the recipient centres and complete the Organ Handover Form [FRM4217](#).

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4. Abdominal Organ Perfusion and Preservation flow chart

