

**NHSBT Board Meeting**  
November 2019

**A Patient Story:**  
**3000 Miles, the Journey of an Organ Donor**

**Status: Official**

Organ Donation and Transplantation in the UK is a success story with 2018/19 seeing a record 1600 deceased organ donors and 3953 deceased organ donor transplants that saved and improved the lives of the recipients and their families. Behind these figures lies a complex, multi-faceted donation and retrieval process where NHSBT Specialist Nurses work in partnership with NHS professionals across the pathway to deliver excellent care to the donor and their family to support the donation of organs for transplant.

Supporting organ donation can offer particular challenges in Scotland. The remoteness of some donating hospitals, the distance from retrieval teams and the potential for organs to be matched to recipients in centres across the UK all impact upon how an individual donation can be supported. The Scotland Organ Donation Team have become accomplished at juggling these competing demands while always ensuring that the precious organ donor and their family are at the centre of every decision.

In this case the potential donor was a lady, previously fit and well was brought to the Emergency Department by ambulance after collapsing at work. A CT scan at this time showed a large sub arachnoid haemorrhage. She was transferred to the intensive care unit for consideration of ongoing care and further observation. It became evident soon after admission to the intensive care unit that the lady met the criteria for diagnosis of death using neurological criteria. This was planned to take place the following morning.

The intensive care unit contacted the Scotland Organ Donation Team that evening and made them aware of their plan to undertake brain stem death testing the following morning and to request attendance of a Specialist Nurse for Organ Donation (SN-OD) to support the approach to the family. It was established at this time that the patient was on the organ donor register. The on-call SN-OD was based in the referring hospital and was able to immediately engage with the team caring for the lady and agree a plan.

The following day testing was undertaken and a collaborative approach was made to the patient's family by the Consultant and the SN-OD. Her family were supportive of the decision of the patient to proceed with organ donation and authorisation was obtained. The organ donation process was planned to

be facilitated from 10pm the next evening, allowing other family members to travel from across the world to say their goodbyes. The potential donors' organs were offered to transplant centres across the UK and multiple organs were accepted. However, the following morning after all organs had been placed the patient's condition deteriorated with a period of instability.

This period of instability then gave some cause for concern to the accepting centres and repeat bloods saw the small bowel declined. This then meant re-offering of the small bowel and subsequent offering of the liver when small bowel was not accepted. The unit medical team were also concerned and wanted to ensure the patient could be supported to the point of donation or consider expediting the process.

The SN-OD discussed this with the family. They agreed that their priority was organ donation proceeding and therefore agreed to expediting the process, no longer waiting for the arrival of other family members. The recipient centres were made aware of the change in the time frame around organ retrieval due to the patient's clinical condition and they now had to juggle their own already made plans to fit in mobilisation, retrieval and transplant of organs up to 12 hours earlier than anticipated.

The cardiothoracic heart accepting centre were due to travel with the perfusion/preservation machine as they were distant from the donating hospital and had to arrange the logistics of organising their travel as part of the retrieval. They had also accepted a heart from another donor and were now mobilising to retrieve this and had to factor this in to their timings. A more local cardiothoracic centre was mobilising to retrieve the cardiothoracic organs but the accepting centre were travelling with the machine, surgeon and perfusionist for the heart.

Just before midday we were able to ask the retrieval teams to mobilise to the donating hospital with the cardiothoracic team flying north to arrive at 4 pm and the abdominal team travelling by road and accepting heart centre team also flying to arrive at 5pm. At 2 pm we were made aware that due to logistics the heart accepting centre travelling with the machine would not be arriving until 19.15 and requested a delay to the heart donation process. This was acceptable to both teams on site as they were not required until a period of time after that, all going to plan. At this point in time the liver was still being offered to transplant centres.

At 5 pm the patient was moved to theatre in preparation for the arrival of the retrieval teams. The liver had not yet been accepted. At 17:40 the cardiac accepting centre contacted us to say they were not now planning to arrive in theatre until after 8 pm.

The Liver was accepted and at 18:45 the liver accepting team asked if there could now be a delay until 10 pm as their flight to transfer the liver to central England could not arrive from Europe until 1 am the next morning. At this time discussion was had by the two teams in attendance that they would commence the donation process at 8pm.

The retrieval process was finally complete at 3 am. Heart, lungs, liver, kidneys and pancreas were all retrieved with a plan to retrieve the corneas the following morning. The organs had made the following journeys to be transplanted into the recipients:

- Heart to centre A: 530 miles
- Lungs to centre B: 250 miles
- Liver to centre C: 463 miles
- L Kidney to centre D: 544 miles
- R Kidney to centre E: 352 miles
- Pancreas to centre F: 495 miles
- Eyes to processing centre 350 miles

All bloods made the journey to Edinburgh for testing, 139 miles one way.

This single donor saved the lives of recipients across the UK. The recipients completely unaware of the significant logistical planning required across multiple teams and in conjunction with the donors' family to make this happen. Every organ donor is precious. What is less recognised is that they are reliant upon complex, multi team planning that sees NHS professionals reacting flexibly to the situation of the donor and their family to ensure that no potential for donation and for every organ to be transplanted, is missed.

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