

NHS BLOOD AND TRANSPLANT

PANCREAS ADVISORY GROUP

ORGAN DAMAGE/QUALITY

INTRODUCTION

- 1 This paper reports on the information reported on the HTA B form on grade of surgical damage for pancreases that were accepted for whole pancreas transplantation.
- 2 Information reported on damage and quality from the 'Pancreas Damage/Quality' sections by the retrieval team and recipient transplant centre of the Deceased Donor Pancreas Information (DDPI) Form have also been investigated.

DATA

- 3 Data on 174 donors between 1 January 2020 and 31 December 2020 whose pancreas was taken and accepted for whole pancreas transplantation were analysed from the UK Transplant Registry (UKTR).

RESULTS

- 4 Of the 174 donor pancreases accepted, 102 (59%) were transplanted. **Table 1** shows the grade of damage reported on the HTA B form by whether or not the pancreas was transplanted. 20 (11%) had a grade of surgical damage reported on the HTA B form, with six (30%) of these reporting 'severe' damage. The recorded descriptions relating to reported surgical damage are provided in Table A in the Appendix.

Grade of surgical damage reported on HTA B form	Not		Total
	Transplanted	Transplanted	
None	86	44	130
Mild = no surgical repair required	8	3	11
Moderate = surgical repair required to make usable	0	3	3
Severe = not used due to damage	0	6	6
Not Reported = organ not received at accepting centre	0	8	8
Missing form	8	8	16
Total	102	72	174

- 5 Of the three with 'moderate' surgical damage, none were transplanted. Of the three pancreases that were not transplanted, one was reported as having a significant impact on the recipient's health and two were reported as not having a significant impact. In all cases capsular damage was the main reason reported for not transplanting.

- 6 For the six pancreases that had ‘severe’ surgical damage reported, the sections relating to organ damage/quality reported by the retrieval team and the recipient transplant centre on the Deceased Donor Pancreas Information (DDPI) form were also investigated. All forms were completed and returned by the retrieval team and of these, two also had the section completed by the recipient centre.
- 7 Of the two DDPI forms that had both sections completed two had reported at least one type of damage/quality issue on the recipient transplant centre section and neither had a damage/quality issue reported on the retrieval section. **Table 2** shows the comparison in damage/quality reporting between the two sections for the two recipients.

Pancreas	Damage/quality reported on Recipient section	Damage/quality reported on Retrieval section
1	Arterial supply damage, Capsule damage and Parenchymal damage	None reported
2	Mildly fatty tail only pancreas body poorly perfused	None reported

ACTION

- 8 Members are reminded that if the accepting centre receive a pancreas that has severe surgical damage then an incident must be raised via the ODT website [link](#). Only by raising an incident can the data be monitored and acted upon. Members are also reminded of the importance of the completion and return of the HTA B and the DDPI forms to ODT Information Services.
- 9 Members are asked to consider the information presented and make any recommendations as appropriate.

Joseph Parsons
Statistics and Clinical Studies

April 2021

Appendix

Table A below presents the description provided for the 20 pancreases that had reported surgical damage on the HTA B form. The highlighted rows show the eight pancreases that were transplanted.

Table A Description of the damage for the 20 pancreases that were accepted for whole organ transplantation and had surgical damage reported on the HTA B form	
Surgical grade reported	Description of the organ damage
Mild	CAPSULAR TEAR WITH SMALL PARENCHYMAL INJURY RECOGNISED AT TIME OF RETRIEVAL
Mild	CUT TO SPLENIC VEIN - REPAIRED WITH PATCHPLASTY AT RECIPIENT CENTRE
Mild	CAPSULAR TEAR ON THE POSTERIOR SURFACE OF THE HEAD
Mild	MINOR CAPSULAR TEAR TAIL OF PANCREAS
Mild	minor parenchymal damage
Mild	small bowel Enterotomy with limited contamination at donor retrieval surgery. Informed and documented by donor surgeon. We used the organs with the informed consent of the recipient and extended peri/post op antibiotic coverage
Mild	Capsular tear
Mild	Poor perfusion with residual donor blood still in pancreas
Mild	splenic artery cut short - team was not informed
Mild	Avulsion injury to arterial Y graft requiring suture
Mild	Damage to splenic vein
Moderate	Pancreas capsular tear 5x2cm. parenchymal injury 1x2cm
Moderate	LARGE CAPSULAR TEAR IN TAIL OF PANCREAS
Moderate	cut splenic artery, capsular tear
Severe	CAPSULAR DAMAGE
Severe	Failed staple line on donor duodenum causing leak and contamination after receipt
Severe	SPLENIC ARTERY CUT SHORT AT JUNCTION OF PANCREATO-DUODENAL ARTERY - DEEMED NON-TRANSPLANTABLE
Severe	TRACTION TEAR TO JUNCTION OF 1MV/SV CAPSULAR TEAR AND PARENCHYMAL INJURY AT THE NECK
Severe	Division for the portal vein is at its origin exposing superior mesenteric vein and splenic vein. Even part of the splenic vein was cut.
Severe	Pancreas body did not appear well perfused. Pancreas had fixed blood within vessels and did not clear on flushing.