

This DAT is to advise Specialist Nurses (SNs), NORS Teams and Organ Allocation Specialists (OAS) on the key considerations when an accepted deceased donor organ is assessed and declined either following clinical assessment pre retrieval, following visualisation during retrieval or on the backbench.

### **Hearts declined on inspection during the retrieval**

In the case of the heart being deemed un-transplantable based on an ECHO/TOE before knife to skin, the SN should advise Hub Operations of the finding and ask that the NORS team wait whilst Hub Operations fast track the offer. This ensures that all centres have had the opportunity to consider the offer and potentially speak with the NORS surgeon on site.

If, on visualisation of the heart, the accepting centre clinician and NORS surgeon agree that the heart is not usable for any patient on the national waiting list, then the NORS team can stand down without offering the heart on.

### **Livers declined on inspection during retrieval operation**

If there are unexpected findings during liver retrieval or on the back bench, the NORS lead surgeon must discuss with the accepting centre Consultant, ideally with photos or video (as per MPD1100), ensuring no identifiable information is included in the images.

If this leads to a decision that the liver is clearly un-transplantable, as a result of cirrhosis or intra-abdominal malignancy for example, then the SN can advise Hub Operations. In this circumstance, offering can stop regardless of whether all centres have declined.

This process **does not include cases** where there may be subjective interpretation and risk/benefit analysis, such as with steatosis of the liver.