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 and removal for other/scheduled purposes.

Objective

To provide appropriate information and guidance regarding abdominal perfusion.

Changes in this version

References to PITHIA removed
Inclusion of Research labels and when to use
Inclusion of prepopulated lymph and spleen pot labels
Inclusion of Histology request form
Reference to adhoc vessels

Roles

- **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 retrieved for transplant or removed for other/scheduled purposes are correctly packaged and labelled for transportation

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/removal 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'. Perfusion will be performed on organs being retrieved for transplantation and organs being removed for other/scheduled purposes. **SOP5567**, **SOP5663**.

1.2 Packaging 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 and other/scheduled purposes are an essential aspect in providing positive outcomes for transplant and other/scheduled purposes.

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/removed or whether a paediatric donor. This outlines the role of the OPP in abdominal organ perfusion and preservation during the organ retrieval/removal 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, a surgical assistant 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 of organs being retrieved for transplantation and those being removed for other/scheduled purposes.

2.3 The SNOD is responsible for obtaining and labelling blood samples prior to theatre. The OPP is responsible for obtaining urine, donor vessels (preserved in UW) and lymph node and spleen samples (stored in saline) to support organ transplantation. Samples of blood, lymph nodes and spleen are not required for whole organs removed for other/scheduled purposes.

2.4 The NORS team OPP is responsible for completing the timings and perfusion section on the HTA-A form and HTA-A Research form if applicable. The SNOD will complete the donor demographics.

2.5 The OPP will attach the pre-populated labels completed and provided by the SNOD to the Lymph/Spleen and Vessel pots.

2.6 The OPP will complete section B of the vessel form (FRM6199), the lead surgeon will check details and sign.

2.7 The NORS team OPP must attach a QUOD sticker to page 1 of the HTA-A form and HTA Research form, as well as all carbonated copies of page 1, if a QUOD kidney biopsy is taken.

2.8 The HTA-A form will accompany organs retrieved for transplant. The HTA-A Research form will accompany organs removed for other/scheduled purposes.

2.9 The OPP will provide the appropriate organ specific colour coded organ box label

2.10 The OPP will provide an orange research organ box label if appropriate. If a colour coded transport label is already attached and the organ is declined, there is no requirement to change the label.

2.11 The NORS team OPP in collaboration with the SNOD is responsible for checking donor details, packaging, sealing and labelling of boxes containing organs for transplant and other/scheduled purposes ready for dispatch.

3. Specialist Nurse in Organ Donation (SNOD)

3.1 The SNOD is responsible for obtaining and labelling all donor blood and urine samples prior to withdrawal of life sustaining treatment / arrival in theatre. The SNOD will hand over these samples to the OPP.

3.2 The SNOD will maintain a presence in theatre to ensure continued co-ordination of the retrieval/removed process.

3.3 The SNOD will record all essential timings on the white board in theatre visible for all team members to see.

3.4 The SNOD will ensure that the core donor information has been fully completed on Donorpath.

3.5 The SNOD will advise the organs to be retrieved for transplant and also those to be removed for other/scheduled purposes at the donor handover.

3.6 The SNOD will complete the Donor demographic section on the HTA-A form HTA-A Research form if applicable.

3.7 The SNOD will provide the national histopathology request form (FRM5867) should the need for histological assessment of donor tissue be required.

3.8 The SNOD will provide pre-populated labels to the OPP for attaching to the Lymph/Spleen and vessel pots.

3.9 The SNOD will complete section A, the donor demographics and consent section of the vessel form, inclusive of "adhoc vessel" section if appropriate.

3.10 The SNOD will ensure a copy of the donors' blood group form is provided for the OPP for organs being retrieved for transplant and for those being removed for other/scheduled purposes.

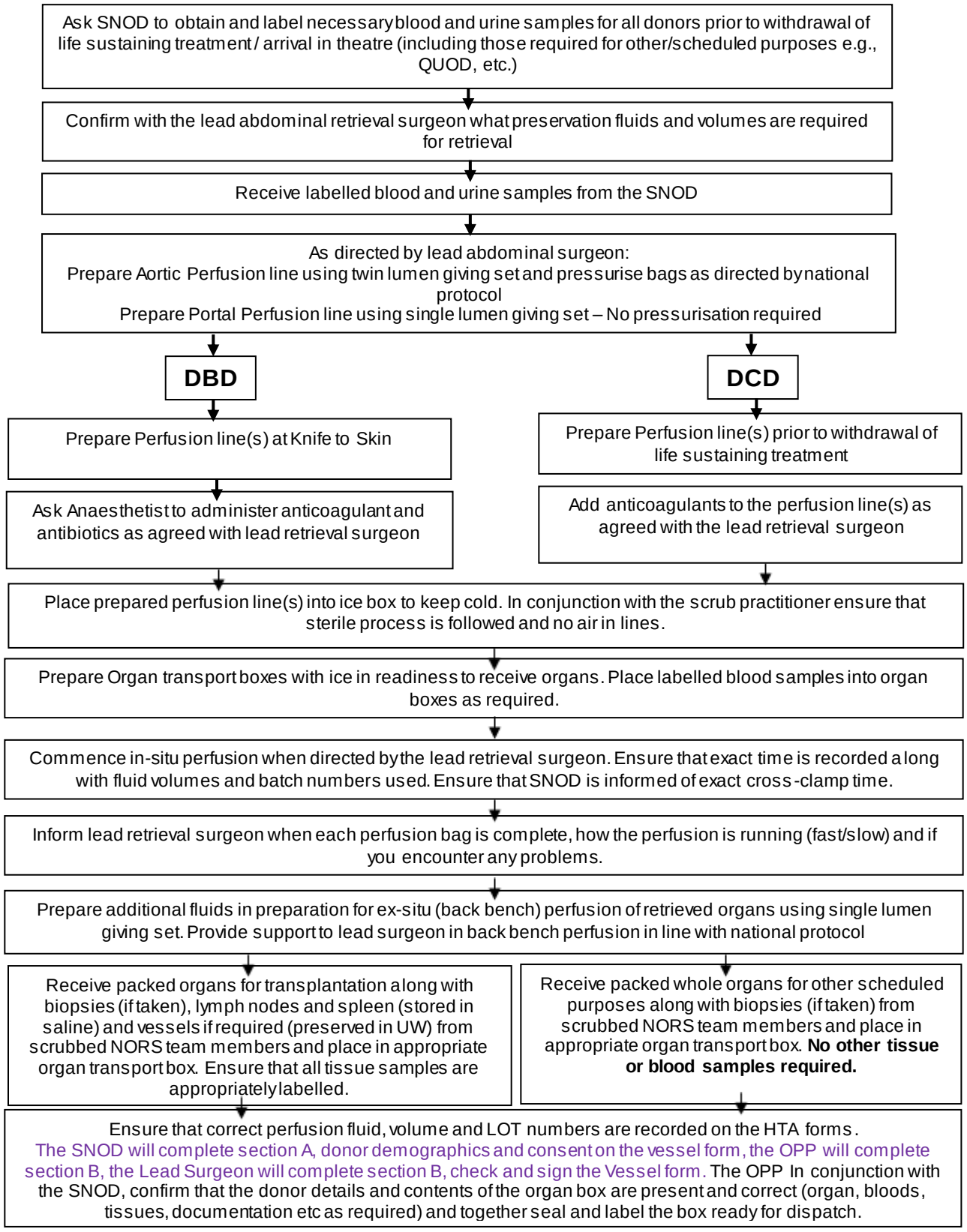
3.11 The SNOD will ensure that the core donor information has been fully completed on DonorPath and that the Organ Specific donor forms have been fully completed by the surgeons and are dispatched with the retrieved organs and tissue to recipient centres.

3.12 The SNOD in conjunction with the OPP, is responsible for checking donor details, contents, sealing and labelling of the organ transport box.

3.13 The SNOD will take final responsibility for ensuring the correct organs are packaged and dispatched to the recipient centres and complete the Organ Handover Form **FRM4217**.

3.14 The SNOD is responsible for packaging, sealing and labelling of the heart if retrieved for tissues.

4. Abdominal Organ Perfusion and Preservation flow chart



Definitions

- **Scheduled Purpose -** In the Human Tissue Act (2004), a licence is generally required if an activity is being undertaken for what the Act calls a scheduled purpose. Consent is required to use human tissue for these purposes. The Scheduled Purposes which apply are: Transplantation, Research, Clinical Audit, Education or training related to human health, Performance Assessment, Public Health Monitoring and Quality Assurance.
- **Other Purpose:** The Human Tissue (Scotland) Act 2006 states 'part of the body of a deceased person may be removed from the body and used, for the purposes of: (a) transplantation, (b) research, (c) education or training (d) audit.'

Related Documents / References

- **MPD1043** - National Standards for Organ Retrieval from Deceased Donors
- **SOP5499** - Theatre Manual for Deceased Organ Donors
- **FRM4217** - Organ Handover Form
- **SOP5663** - Process for Authorisation for the Removal and Storage of Specific Organ/Tissue/Samples for Research and Other Purposes
- **SOP5567** - Process for Consent for Removal and Storage of Organs/Tissue/Samples for Research and Other Scheduled Purposes in QUOD Licensed Hospitals Only
- **SOP5352** - Findings During Retrieval Requiring Histopathology Assessment
- **FRM5867** - National Histopathology Request Form
- **FRM6199** - Transplant Vessels and Tissue