

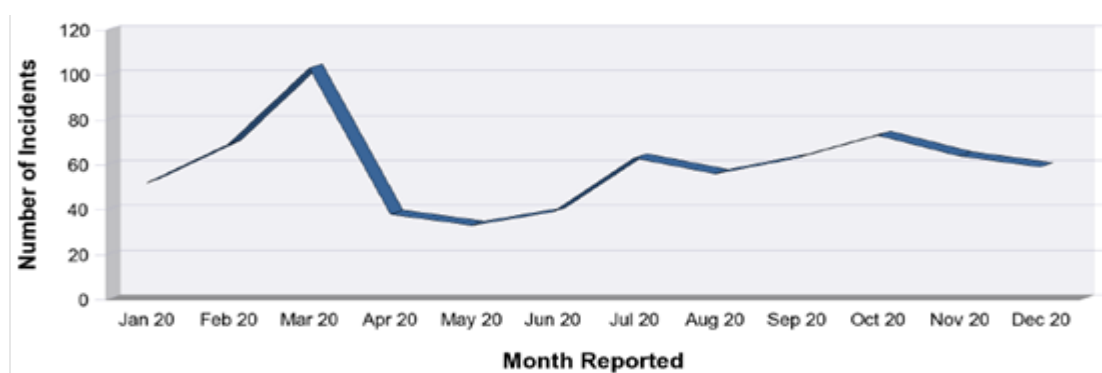
**Pancreas Advisory Group
ODT Clinical Governance Report April 2021**

1. Status – Confidential

2. Action Requested

PAG are requested to note the findings within this report.

3. Data



4. Learning from reports

Below is a summary of the findings and learning from key clinical governance reports submitted to ODT:

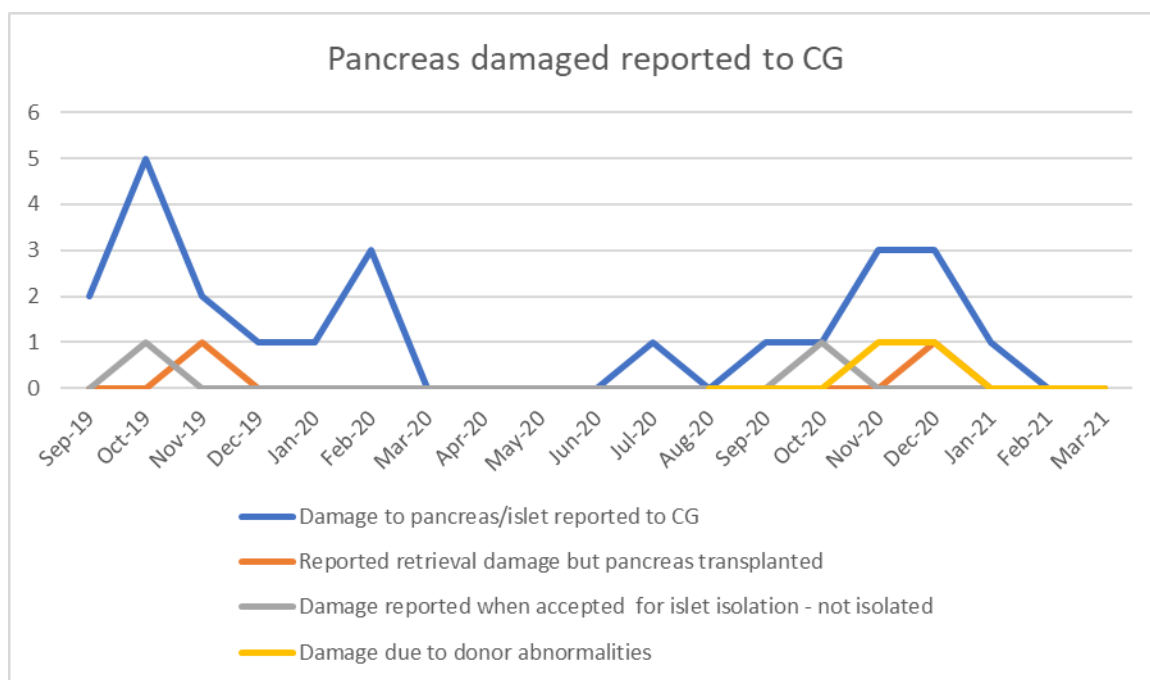
Date reported: 16/10/20

Reference: INC 5089

What was reported	It was reported that on assessment at the transplant centre that the common bile duct had not be ligated and was in contact with the duodenum. The transplant centre declined the pancreas due to the possible infection risk. It was fast tracked out and accepted for islets.
Investigation findings	The NORS surgeon has reflected on this incident and confirmed that the retrieval was done carefully in the standard method by ligating the bile duct and meticulously checked organs on the back bench in which the bile duct ligature was intact. The possible loss of ligature could be due to slippage of the knot after the pancreas was packed. Their learning is double check these knots before packing.
Learning	This incident was highlighted with the Chair of PAG and CG Lead, who both

confirmed the bile duct should normally be tied off at retrieval. They both stated they would still accept the pancreas if the bile duct had not been ligated or if it had slipped off, if the preservation fluid was clear. Which it must have been for islets to be isolated. But if there was evidence of enteric contamination then it was reasonable to turn down for transplantation, as the transplanting centre may have concerns over mycotic aneurysms after enteric breach at donation

As requested by PAG, the number of incidents reported to ODT Clinical Governance.



If concerns around damage are submitted to ODT Clinical Governance regarding organ damage, please include photographs of the damage with the report. This is to aid the NORS team when they review and increase potential learning for each case.

5. Requirement from PAG

Note findings in this report

Author

Michelle Hunter
ODT Clinical Governance Team