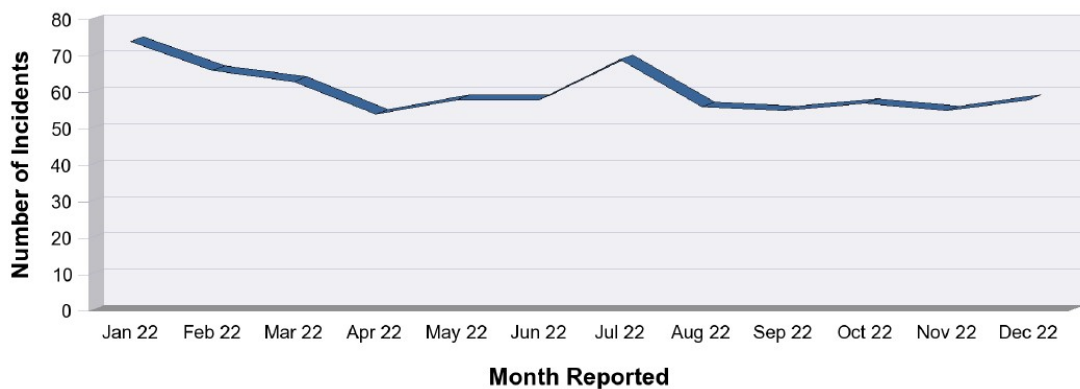


**Retrieval Advisory Group
ODT Clinical Governance Report February 2023**

1. Status – Confidential**2. Action Requested**

RAG 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: 3rd October 2022

Reference: INC 6577

What was reported
<p>A pancreas was unable to be transplanted following inspection at the transplanting centre. It was found that the iliac Y graft vessels supplied with the pancreas had traction injury with very thin intima which was unable to be reconstructed.</p> <p>Hub Operations was informed, and the pancreas was not offered on as outside of the agreed cold ischemic time. The pancreas was discarded.</p>
Investigation findings
<p>Donor documentation and retrieval notes were reviewed and there was nil of note identified that may have explained the finding.</p> <p>On review by the retrieving surgeon it was highlighted that the traction injury was not identified on examination and therefore not communicated to the accepting centre.</p> <p>It is usual practice for the vessels to be retrieved once all the organs have been retrieved and inspected on the back table and whilst the organs are packaged for</p>

transport. On this occasion there were time pressures for dispatch of the liver and pancreas when the iliac vessels were being retrieved which may have contributed.

Learning

There have been three incidences recently, similar to the above, whereby vessel damage led to an inability to transplant a retrieved pancreas. Following review by the NHSBT National Surgical Lead – Clinical Governance and Associate Medical Director - Organ Retrieval the following learning has been identified:

- Highlight the importance of close inspection of associated vessels when retrieving as these can be crucial to facilitate transplantation
- If damage is identified, ensure this is communicated timely to accepting teams and ensure consideration of alternative vessels
- Additional vessels can be provided if damage is identified prior to dispatch of the pancreas. Alternative recommendations if the iliac Y graft is disrupted include the brachiocephalic artery with internal and external carotids
- The pancreas session at the Masterclass includes an emphasis of the critical importance and inspection of the Y graft

Date reported: 15th December 2022

Reference: INC 6717

What was reported

NHSBT were notified by Bridge to Life (supplier of UW® Cold Storage Solution) that several NORS teams had contacted them regarding discolouration of the solution and/or leaking within the solution bag overwrap.

Investigation findings

An investigation is ongoing and the ODT Commissioning Team and key stakeholders are working closely with Bridge to Life. The NHSBT Quality Team are also linked with relevant regulators.

Learning

All NORS teams have been advised that for the interim period to switch to HTK as an alternative perfusion fluid and amend volumes as required (Perfusion protocol has been updated, circulated and available on the ODT website). This case is on the RAG agenda as part of the Medical Director update.

5. Requirement from RAG

Note findings in this report and ensure key information disseminated to those relevant within local teams.

Author

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