

## Appendix

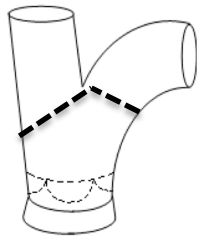
### Retrieval of Heart Valves

If neither the heart or lungs are retrieved from a multi-organ donor, the heart and importantly aortic and pulmonary valves will often be removed by the NORS team. There is a standard set of instructions for how this should be done (INF 195-1doc)

When the lungs alone are removed, in either a DCD or DBD donation, there is clearly scope for retrieval of both valves. The aortic valve is obviously not a problem. But there are regular complaints from the valve banks that the pulmonary artery is too short for the valve to be used.

For most applications involving pulmonary valve implantation, only the artery up to the bifurcation is required. (Complex reconstructions involving main pulmonary arteries cannot be performed with the valve if the lungs are being retrieved.)

It is proposed that when lungs are taken from the donor, the division of the pulmonary artery is at the level of the bifurcation, leaving only the superior part of the main pulmonary artery in continuity



The cannulation site will obviously be included in the specimen, but this is unavoidable. However, I hope we can agree that the implantation of the lungs will not be jeopardized by this distal division, but more usable pulmonary valves will be supplied to valve banks.