

**NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE
LIVER ADVISORY GROUP**

Clinical Governance Report

In an 8 month period up to mid-September 2015, there were 66 Incidents where “Liver” was one of the keywords. 20 involved liver alone, the rest included other organs.

34 Incidents revolved around Retrieval. In addition to presentation at LAG, an overview of Retrieval Incidents will also be presented at the National Retrieval Group (NRG) and the Clinical Retrieval Forum (CRF). There will be a detailed presentation at the next CRF on 1st December 2015.

Retrieval Incidents included delays from a variety of sources, not all of them related to cardiothoracic retrieval.

There was a single episode of significant retrieval damage, related to a difficult DCD retrieval where the pancreas was also damaged. Outside of liver splitting, there were, in contrast to previous periods, no instances of hepatic artery damage. There were four Incidents related to Liver Splitting which will be separately presented.

There were three reports of late decline, all for very marginal organs. In two cases, the DCD donor did not reach asystole.

On the donation side, there were two occasions where the correct donor identification was not attached to donor biopsies, and in one case a transplant did not proceed as a result. A standardised approach to identifying donor biopsies is being developed.

There were two minor QUOD-related Incidents, but none relating to biopsy damage.

There were three serious examples of disease transmission. One recipient developed a donor derived small-cell cancer in the liver. Other than being a smoker, there were no suggestions of disease in the donor. The lungs were not transplanted. Another recipient developed Kaposi lesions, related to donor-transmitted HHV8. The lung recipient from the same donor has developed the same problem. There were no specific risk markers in the donor. A case of retrieval-related Candida transmission will be separately presented.

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November 2015