

NATIONAL TRANSPLANT DATABASE

To be completed within 7 days of transplant

Blood and Transplant

Your centre code should be quoted on all pages

Intestinal Failure Transplant Record

Centre code

Transplant centre

UKT recipient number

RECIPIENT DETAILS

Section 1

Recipient surname

Hospital number

Recipient forename(s)

Date of birth

NHS number

Local centre OLT number

TRANSPLANT DETAILS

Section 2

Date of transplant (Date surgery commenced)

Organs transplanted

Transplant type (See codes inside cover)

Liver = 1
Isolated bowel = 2
Liver and bowel = 3
Multivisceral = 4
Modified multivisceral = 5

Liver No = 1 Yes = 2

Small bowel (with or without large bowel) No = 1 Yes = 2

Pancreas No = 1 Yes = 2

Stomach No = 1 Yes = 2

If liver included

Whole = 1
Reduced = 2
Split = 3

Spleen No = 1 Yes = 2

Abdominal wall No = 1 Yes = 2

If code 2 or 3, please indicate

Right lobe = 1
Left lobe = 2
Left lateral segment = 3
Other segments = 4

Kidney No = 1 Yes = 2

Heart No = 1 Yes = 2

Lung No = 1 Yes = 2

CLINICAL STATUS PRE-TRANSPLANT

Section 3

Recipient weight kg

Previous abdominal surgery No = 1 Yes = 2

Recipient height cm

Oesophageal varices

Large = 1
Small = 2
Not present = 3

Number of (all) intestinal failure associated liver diseases (IFALD)

Code (all) the recipient's IFALD(s) or reason for retransplantation in order of indication (See codes inside cover)

Stomal varices

Large = 1
Small = 2
Not present = 3

Indication (1) (2) (3)

Variceal haemorrhage

No previous bleed = 1
Previous variceal bleed = 2

If code 25 or 98, please specify

Lifestyle activity score (See codes inside cover) (Enter 7 for children aged 5 years or less)

If code 2, indicate

No therapy = 1
Beta-blockade = 2
Endoscopic therapy = 3
Surgical shunt = 4
TIPS = 5

Patient location

Outpatient = 1
Ward = 2
ICU/HDU = 3

Inotrope therapy

No = 1
Yes = 2

Ventilated

No = 1
Yes = 2

If YES, please indicate type

Dopamine = 1
Adrenaline = 2
Norepinephrine = 3
Terlipressin = 4
Other = 5

Renal support

Haemodialysis = 1
Haemofiltration = 2
Not required = 3

Spontaneous bacterial peritonitis (SBP) history

No = 1
Yes = 2

Clinical detectable ascites

No = 1
Yes = 2

Opiate usage

Previous = 1
Current = 2
None = 3

Diuretic therapy

No = 1
Yes = 2

Sepsis within last 24 hours

No = 1
Yes = 2

Encephalopathy grade (See codes inside cover)

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RECIPIENT COMORBIDITY PRE-TRANSPLANT Section 4

<p>CARDIOVASCULAR DISEASE</p> <p>Prior cardiac disease No = 1 <input type="checkbox"/> Yes = 2 <input type="checkbox"/></p> <p>Current angina No = 1 <input type="checkbox"/> Yes = 2 <input type="checkbox"/></p> <p>If YES, prior treatment Drugs = 1 <input type="checkbox"/> Stent = 2 <input type="checkbox"/> CABS = 3 <input type="checkbox"/> Other = 4 <input type="checkbox"/></p> <p>Cerebrovascular disease No = 1 <input type="checkbox"/> Yes = 2 <input type="checkbox"/></p> <p>Symptomatic peripheral vascular disease No = 1 <input type="checkbox"/> Yes = 2 <input type="checkbox"/></p> <p>Hypertension No = 1 <input type="checkbox"/> Yes = 2 <input type="checkbox"/></p> <p>DIABETES</p> <p>Is the patient diabetic? No = 1 <input type="checkbox"/> Yes = 2 <input type="checkbox"/></p> <p>If YES, Year of diagnosis <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Cause Type I = 1 <input type="checkbox"/> Type II = 2 <input type="checkbox"/> Other (eg pancreatotomy) = 3 <input type="checkbox"/></p> <p>If code 3, please specify <input type="text"/></p> <p>Treatment Diet = 1 <input type="checkbox"/> Tablets = 2 <input type="checkbox"/> Insulin = 3 <input type="checkbox"/></p>	<p>SMOKING</p> <p>Pipe/cigars No = 1 <input type="checkbox"/> Yes = 2 <input type="checkbox"/></p> <p>Cigarettes No = 1 <input type="checkbox"/> Yes = 2 <input type="checkbox"/> Ex-smoker = 3 <input type="checkbox"/></p> <p>If YES, number per day (Cigarettes only) <input type="text"/> <input type="text"/></p> <p>If EX-SMOKER, years since stop (To nearest year, 6 months = 1 year) <input type="text"/> <input type="text"/></p> <p>Total exposure in pack years (1 pack year = 20 cigarettes per day for 1 year) <input type="text"/> <input type="text"/></p>
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VIROLOGY RESULTS PRE-TRANSPLANT Section 5

<p>HB core antibody <input type="checkbox"/></p> <p>HBsAg Negative = 1 <input type="checkbox"/> Positive = 2 <input type="checkbox"/> Not tested = 7 <input type="checkbox"/> Unknown = 9 <input type="checkbox"/></p> <p>HBV DNA (PCR) <input type="checkbox"/></p> <p>Anti-HDV <input type="checkbox"/></p>	<p>Anti-HCV <input type="checkbox"/></p> <p>HCV RNA (PCR) Negative = 1 <input type="checkbox"/> Positive = 2 <input type="checkbox"/> Not tested = 7 <input type="checkbox"/> Unknown = 9 <input type="checkbox"/></p> <p>Anti-CMV <input type="checkbox"/></p> <p>Anti-HIV <input type="checkbox"/></p>	<p>EBV (IgG) Negative = 1 <input type="checkbox"/> Positive = 2 <input type="checkbox"/> Not tested = 7 <input type="checkbox"/> Unknown = 9 <input type="checkbox"/></p> <p>EBV (PCR) <input type="checkbox"/></p> <p>If code 2, please specify copies/ml <input type="text"/></p>
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INVESTIGATION RESULTS PRE-TRANSPLANT Section 6

<p>Haemoglobin <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> g/dl</p> <p>White blood cells <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10⁹/l</p> <p>Platelets <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x10⁹/l</p> <p>Serum urea <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mmol/l</p> <p>Serum creatinine (not on dialysis) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> μmol/l</p> <p>Serum albumin <input type="text"/> <input type="text"/> g/l</p> <p>INR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Prothrombin time <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> seconds</p>	<p>Serum bilirubin <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> μmol/l</p> <p>Serum sodium <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mmol/l</p> <p>Serum potassium <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mmol/l</p> <p>Serum lactate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mmol/l</p> <p>pH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Arterial PO₂ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> kPa</p> <p>C-reactive protein <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> mg/l</p>
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APPEARANCE OF GRAFTED ORGANS

Section 7

Donor organ appearance, judged by implanting surgeon

Healthy = 1
Suboptimal = 2

Donor malignancy present

No = 1
Yes = 2

Donor liver fatty infiltration, judged by implanting surgeon

Nil = 1
<30% = 2
30-50% = 3
>50% = 4

Quality of perfusion

Good = 1
Fair = 2
Poor = 3
Patchy = 4
Unknown = 9

Liver capsular damage

No = 1
Yes = 2

Other organ damage

No = 1
Yes = 2

If YES, please specify

PERFUSION AND OPERATIVE DETAILS

Section 8

Was machine preservation used

No = 1
Yes - warm = 2
Yes - cold = 3

Cold ischaemic time

(Elapsed time from liver removal from donor completed to liver removed from ice)

 : hr:min

Date/time organ removed from ice

 : : at : (24 hr)

Date/time organ perfused with recipient's blood

 : : at : (24 hr)

Veno-venous bypass time (if applicable)

 : hr:min

Inferior Vena Cava anastomosis

Conventional = 1
Piggyback = 2
Cavo-cavoplasty = 3

Portal Vein anastomosis

Conventional

No = 1
Yes = 2

Thrombectomy required

No = 1
Yes = 2

Portal vein conduit

No = 1
Yes = 2

Arterial anastomosis

Single = 1
Multiple = 2

Grafted organ arterial supply

Native hepatic artery = 1
Intra renal conduit = 2
Supra renal conduit = 3
Other = 4

Biliary anastomosis

Duct to duct = 1
Duct to intestine (no Roux) = 2
Duct to intestine (Roux) = 3
Stent = 4
None = 5

Use of stent

No = 1
Yes = 2

Portacaval shunt

No = 1
Yes = 2

Proximal anastomosis

Recipient stomach to graft stomach = 1
Recipient stomach to graft jejunum = 2
Gastrojejunostomy = 3
Jejunogastric anastomosis = 4
Recipient duodenum to graft jejunum = 5

Pancreas

Partial = 1
Complete = 2

Stoma formation

Ileostomy = 1
Colostomy = 2
Mucous fistula = 3

BLOOD PRODUCTS

Please give number of units used

Bank blood (intraoperatively)

Not used = 00

Cell saver blood used (intraoperatively)

Not used = 00

Information on the anatomical details of the split liver are provided on the Split Liver Information (L-SL-I) form

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IMMUNOLOGY

Section 9

CROSSMATCH TESTS

Crossmatch test

Prospective = 1 ☐
Retrospective = 2 ☐
Not tested = 7 ☐

If YES, crossmatch method(s)

CDC

No = 1 ☐
Yes = 2 ☐

Flow

No = 1 ☐
Yes = 2 ☐

Other

No = 1 ☐
Yes = 2 ☐

Unknown

No = 1 ☐
Yes = 2 ☐

CROSSMATCH RESULTS

Current serum

T/Unsep cells

Non T/B cells

Historic serum

T/Unsep cells

Non T/B cells

CDC

Negative = 1
Positive = 2
Not tested = 7

☐
☐
☐
☐

☐
☐
☐
☐

CDC

Flow

Other

Unknown

Negative = 1
Positive = 2
Not tested = 7

☐
☐
☐
☐

☐
☐
☐
☐

HLA DATA

Section 10

Has the recipient's HLA type been determined?

No = 1 ☐
Yes = 2 ☐

	HLA broad specificity	HLA split specificity	HLA allele(s)	HLA broad specificity	HLA split specificity	HLA allele(s)
HLA -A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-DR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-Cw	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-DQB1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bw4/Bw6

DR51/51N/52/53/53N

-DRB3 alleles

-DRB4 alleles

-DRB5 alleles

