

## **Policy**

This policy is confined to transmission of images taken in order to support transplantation.

For the purpose of this document the term image refers to photographs, video and all other media.

Imaging is performed via the DonorPath application to enable visualisation in the TransplantPath application.

The decision whether to accept a retrieved organ for transplantation depends on many factors and the implanting surgeon must make a decision based on balance of risk and benefit, taking into consideration the privacy and dignity of the individual. In some instances, review of additional information such as photographs, video and radiological images of the organ taken before, during or after retrieval will help the surgeon make the most appropriate decision and aids utilisation.

Recording images of organs, tissues or other aspects of the donor e.g., a suspicious skin lesion, is encouraged where it is clinically indicated to ensure the safety of the donation, retrieval and transplantation of organs and tissues and where consent/authorisation has been given and is in line with current guidance and when the confidentiality of the donor is protected.

Reports (such as additional microbiology reports) and images of other investigations (such as echocardiographs) may be uploaded to DonorPath and accessible to the recipient team, if indicated, to ensure the safety of organ retrieval and transplantation.

## **Objective**

This document is intended to offer guidance and principles on the practice of taking images to ensure the safety of the donation, retrieval and utilisation of organs and tissue for transplantation.

## **Changes in this version**

Incorporation of the transition to DonorPath as a portal for image sharing and review on TransplantPath application.

Removing the requirement to share images via email, WhatsApp or any other platform.

Removal of instruction regarding flash photography.

Inclusion of request for liver imaging and instructions.

Addition of guidance for imaging in circumstance of organ damage and guidance for taking images.

Addition of roles.

## **Roles**

**Specialist Nurse (SN) Organ Donation-** To undertake appropriate imaging of documents, reports and clinically relevant information via iPad and upload to DonorPath to aid clinical decision making by transplant centres.

**National Organ Retrieval Service (NORS) -** To guide and where appropriate assist with the process of image taking, both routine and damage to aid clinical decision making by transplant centres. To comply with the requirements of this MPD, local and centre policy on images for education, ensuring the correct consent, storage and destruction is adhered to.

**Recipient Centre Point of Contact (RCPoC)/Transplant Clinician -** To ensure access to and utilise TransplantPath application. Utilise images to guide clinical decision making on organ suitability and safety for transplantation.

**Hub Operations -** To support the transfer of images in periods of IT outage or on receipt of images taken at accepting transplant centres requiring sharing when the TransplantPath application can no longer be accessed as a mode to upload images.

## **1. Principles**

There are three key principles to consider when sharing recorded information (such as photographs and video of organs):

- Consent/Authorisation
- Anonymity
- Confidentiality

The duty to share information can be as important as the duty to protect patient confidentiality although information must be shared only with those who have a need to know (Caldicott principle 7). Please see Appendix A for the Caldicott principles related to confidentiality of information.

## **2. Consent / Authorisation**

According to the General Medical Council (GMC) consent to record images of internal organs or structures will be implicit in the consent/authorisation, to **support clinical decision making, quality and safety in organ and tissue transplantation**, and does not need to be obtained separately.

Images taken in theatre must comply with the local hospital policy, **where donation occurs**, and care should be taken to ensure that the donating hospital cannot be identified in the image.

Staff at the donor hospital may not feel comfortable being filmed and/or recorded, and in these cases their consent must be obtained before filming/voice recording commences.

In the circumstance of transplant clinicians seeking to utilising images for training or education purposes explicit consent should be obtained at an appropriate point in the process and compliance with the storage of images as per local Trust/Health Board information governance. Surgeons should raise this at the earliest opportunity to enable a conversation with the family.

### **3. Anonymisation**

Photographs or video of **organs** must not be taken where the patient is, or may be, identifiable.

Identifiable features could include birthmarks, tattoos, patient medical records and geographic location and care must be taken when recording to exclude these from images. It is essential that photographs contain NO identifiable aspects of the **donor hospital**, operating theatre or staff.

An exception is imaging of reports which will have an element of patient identifiable data (PID), i.e. blood group or CT, however care should be taken to avoid unnecessary information such as address.

### **4. Confidentiality**

Images should be accessed only via the TransplantPath application, with the applied principles above, mitigating the requirement to share between the retrieval, recipient teams, transplanting centre and Specialist Nurse (SN). No images are to be stored on devices.

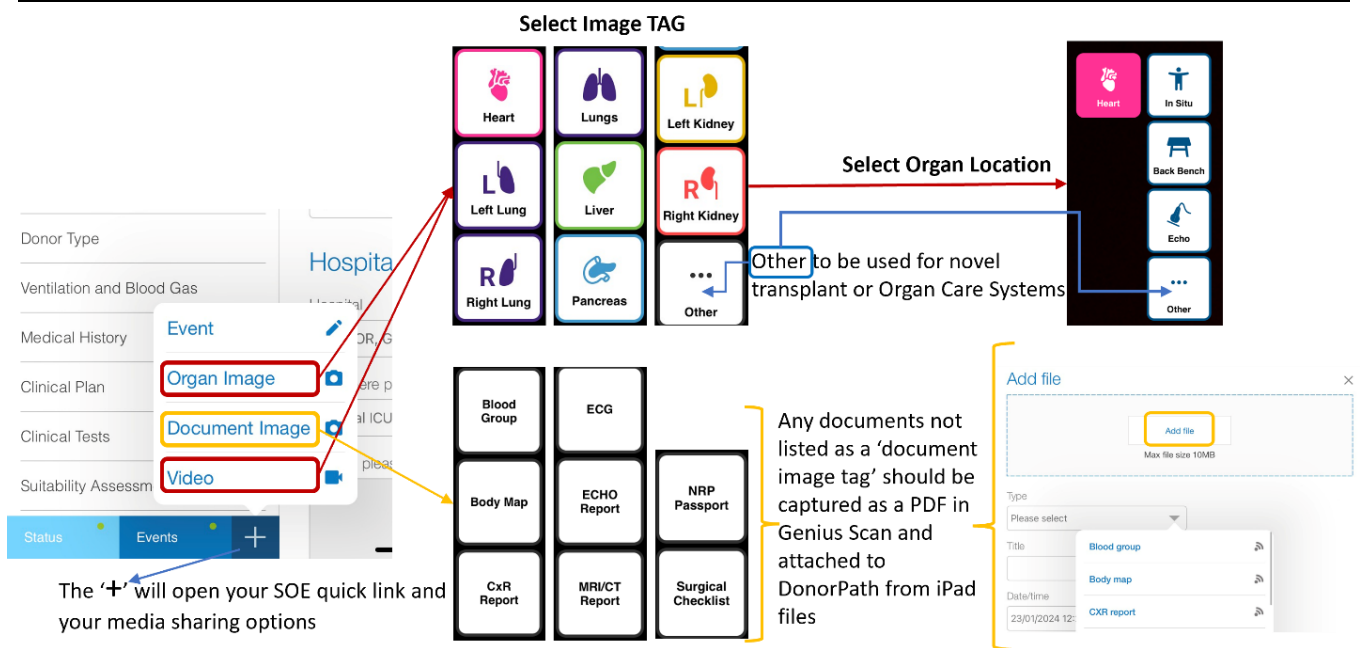
Images may be uploaded to the incident reporting system if reporting a clinical incident, such as damage.

In the event of a clinical incident for which imaging is required to be support, all images will be accessible in DonorPath and TransplantPath and therefore no requirement to share by other means.

Images must not be shared in public media such as television, radio, internet, print.

### **5. Guidelines**

- 5.1 There is an image capture functionality on DonorPath, which enables a SN to capture images or videos organs and documents, assigning labels and comments. Uploads can be accessed by Transplant Centres via TransplantPath. Principles of consent and confidentiality should be adhered to.



- 5.2 In the event of no suitable tag for uploading images to TransplantPath, documents can be uploaded as PDF via the Genius Scan application. Select "add file" within DonorPath. Caution should be taken to ensure visibility by the Transplant Centre, indicated by the wifi symbol adjacent to the document type, as per **SOP5499**. For example – there is a requirement to take an image of the key time points (theatre timings board or monitor screen).
- 5.3 In addition to routine images required to support transplantation (e.g. a kidney donor >65 yrs), there may be a requirement to provide photographic images of damage or anatomic variants. In this circumstance NORS surgeons will assist with taking or directing the required views, which can be uploaded onto TransplantPath.
- 5.4 In the circumstance of later damage or concern being identified at the Transplant centre if a photograph is required it is permissible for a Transplant clinician to send an image to Hub Ops via email. These images should be uploaded to DonorPath, labelled as "images – damage" and subsequently accessible via the TransplantPath application.
- 5.5 Trusts/Health Boards will have their own unique data sharing practices, for example the ability to share images via PACS. It remains the responsibility of the individuals requesting these to comply with local clinical information sharing policy to ensure secure transfer and is outside the remit of the SN.

### Advice

In the circumstance of DonorPath outage there will be a requirement to revert to the secure emailing of images. Please refer to Organ Donation Process for a Potential Organ and/or Tissue Donor in the event of DonorPath/IT network unavailability **SOP3925**.

WhatsApp for transfer of images is prohibited.

## 6. Photographing kidneys – organ specific guidance

6.1 There are multiple circumstances where images may benefit suitability assessment.

**A)** If they meet the following criteria:

- Any kidney donor over the age of 65 years
- Any kidney with anything other than good perfusion
- Any kidney with any injuries/surgical damage
- Any kidney where concerns are raised by the retrieval surgeon

**B)** Recipient centres may also request photographs to be taken at the point of kidney offering.

**C)** SN or NORS may identify benefit in organ imaging intraoperatively to aid clinical decision making.

6.2 Kidney photographs must be taken by the SN via the DonorPath organ image capture function and will be accessible to the Recipient Centre via the TransplantPath Application.

6.3 A minimum of three images per kidney should be taken by the SN whilst the kidney is on the back bench. A sterile, coloured, surgical sling should be included in photographs as a safety mechanism; to indicate which kidney has been photographed.

**Image 1** - Anterior surface



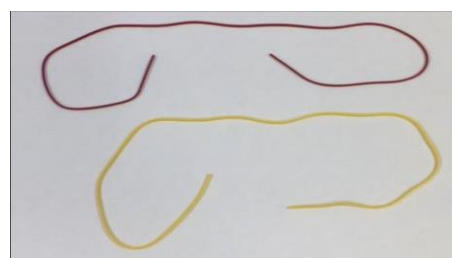
**Image 2** - Posterior surface



**Image 3** - Arterial patch



**Image 4** Red – Right, Yellow – Left

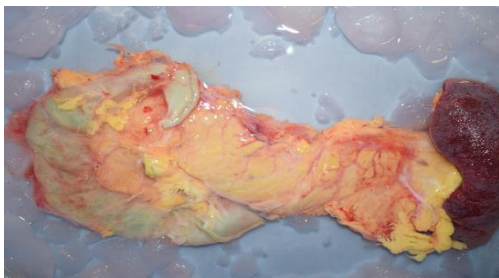


## 7. Photographing of the Pancreas – organ specific guidance

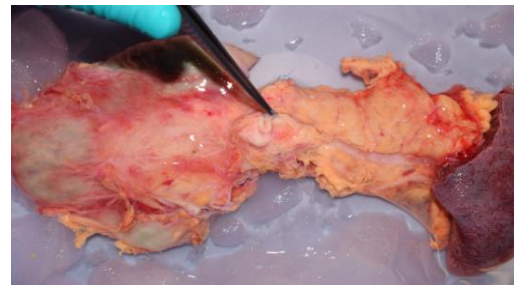
All pancreases retrieved for the purpose of solid organ or islet transplantation, with the exception of those retrieved as part of a multi-visceral or intestinal graft, must be photographed by the SN and emailed to Hub Operations to be offered to the accepting Recipient Centre.

- 7.1. A minimum of three images should be taken by the SN utilising the Genius scan app on the iPad whilst the pancreas is on the back bench. An additional photo of any injury, damage, or abnormality may be also be required if not adequately captured in the first three images. The arterial Y-graft, SMA, and splenic artery should all be carefully inspected by the retrieving surgeon, and additional images must be taken if there are any concerns. It is recommended that theatre lights do not fall on the organ, and that if a flash is available on the iPad this should be used.

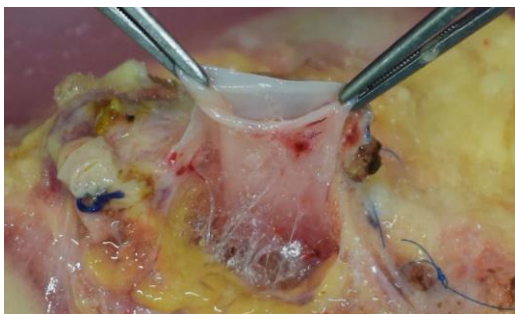
**Image 1** - Anterior surface of the pancreas, with the duodenum and spleen included. Enteric staple lines should be captured.



**Image 2** Posterior surface of the pancreas, with the duodenum and spleen included. Enteric staple lines should be captured.



**Image 3** - Portal vein length





## 8. Photographing of the Liver – organ specific guidance

The decision to accept a liver for transplantation from a deceased donor depends on a number of factors, including the donor's medical history, mode of death and biochemical markers of liver injury taken prior to retrieval. Importantly, subjective visual assessment of the liver surface texture and level of steatosis plays a crucial role in assessing the viability of a retrieved liver. Implanting surgeons depend on the retrieval surgeons' assessment of a liver to inform the decision to implant the organ.

- 8.1 It is requested that **all** livers retrieved for the purposes of solid organ transplantation be imaged. A minimum of 4 images per liver should be taken. \*\*There may be additional insitu requests.  
The attending NORs will assist the SN to achieve the required images.

Image 1 Anterior surface



Image 2 Posterior surface (face on)



Image 3 Posterior surface left lobe (rotated)

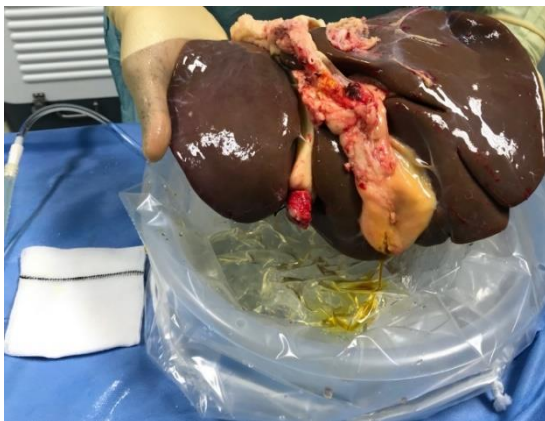
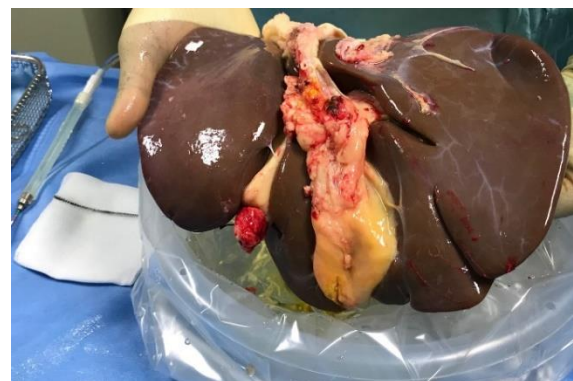
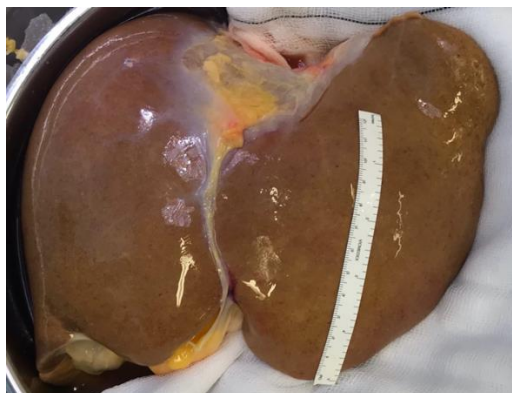


Image 4 Posterior surface right lobe (rotated)



In the event of a split liver donation, 3 further photographs should be taken as below.

**Image 1** Length of left lobe



**Image 2** Width of left lobe



**Image 3** Depth of left lobe



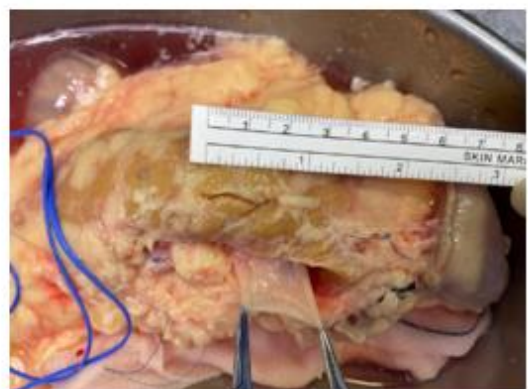
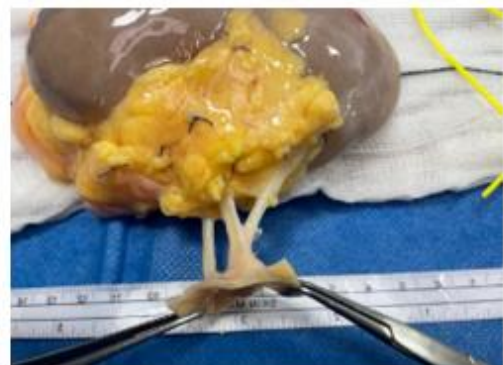
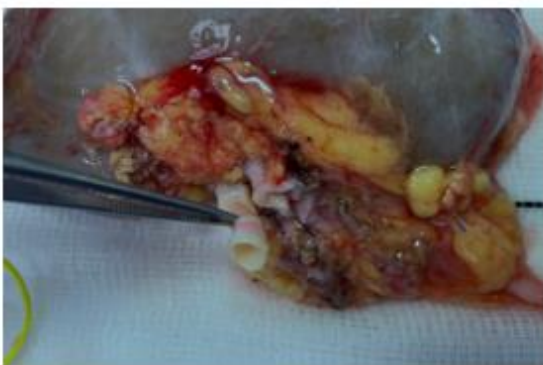


## 9. Imaging in circumstances of organ damage

Composition is critical to providing accurate information and depends on the correct position of a subject, dimension, colour, brightness, and shape.

### ⚠ Advice

- Keep things simple, and eliminate distracting elements, but the viewer must be able to determine the image's focal point (anatomical structure).
- Make sure the most critical aspects of the object are in the frame. This must include damage and the surrounding area to understand geography.
- A member of the scrubbed surgical team can use an instrument tip (e.g. forceps) to point at the damage.
- When photographing kidney damage, place a coloured sling into a frame to identify the side (**YELLOW** – left kidney, **RED** – right kidney).
- Place a sterile ruler into the frame next to the area of interest (damage) to provide size information.



## 10. Imaging technique guidance

### Holding a camera device

- Holding the camera device securely is essential to maximise image quality.
- Moving a camera or camera shake when an image is taken is the leading cause of soft and unsharp photos.
- Supporting a camera properly and minimising camera movements results in sharper images.

### Stabilise camera

- For extra stability, brace your elbow into your body.
- Hold a breath as you press the shutter release.



## Definitions

- **SN** – Specialist Nurse Organ Donation
- **GMC** – General Medical Council
- **NORS** – National Organ Retrieval Service

## Related Documents / References

- **MPD1043** – National Standards for Organ Retrieval from Deceased Donors
- **SOP4938** – Sharing Clinical Information
- **SOP5499** – Theatre Manual for Deceased Organ Donors
- **SOP6405** - Characterisation Manual
- **SOP3925 - Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the event of DonorPath/IT network unavailability**
- [http://www.gmc-uk.org/guidance/ethical\\_guidance/making\\_audiovisual.asp](http://www.gmc-uk.org/guidance/ethical_guidance/making_audiovisual.asp)
- [http://www.gmc-uk.org/guidance/ethical\\_guidance/confidentiality.asp](http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp)

## Appendix A - Caldicott Principles

### 1. Justify the purpose(s)

Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.

### 2. Don't use personal confidential data unless it is absolutely necessary

Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

### 3. Use the minimum necessary personal confidential data

Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

### 4. Access to personal confidential data should be on a strict need-to-know basis

Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

### 5. Everyone with access to personal confidential data should be aware of their responsibilities

Action should be taken to ensure that those handling personal confidential data — both clinical and non-clinical staff — are made fully aware of their responsibilities and obligations to respect patient confidentiality.

### 6. Comply with the law

Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

**7. The duty to share information can be as important as the duty to protect patient confidentiality.**

Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

**8. Inform patients and service users about how their confidential information is used**

A range of steps should be taken to ensure no surprises for patients and service users, so they can have clear expectations about how and why their confidential information is used, and what choices they have about this.

*The process of organ donation is unique and occurs after death. Therefore this mitigates the ability to apply this principle, however sensitivity and respect for confidential information should remain as per the other Caldicott principles.*