

**NHS BLOOD AND TRANSPLANT**  
**PANCREAS ADVISORY GROUP**  
ORGAN DAMAGE/QUALITY

**INTRODUCTION**

- 1 This paper reports on the information reported on the HTA B form on grade of surgical damage for pancreases that were accepted for whole pancreas transplantation.

**DATA**

- 2 Data on 287 donors between 1 January and 31 December 2023 whose pancreas was taken and accepted for whole pancreas transplantation were analysed from the UK Transplant Registry (UKTR).

**RESULTS**

- 3 Of the 287 donor pancreases accepted, 153 (53%) were transplanted. **Table 1** shows the grade of damage reported on the HTA B form by whether or not the pancreas was transplanted. 27 (9%) had a grade of surgical damage reported on the HTA B form, 15 (56%) were not utilised due to surgical damage being the primary or contributing factor. The recorded descriptions relating to reported surgical damage are provided in Table A in the Appendix.
- 4 For the 23 pancreases that were not inspected for damage and were not transplanted, the primary reason for non-use was: fatty (5), anatomical (5), cold ischaemia time (4), unsuitable donor age (3), poor function (1), organ damaged (1), recipient unfit (1), updated blood results (1) and possible tumour (1).

**ACTION**

- 5 Members are reminded that if the accepting centre receive a pancreas that has severe surgical damage then an incident must be raised via the ODT website [link](#). Only by raising an incident can the data be monitored and acted upon. Members are also reminded of the importance of the completion and return of the HTA B form to ODT Information Services.
- 6 Members are asked to consider the information presented and make any recommendations as appropriate.

**Table 1 Pancreas damage reported on HTA B form for a pancreas that was accepted for a whole patient, 1 January - 31 December 2023**

<b>Grade surgical damage reported on HTAB forms</b>	<b>Transplanted</b>	<b>Not Transplanted</b>	<b>Total</b>
10 - No Effect/No Damage = Surgical damage was absent or had no clinical effect	146	84	230
11 - Mild Effect = Damage was present but organ was repaired for transplant	5	7	12
12 - Moderate Effect = Damage contributed, along with other serious concerns, to the decision not to use the organ	0	4	4
13 - Severe Effect = Damage was the primary factor in the decision to decline for transplantation. The organ would have been used if no damage was present	0	11	11
14 - Not performed = Organ not inspected for damage	0	23	23
Missing form	2	5	7
<b>Total</b>	<b>153</b>	<b>134</b>	<b>287</b>

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## Appendix

Table A below presents the description provided for the 27 pancreases that had reported surgical damage on the HTA B form. The highlighted rows show the 5 pancreases that were transplanted.

<b>Table A Description of the damage for the 27 pancreases that were accepted for whole organ transplantation and had surgical damage reported on the HTA B form</b>	
<b>Surgical grade reported</b>	<b>Description of the organ damage</b>
<b>Mild</b>	
11	Damage to the pancreas tail @ time of retrieval. Pancreas common bile duct has not been tied, gross biliary contamination with communication to the duodenum.
11	Fibrotic Body and tail of pancreas
11	Tear at the tail.
11	CBD not ligated at retrieval
11	Traction damage. Smaller lower pole renal vein had partial avulsion at the level of the cava (was tied off)
11	Hole cut in Y-Graft needing repair. Surgeon thinks this is moderate damage
11	Minimal subcapsular haematoma
11	Small capsular tear
11	Duodenum into jejunum 7 cm serosal tear ? Traction injury also iliac vessels bifurcation traction injury, unable to use Y graft used main iliac and own vessels . Damage was surgically repairable
11	Portal vein very short - splenic vein exposed. Splenic artery cut very distally (2cm from tail)
11	REPLACED RIGHT HEPATIC ARTERY FROM SMA
11	Superficial laceration
<b>Moderate</b>	
12	very short portal vein
12	Pancreas inspected - no/min fat, but 3 x 3 cm tears each on ant and post surface of tail. No clear parenchymal injuries.
12	Underperfused organ with blood in the portal and SMA. Capsule stripped of pancreas with exposure of Splenic artery and vein upto mid pancreas
12	Diathermy damage to parenchyma at head of pancreas
<b>Severe</b>	
13	Capsular damage and parenchymal injury mid body of pancreas, haemorrhage in head of pancreas.
13	the pancreas it was noted that -portal vein was dissection up to the splenic vein (which can only be seen when pancreas parenchyma is dissected ) -Inferior pancreaticoduodenal artery cut off MDT among Mr Anand Muthusamy and Mr Rowland Storey Plan : -not good enough to be transplanted -Datix form submitted at ODT website
13	2x capsular injury and 1x parenchymal injury at site of splenic artery and SMA cut short to disrupt branch (?disrupted blood supply to pancreas head)

<b>Table A Description of the damage for the 27 pancreases that were accepted for whole organ transplantation and had surgical damage reported on the HTA B form</b>	
<b>Surgical grade reported</b>	<b>Description of the organ damage</b>
13	5cm capsular tear was evident on anterior surface and it was deemed not safe for transplantation.
13	>5cm laceration to pancreatic capsule (upper border of pancreas). Iliac artery injury at the Y-graft point.
13	Proximal duodenal staple line open with signs of contamination
13	injury to the portal/splenic vein and capsular damage. Pancreas to be disposed
13	approx 1 inch of splenic artery dissected off; parenchymal dissection in process of getting #1; haematoma upper border pancreas; moderate fatty pancreas
13	Y Iliac artery atherosclerotic and damaged by 2 areas of cuts and intimal separation (our transplant centre does not have a vessel bank)
13	Damage to the Y graft by traction Dissection at the end of the pancreas. The CBD was left opened and almost di it's into the substance of the pancreas. Capsular damage as above
13	The gastroduodenal artery was completely tied off, with no perfusion to the head of the pancreas. There were two areas of capsular damage adjacent to the portal vein and at the body of the pancreas.