

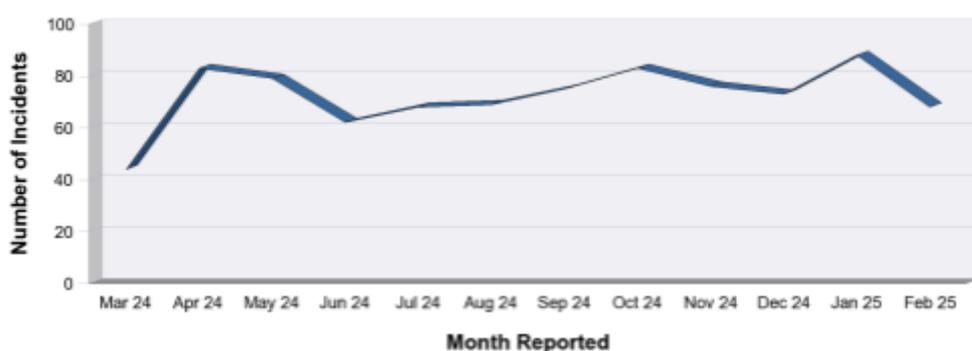
**CTAG-Lung Advisory Group  
OTDT Patient Safety Team Report June 2025**

**1. Status – Confidential**

**2. Action Requested**

CTAG-Lung are requested to note the findings within this report.

**3. Data**



**4. Learning from reports**

Summary of findings and learning from key clinical incident reports submitted to OTDT Patient Safety:

**Date reported:** 28<sup>th</sup> February 2025

Reference: INC 8750

<p><b>What was reported</b></p> <p>A CT NORS team retrieved DCD lungs for transplantation. The heart was retrieved for the purpose of valve donation and transplantation.</p> <p>It was reported that the pulmonary valve was cut very short and only just met the minimum requirement of 5mm above commissures. This limited the options for implantation.</p>
<p><b>Investigation findings</b></p> <p>The case was highlighted to the NORS Lead and reviewed by the attending team. The team acknowledged that the opportunity for tissue donation was not optimised on this occasion.</p> <p>On review, the team noted that the donor was of small stature and had a naturally short pulmonary artery. Standard lung retrieval protocol was followed, with cannulation of the distal pulmonary artery and transection at the level of the</p>

bifurcation. The team accepted that greater consideration should have been given to the potential tissue donation during the retrieval, particularly in a DCD donor where pulmonary artery length can be limited.

#### Learning

- The NORS Lead recommended that the retrieval technique is adapted during DCD heart and lung retrievals with NRP by initially transecting the pulmonary artery high at the bifurcation. The aim being to preserve maximal pulmonary artery conduit length.
- Pneumoplegia will be delivered via dual retrograde cannulation where feasible, rather than relying solely on antegrade perfusion via the pulmonary artery.
- The team acknowledged the importance of documenting anatomical findings.
- The team recognised the importance of balancing organ retrieval with tissue preservation.

### 5.Trends noted

No trends identified

### 6.Summary from Associate Medical Director Clinical Governance OTDT

Several cases have been reported to OTDT Patient Safety where direct communication between retrieval and implanting surgeons would have been beneficial. In each case there was clear documentation and communication of issues via other members of the team, however it was identified that direct surgeon to surgeon communication would have favourable. The cases included a situation where lungs deflated repeatedly before packing and the implanting surgeon was not fully aware of the complexities. Consideration should be given to direct communication where practicable.

### 7.Requirement from CTAG-Lung

Please see link for new guidance on HHV8 and please report cases to the Patient Safety Team- OTDT NHSBT Policies and guidance - ODT Clinical - NHS Blood and Transplant

<https://www.odt.nhs.uk/transplantation/tools-policies-and-guidance/policies-and-guidance/>

#### Author

Jane Rowlands  
Patient Safety Manager  
OTDT