NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE

PANCREAS ADVISORY GROUP

ORGAN DAMAGE/QUALITY

LAY SUMMARY
This paper reports on pancreas damage in 2025. There were 243 donor pancreases accepted for a whole pancreas transplant. Of these organs, 18% had a grade of surgical damage reported. Over half (56%) of the damaged pancreases had moderate or severe damage and were not transplanted. There were 16 pancreases that were not inspected for damage. PAG members are reminded of procedure to report damage incidents.

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 243 donors between 1 January and 31 December 2025 whose pancreas was accepted and retrieved for whole pancreas transplantation were analysed from the UK Transplant Registry (UKTR).

RESULTS

3 Of the 243 donor pancreases accepted, 122 (50%) were transplanted. **Table 1** shows the grade of damage reported on the HTA B form by whether or not the pancreas was transplanted. Of the accepted pancreases, 43 (18%) had a grade of surgical damage reported on the HTA B form and 24 (56%) of those were not utilised due to moderate or severe surgical damage. The recorded descriptions relating to reported surgical damage are provided in Table A in the Appendix.

4 For the 16 pancreases that were not inspected for damage and were not transplanted, the primary reason for non-use was: fatty (3), donor past history (2), CIT (2), poor function (2), donor age (1), donor size (1), infection (1), anatomical anomaly (1), renal tumour (1) and other (2).

Table 1 **Pancreas damage reported on HTA B form for a pancreas that was accepted for a whole pancreas patient, 1 January - 31 December 2025**

Grade surgical damage reported on HTAB forms	Transplanted	Not Transplanted	Total
10 - No Effect/No Damage = Surgical damage was absent or had no clinical effect	110	71	181
11 - Mild Effect = Damage was present but organ was repaired for transplant	12	7	19
12 - Moderate Effect = Damage contributed, along with other serious concerns, to the decision not to use the organ	0	10	10
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	14	14
14 - Not performed = Organ not inspected for damage	0	16	16
Not reported	0	3	3
Total	**122**	**121**	**243**

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.

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Statistics and Clinical Research **April 2026**

APPENDIX

Table A below presents the description provided for the 43 pancreases that had reported surgical damage on the HTA B form. The highlighted rows show the 12 pancreases that were transplanted.

Table A	**Description of the damage for the 43 pancreases that were accepted for whole organ transplantation and had surgical damage reported on the HTA B form**
Surgical grade reported	**Description of the organ damage**
Mild	
11	subcapsular haematoma
11	CAPSULAR TEAR
11	Hepatic artery from SMA
11	Mild Capsular Tear
11	pancreatic capsule damage
11	No damage to pancreas, iliac y graft cut short at internal iliac artery
11	Annular Pancreas & Pancreas Fatty
11	Small capsular tears
11	Mesocolic root opened at head of pancreas with venous injury. Donor common ilia not usable as had heavily calcified circumferential plaque (not damage)
11	Small perihilar haematoma.
11	The pancreas is lumpy, hard, oedematous and inflammed
11	PORTAL VEIN SHORT >1CM, SMALL TEAR IN PORTAL VEIN
11	Portal vein cut short by retrieval team, and severe traction tear in y graft necessitating cutting of the internal iliac limb and performing an end to side anastomosis for the splenic and standard end to end for SMA anastomosis.
11	1 cm laceration to portal vein which required repair
11	CBD - Not tied colonic mesentry - not stapled
11	Cut splenic artery and vein at tail
11	small haematoma at the tail, capsule intact, retrieval cut to the splenic artery past the tail,
11	Capsule Damage due to Right Hepatic From SMA running through superior border of pancreas.
11	Small capsular and parenchymal injury around splenic vein, fatty pancreas was reason for non use
Moderate	
12	Vascular damage
12	- 1st retrieval injury - iatrogenic D2 perforation - reported to us but not major concern to us implant team - 2nd retrieval injury splenic vessels avulsed off the tail, off the spleen - 3rd retrieval injury dissection into the neck of pancreas, portal vein visible 360 degrees in the neck (separate area from the hilum) - Organ also showed moderate steatosis of body, severe at tail and head
12	a serosal tear of the donor duodenum & the kidney is poorly perfused
12	1) approximately 3x2cm serosal tear to duodenum (D1) with small haematoma in duodenal wall 2) approximately 3x2cm capsular tear to tail of pancreasboth anterior and posterior surfaces
12	Pancreas on examination was found to be fatty, nodular and fibrous. Duodenum had been caught in the mesentery staple line (retrieval injury). Transplating surgeon was not made aware of any injuries prior to receiving and visualising the organ. Pancreas HTA book does not disclose any damage.

12	- hole in the splenic vein adjacent to a branch which may have been avulsed - small capsular tear at the tail
12	Initial inspection of the kidney and pancreas was unremarkable, therefore we asked for the anaesthetic team to proceed with the epidural. Upon further inspection of the kidney a large tributary vein was found to be completely avulsed from the hilum with a big opening which was difficult to repair. Another vein (total of three) had a degree of traction injury as well. The anaesthetic team was immediately informed and asked not to continue. [Colleague] was asked for a second opinion and we did agree that it would have been unsafe to proceed with the transplant in the context of an SPK. Patient was informed of why we were not going to proceed and agreed that the risk was too high for him.
12	splenic vein exposed for two thirds of the length of the pancreas
12	Pancreas damage, portal vein cut short. Pancreas deemed not transplantable
12	Moderate pancreas adiposity. Portal vein over-dissection. Donor splenectomy at retreival/back-table. Splenic artery dissected at tail of pancreas.
Severe	
13	The Pancreas is not suitable for transplantation, as the splenic artery is cut short 1.5 inches to the tail. The splenic artery segment overlying the pancreatic body was not in the specimen and short torn pancreatic branches can be seen.(Which could increase Risk of pancreatic infarction. Also the y vascular shaped graft would've been very splayed and stretched in an obtuse angle. [Colleague 1] and [Colleague 2] discussed the findings with [Colleague 3] And all agreed to not proceed dure to the high risks associated.
13	Rupture of splenic vein (2 spots) and over-dissection with exposure of the confluence of superior mesenteric vein and splenic vein.
13	3-4cm cut to splenic vein
13	Denuded capsule of body and tail of pancreas .Hematoma in duodenum and over head of Pancreas. Hematoma in duodenum and over head of pancreas. Blood Splenic vein .Poorly perfused pancreas.
13	Parenchymal injury to pancreas
13	Organ unsuitable for transplant due to 2cm pancreas parenchymal damage around GDA and very short splenic artery with a 4cm of potentially unperfused neck/body of pancreas.
13	splenic artery found to be transected (during retrieval) at mid pancreatic tail level (stripping capsule and exposing splenic vein at this level)
13	Capsular tear to both head and tail - fatty organ
13	- Overdissection posterior tunnel portal vein, exposing SMV/Splenic vein confluence - Capsular and parynchymal breaches - Splenic Artery 2 cm short - Burst duodenal stapler line (Proximal/Pyloric end)
13	Multiple capsule tears, the most serious included a cut to the parenchyma . Splenic artery exposed along the entire length/skeletonized. Portal vein dissection into body of the pancreas by the retrieval team. Also a suture was passed through the entire lumen of the splenic artery. Organ deemed not transplantable.
13	Significant surgical damage, likely with scissors, to body of pancreas. Consultant will submit incident report.
13	Pancreas received with exposed/dissected length of splenic vein (posterior aspect) extended from tail up to neck of pancreas
13	capsular breach damage to the pancreas parenchyma into the uncinate
13	Pancreas parenchymal damage and vein exposed to confluence of IMV and significant length of splenic vein.