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What is the ideal surgical procedure for donor and recipient respectively?

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Surgical procedure or technique differ institution to institution or surgeon to surgeon. Benefit or advantage from the patient point of view is paramount important when we choose the procedure. Up to today, we have changed our surgical procedure for patients to enhance their fast recovery, minimize the complications and ensuring the better quality of life post operatively. For donor procedure, on the earliest days, we have adapted hand assisted retroperitoneal approach then moved to laparoscopic abdominal approach. Currently laparoscopic retroperitoneal approach with pfannenstiel incision for taking out the graft kidney is the procedure we are conducting that allows the scar less prominent. All the manipulations are completed in retroperitoneal space and no manipulation into the abdominal cavity decrease complications such as post operative ileus. For recipient, our concept is minimize the size of the incision to prevent post operative hernia or pain, minimize the area of the dissection to prevent lymphocele etc. However, smaller the incision and narrower the space for working, it will be more difficult to handle the situations in case any unexpected events such as bleeding occurs. Taking the balance of these considerations, we make about 7 cm incision, minimal exposure of the vessels, making the future bed for the graft on iliac fossa, decide the position of the graft on the bed and conducting vessel anastomosis with the graft positioned on the bed. Starting the anastomosis with graft positioned on the bed already enable the assistant no need to hold the graft not necessitate us make much space to work. Venous anastomosis is done with intraluminal running suture for posterior wall and over and over suture for anterior wall. For arterial anastomosis, we use parachute technique. This way of anastomosis could be done in smaller space. We will introduce our technique and investigate the benefit for patients compared to other procedure.