

Submission No.: PG04-5369

Session : Postgraduate Course 4

Date & Time, Place : November 17 (Thu), 10:30-12:00, Room 5F-1

Session Title : Multi-organ recovery video session

---

## Pancreas retrieval

**Byung Hyun Choi**

*Pusan National University Yangsan Hospital, Republic of Korea*

---

Even in the case of an unstable donor, it is crucial that the transplant surgeon develops a systematic method for procuring the liver, pancreas, and kidneys safely. *General principles*

1. The pancreas should be removed after the liver. Warm dissection for pancreatic retrieval can be performed prior to perfusion if whenever possible. In the case of unstable or DCD donors, however, cold dissection without warm dissection was possible.
2. When retrieval of pancreas could threaten post-transplant liver function (risk of vascular damage due to anatomical abnormalities, tiny donor, and challenging recipient), liver retrieval should take priority. Because a liver transplant is a lifesaving procedure. Effective contact with the liver team is required.
3. Excellent surgical technique and a thorough understanding of anatomy are essential.

### *Surgical procedures for organ donation after brain death*

1. Long mid-line or cruciate incision.
2. Open the smaller sac and examine the pancreas for softness, edema, and fatty degeneration. Important preoperative laboratory findings included glucose, Hba1c, amylase, and lipase.
3. Dissection of the aorta and IVC via a prolonged Kocher technique.
4. Omental clearing to end of its right side.

# ATW 2022

Nov. 17<sup>(Thu)</sup>~19<sup>(Sat)</sup>, 2022

CONRAD SEOUL, Seoul, Korea

5. The vessels of the right gastroepiploic artery were dissected and split.
6. Open the hepatoduodenal ligament and examine the vascular architecture for any abnormalities.
7. Portal triad dissection. In consultation with the liver procurement team, divide CBD and ligate distal portion.
8. If possible, dissection of the pancreas's lower border and mobilization of the spleen. This operation can be performed following liver retrieval.
9. There was no need for duodenal irrigation with a nasogastric tube. After ligating the right gastric arteries, divide the duodenum at its first part.
10. Mobilization of small intestine mesentery and identification of SMA's source.
11. Perfusion, insertion of ice slush in the lesser sac.
12. Cut the GDA, Portal vein, and splenic artery during contact with the liver team, and tag the GDA and splenic artery with 6-0 prolene.
13. Following the removal of the liver, mobilize the spleen and pancreatic tail from the left retroperitoneal tissue to the left side of the aorta.
14. Mesenteric resection of the small intestine using a stapler

# **ATW 2022** **Nov. 17<sup>(Thu)</sup>~19<sup>(Sat)</sup>, 2022**

CONRAD SEOUL, Seoul, Korea

15. SMA dissection and division from the right side

16. Retrieval of the iliac artery for Y-graft reconstruction.