

LOOP Recommended Pull Supplies – Organ Procurement

Item Name	Qty	PRN	Comments
LOOP Tray	1		If available
Major Set	1		If LOOP tray not available
Minor Set		1	Have available as backup
Vascular Set	1		For vascular clamps
Sternal retractor	1		Medtronic/OctoBase or Finochietto preferred
Sternal saw	1		Battery operated preferred
Sternal saw battery	1		Please test during setup
Garrett Vascular Dilators		1	
Ligasure impact 18cm		1	Pancreas only
GIA linear proximate cutter 75mm		1	Pancreas and/or intestine only
Linear proximate cutter 75mm reload		2	Pancreas and/or intestine only
Iodine 120cc & Toomey syringe	1		Pancreas only
Large basin		3	For outside teams, if any
0 silk 30"	1	2	
0 silk CT-1 30"		1	Heart/lung
2-0 silk 30"	1	2	
2-0 silk SH 18"	1	1	
2-0 silk pop-offs		1	Heart/lung
3-0 silk 18"		1	Heart
4-0 prolene RB-1 (double armed)		1	Heart
5 ethibond LR 30"	1	1	For closing, tricon on cutting needle also ok
5-0 prolene RB-1 30" (double armed)		1	Heart/lung
Umbilical tape 30"	2	1	
Sternal saw blade	1		16 teeth per inch
Bone wax	1		
Skin staplers	2		Not needed for DCD
Small hemoclip (red)	1	2	PRN only for DCD
Medium hemoclip (blue)	1	3	PRN only for DCD
Large hemoclip (red)		3	PRN only for DCD
Suction tubing	4		
Yankaur tip suction	2		
Poole tip suction	2		
Bovie tip	2	2	Start with short, have long tips available
Blue towels	2	2	
Lap sponge	2	3	
Drape	1		
Shroud kit	1		

Room Equipment

Item Name	Qty	PRN	Comments
Suction	1	1	
IV pole	2	1	More organs = more poles

Large table (abdominals)	1		
Large table (thoracics)	1		Heart/lung recovery only
Small table (LOOP coordinator)	1		Desk space will suffice if available
Bovie	2	1	Not needed for DCD, need more if thoracics
Ligasure	1		Pancreas recovery only
Slush machine	2		If available
Bronchoscope, adult	1		Lung recovery only
Defibrillator with internal paddles	1		Have available in room or just outside room

LOOP provided equipment

LOOP will bring own supplies for their back tables

Item Name	Qty	PRN	Comments
Y-type cysto/TUR tubing	2		Only 1 if DCD
Specimen cups w/Hank's (red fluid)	n+1		n=number of organs being recovered
Aortic flush cannula	1		Provided after surgeon visualizes aorta
Portal flush cannula	1		Provided after surgeon visualizes portal vein
Sterile ice	8		More the merrier
Additionally, if heart/lungs are being recovered:			
HEART: Y-type cysto/TUR tubing	1		
HEART: aortic root cannula	1		
HEART: straight adapter	1		
HEART: 3-way stopcock	1		
HEART/LUNG: tourniquet set	1	1	
LUNG: Y-type cysto/TUR tubing	1		
LUNG: 2" tygon tubing piece			
LUNG: 20 or 21 fr arterial cannula	1		
LUNG: TA-45mm stapler	1		Used after X-Clamp
LUNG: TA-45mm stapler reload	1	2	Used after X-Clamp
LUNG: Sterile syringe w/PGE dilution	1		Only from outside teams or NCH surgeons

Procedure setup

- Label each suction tubing on each end 1, 2, 3, 4
- Always have patient grounded for all bovies. (No bovie needed for DCD)
- Label each bovie. Have two bovies if there is only one team (abdominals). Have 3 or 4 (hospital permitting) if thoracic teams are present
- Consult surgeons for their choice in vascular clamp when they arrive
- Sternal saw should be set up with blade side down (LOOP surgeons only)
- Chest retractor depends on size of patient, typically medium sized
- Have crash cart with internal defibrillator paddles either in the room or just outside the room. Some surgeons will request the paddles be open on the field. (Not needed for DCD)
- Suggested items for mayo stand:
 - 4 penetrating towel clamps

1 ten blade (add eleven blade if thoracics present)
4 Debakeys
4 Metz scissors
1 heavy curved mayo scissor
4-0 prolene loaded (for heart doc, not needed for DCD)
3-0 silk loaded (for heart doc, not needed for DCD)
0 silk free ties
2-0 silk free ties
1 pack umbilical tape (2 if heart being recovered)
6 hemostats
4 Kellys
2 right angles
4 tonsils (used as passers, but not at the beginning. At the beginning surgeons want free ties)
Large vascular clamp of surgeon's choosing

Patient prep

LOOP Staff will help with pt move & prep

- Supine, arms tucked at side. Remove armboards from bed
- All EKG electrodes/bovie grounding pads placed on posterior side
- Move pt over with as little underneath them as possible
- Shoulder roll
- Shave body hair, prep from chin to groin. Chloraprep orange tint preferred
- Wet prep with iodine ok if prep stick cannot be used, or in case of incidental contamination during DCD

Procurement

- Moment of silence will be performed before incision (all donors)
- Throw off the Y-end of the cysto tubing to the LOOP perfusionist by the pt feet & secure the other end to the pt.
- Be ready to provide surgeons with ice as soon as X-Clamp occurs
- 4 nodes and a quarter sized piece of spleen are to be put in each specimen container with red fluid provided by LOOP perfusionist

Organ specific:

PANCREAS: Have Ligasure & GIA staplers available. No need to open unless surgeon asks, pancreas is often declined upon visual. 120cc of betadine to go down NG tube upon surgeon request, please provide betadine & Toomey syringe to anesthesia.

HEART: Additional back table required, perfusion will need separate pole but can share with anesthesia.

LUNGS: Additional back table required, perfusion will need separate pole but can share with anesthesia. Surgeon will need the bronch first thing unless it is a DCD. Scrub tech may be requested to pull up PGE using sterile syringe for injection into pulmonary arteries just prior to X-Clamp. Anesthesia will be requested to stay onsite until after lungs are procured as pt lungs

will need to be re-inflated. TA staplers will be used to staple off trachea, 10 blade will be used to excise the organ. Some teams may request a basin for each lung on the back table.

DCD ONLY:

- Place light handles before patient arrives
- All staff be aware as soon as patient gets in the room rush to throw off suction
- Anesthesia will be needed if lungs are being recovered
- Surgeons will open with a 10 blade, NO BOVIE NEEDED
- As soon as surgeons are open start handing them penetrating towel clips
- Have extra saw batteries up and check them
- Set up free ties and umbilical tape so the surgeons have easy access to them
- DCD procurements are quick, typically 3-4 minutes from incision to X-Clamp

Additional info for DCDs:

*****No staff involved in procurement may be present for the withdrawal*****

- LOOP perfusionist will pre-prepare the patient & cover with a sterile sheet.
- Family may be present to say their final good-byes.
- Procurement may begin only after 5 minutes have passed since pronouncement.

Prep supplies:

- 2 Chloraprep orange tint
- 6 OR towels
- 1 IOBAN (2 for larger patients)
- 1 Laparotomy drape
- 1 ¾ or ½ sheet
- 1 shoulder roll

Pt will be moved onto OR bed and withdrawal will occur there. Ideally, withdrawal and recovery will occur in separate rooms. If recovery and withdrawal will occur in the same room, the OR must be completely set up for surgery and all sterile surfaces covered for family to be able to be with the patient. All procurement personnel must wait for the pt to expire in another area.

All leads must be moved to back, no bovie needed.

Pt will be prepped with Lap drape placed on pt chest. All areas will then be covered with a sterile sheet, then with blankets to allow family to be with the pt when they expire.

Pt vitals will be logged by a LOOP coordinator who will stay with the pt and monitored by the surgeons in a separate room.

Once pt expires, family will be escorted out. Surgeons must wait 5 minutes post-pronouncement until making incision. During this 5 minute waiting period, the pt will be moved to the recovery suite, blankets removed revealing sterile area underneath. Drape will be set up and a time-out performed.