

Goal: Optimize graft function

Personnel: Anesthesiologist

Preparation:

- Anesthesiologist has to be immediately available once withdrawal of life sustaining treatment (WLST) process has started (i.e. no other responsibilities).
- Retrieval OR setup includes intubation supplies to ensure single attempt (styletted 8.0 ETT is preferred, glidescope)
- Tracheotomy is rarely necessary, however, the OR should have a scalpel, #8 cuffed trach tube and tracheal hook available
- NO DRUGS are administered
- NO MONITORS are used

Upon entry of donor into the operating room (after declaration of death has occurred) the surgical team will immediately proceed with the retrieval procedure. The following Anesthesia steps will have to occur simultaneously.

1. Immediately intubate with 8.0 ETT (NO drugs).
2. Bronchoscopy by Thoracic surgeon through open ETT (circuit not connected)
3. **Once Surgeons have cannulated the pulmonary artery**, connect to anesthesia circuit. Provide recruitment maneuver on 50% oxygen/ air (30-40 cmH₂O for 30 seconds), communicate with surgical team regarding exposure and completeness of recruitment.
4. After recruitment, institute gentle ventilation, maintain open lung, while allowing surgical exposure (eg. V_t 3-5 ml/kg, rate 10-15 bpm, PEEP 10 cmH₂O, 50% O₂)
5. The surgeon will place bronchial stapler around trachea and attempt to palpate location of ETT
6. The anesthesiologist will be required to inflate the lungs to eliminate all atelectasis
7. At an airway pressure of 20cm H₂O, the anesthetist will pull back the ETT slowly with cuff up to maintain lung volume. When the ETT is superior to the stapler, the surgeon will close the stapler to occlude trachea and then fire the staple line.
8. Once lungs are retrieved, anesthesiologist is free to leave for other cases.

Prepared by Dr. John Yee

Note: The billing for the failed-to-proceed DCC case would be the usual organ donor code (donor's PHN) and time you were available on stand-by even though the patient may not have been brought to the OR. Organ recovery falls under a level 7, so fee code would be 01177 and billable to MSP at \$41.10 per 15 minutes.