Transplant Institute

Beth Israel Deaconess Medical Center

A teaching hospital of Harvard Medical School

BIDMC Pancreas Transplant Recipient Perioperative Module

	PRE-OP HOLDING AREA	DAY 0 – Operating Room
CONSENTS	• Consent check by surgery resident • Anesthesia consent • Transplant surgeon to get research consent • Transplant surgeon to visit with patient if not seen on Farr 10	• Time-out and group huddle to confirm patient identity and planned procedure • Verify and sign ABO compatibility form pre-incision • Review hardcopy crossmatch
TESTS	• Surgeon to recheck crossmatch results • Fingerstick glucose	
MEDICATIONS		• If SPK: Mannitol 12.5→25g IV **AND** Furosemide 20-100mg IV prior to reperfusion per surgeon request • Regular insulin IV infusion to keep BS 100-150mg/dl
ANTI-INFECTIVES/ ID	• If Vancomycin to be used, consider administration in the holding area.	Perioperative antibiotic prophylaxis: • Fluconazole 400mg IV 30min prior to incision • Ampicillin Sulbactam 3g IV administered within 30 min prior to incision and completed prior to incision. • If life-threatening allergy to cephalosporin or penicillin or if known MRSA colonization or infection: o Vancomycin 1g IV **AND** Levofloxacin 500mg IV administered within 60 minutes prior to incision and completed prior to incision. Intraoperative Redosing:

Antibiotic	Intraop Dose
Ampicillin-Sulbactam	3 gm IV q4h
Vancomycin	1 gm IV q12h
Levofloxacin	No redosing needed
If blood loss>1500cc, redose at end of case	

IMMUNOSUPPRESSION		• Methylprednisolone 500mg IV at start of case • After Methylprednisolone and prior to reperfusion of kidney begin ATG 1.25mg/kg @42cc/h–central formulation via filtered central line and pump
PAIN MANAGEMENT/ COMFORT		• Blanket warmer on lower body
CIRCULATION/DVT PROPHYLAXIS	• RN give heparin 5,000 Units SC q12h	• Compression boots placed prior to intubation
IV FLUIDS	• NS @ KVO or per anesthesia	• Normal saline
DRAINS, LINES WOUND CARE	• Surgical CLIP with electric razor and prep	• Surgical CLIP with electric razor and prep • R IJ triple lumen-discuss with surgical attending if tunneled cath is to be used • Close section drain: JP drain/ Blake and ureteral stent per attending • PA catheter if clinically indicated. Use permacath for central monitoring and infusing after clearing by wasting 10cc of blood from line.
EDUCATION/ PSYCHOSOCIAL/ INFORMATION	• Patient education on Pain Scale`	
NUTRITION	• NPO	• NPO
ELIMINATION		• Foley placed • NG tube placed
VENTILATION		• Intubation • Extubate in OR if possible
DIALYSIS	• Protect fistula/graft • Palpate and document patency	

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Contact BIDMC Transplant Institute at www.bidmc.org/transplantcare for further information

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