Transplant Institute

Beth Israel Deaconess Medical Center

A teaching hospital of Harvard Medical School

BIDMC LIVER TRANSPLANT RECIPIENT PERIOPERATIVE MODULE

	Pre-Op Holding Area	Day 0 – Operating Room
CONSENTS	• Consent check by surgery resident • Anesthesia consent • Recheck cross-match results if liver and kidney • Transplant surgery attending to visit patient prior to leaving holding area if not seen on Farr 10	• Time-out and group huddle to confirm patient identity and planned procedure • Verify and sign ABO compatibility form before incision is made • Review hardcopy crossmatch results if liver-kidney transplant
TESTS		• Labs per Anesthesia • Maintain Glucose 100-150 mg/dl • TEE TBD by surgeon and anesthesia, consider if: o EF<50% o Known cardiac disease, includes CAD, significant valve disease, ASD, PFO o Pulm hypertension with PA pressure >35mmHg
BLOOD PRODUCTS		• BB will send 10 Units PRBC and FFP to OR • BB 10 Units PRBC ahead • BB will have available on call o 3 sets of platelets o 2 sets of cryo- BB to thaw <u>when requested</u> and call into room when ready • Cell saver, unless patient has: o Hepatoma or active abdominal infection
MEDICATIONS		• Lasix- only if volume overloaded (80mg in kit) o Bolus after reperfusion PRN in patients with increased filling pressure o Need for Lasix infusion 1-5 mg/h TBD by surgeon and anesthesiologist for elevated PA pressure and/or low urine output
ANTI-INFECTIVES	• If Vancomycin to be used, consider administration in the holding area.	Preop Antibiotic prophylaxis: • Ampicillin-Sulbactam 3g IV administered 30 minutes prior to incision and completed prior to incision <u>OR</u> If life-threatening allergy to penicillin or cephalosporine or known MRSA colonization or infection: o Vancomycin 1g IV **AND** Levofloxacin 500mg IV administered 60 mins prior to incision and completed prior to incision <u>Intraoperative Redosing:</u> 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 500 mg IV (after anesthesia induction)
PAIN MANAGEMENT/ COMFORT		• Gel pads to upper arms, position Thompson bar attachments to table, lower body warmer +/- upper body warmer, position head on foam pillow
CIRCULATION/DVT PROPHYLAXIS	• RN Give Heparin 5,000 Units SC	• Veno-venous bypass in patients who are **NOT** candidates for piggy-back transplant • Compression boots placed prior to intubation
IV FLUIDS	• IVF per Anesthesia	• For hypovolemia: Plasmalyte- **No** Lactated Ringers
DRAINS, LINES & WOUND CARE	• Lines placed by Anesthesia: Peripheral IV #18, A-line	• Surgical CLIP with electric razor and prep • Lines in place: Peripheral IV #18, A-line • New lines placed: R IJ ,Swan-Ganz, CO-oxymetric, RIJ trauma line • New drains/tubes placed: JP drains X2, T tube or biliary tube, NG, ICP monitor (if in place)
ELIMINATION		• Foley placed after anesthesia induction • CVVH or CVVHD run by SICU RN in patients who were on it pre op and/or had pre-transplant renal dysfunction and oliguria
NUTRITION	• NPO	• NPO, no tube feeds or TPN
HBV/HCV/HCC		• If HBsAg+ recipient or HBcAb+ donor: HBIg 10,000 Units IV during anhepatic phase

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