

<b>SPLIT</b>			
\$sitecode	User:	System Date:	Mode: Development
<b>Site Name:</b>			

**Transplant Surgical (TPS)****Version:** 7.0; 12-26-07**Segment (PROTSEG):****Visit Number (VISNO):****Transplant date:**

1. Donor type: (TPSDNRTY)

Deceased - 1  
 Living-related - 2  
 Living-unrelated - 3

Non heart-beating donor: (TPSDHRTB)

☐ No - 0    ☐ Yes - 1

Procedure type: (TPSDPTYP)

Orthotopic standard (deceased donor) - 1  
 Orthotopic piggyback (deceased donor) - 2  
 Orthotopic auxiliary (deceased donor) - 3  
 Heterotopic (deceased donor) - 4

Procedure type: (TPSLPTYP)

Orthotopic (live donor) - 5  
 Auxiliary (live donor) - 6  
 Heterotopic (live donor) - 7

Organ type: (TPSDOTYP)

Whole organ - 1  
 Reduced right lobe (segments 5, 6, 7 and 8) - 2  
 Reduced left lobe (segments 2, 3, and 4) - 3  
 Reduced left lateral segment - 4  
 Split right lobe (segments 5, 6, 7 and 8) - 5  
 \*Additional Options Listed Below

Organ type: (TPSLOTYP)

Left lateral segments 2 and 3 - 7  
 Left lobe (segments 2, 3 and 4) - 8  
 Right lobe (segments 5, 6, 7 and 8) - 9  
 Monosegment - 10

2. Graft weight (measured): (TPSGRFTW)

 (xxxx.x) grams

3. Total warm ischemic time: (TPSTWIT)

 (xxx) minutes

(number of minutes between the time of removal from cold storage and the time of reperfusion of warm blood, whether venous or arterial)

4. Total cold ischemic time: (TPSTCITH)

 (xx) hours (TPSTCITM)  (xx) minutes

(number of hours between the time of preservation of the organ and the time of removal from cold storage)

5. Type of preservative used: (TPSPRSRV)

Viaspan - 1  
 HTK - 2  
 Other - 9

If Other, specify: (TPSPRSRO)

6. Donor-Recipient arterial anastomosis:

Donor	Recipient
Celiac artery: <i>(TPSDCA)</i> <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1	Celiac artery: <i>(TPSRCA)</i> <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1
Hepatic artery: <i>(TPSDHA)</i> <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1	Hepatic artery: <i>(TPSRHA)</i> <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1
Aorta supra-celiac: <i>(TPSDASC)</i> <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1	Aorta supra-celiac: <i>(TPSRASC)</i> <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1
SMA: <i>(TPSDSMA)</i> <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1	Aorta infra renal: <i>(TPSRAIR)</i> <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1
Other: <i>(TPSDOTH)</i> <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1	Other: <i>(TPSROTH)</i> <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1
If <i>Other</i> , please specify: <i>(TPSOTH)</i> _____	If <i>Other</i> , please specify: <i>(TPSOTH)</i> _____

7. Arterial anastomotic type: *(TPSAATYP)*

- a. Arterial anastomosis suture technique: *(TPSAAST)*  
 b. Was an operating microscope used? *(TPSSCOPE)*  
 c. If *Interposition*, please specify: *(TPSAAINT)*

If *Other*, please specify: *(TPSINTOT)*

☐ End-to-end - 1  
☐ End-to-side - 2  
☐ Interposition - 3

☐ Running - 1 ☐ Interrupted - 2  
☐ No - 0 ☐ Yes - 1

Donor iliac artery - 1  
 Donor aorta - 2  
 Donor saphenous vein - 3  
 Donor gonadal vein - 4  
 Cryopreserved graft - 5  
 \*Additional Options Listed Below

8. Biliary reconstruction: *(TPSBILRE)*

If *Other*, please specify: *(TPSBROTH)*

☐ Duct-to-duct - 1  
☐ Roux-en-Y choledochojejunostomy - 2  
☐ Other - 9

9. Biliary stent: *(TPSBILST)*

☐ None - 1  
☐ Yes, internal - 2  
☐ Yes, external - 3

10. Venovenous bypass: *(TPSVENBY)*

☐ No - 0 ☐ Yes - 1

11. Donor portal vein to recipient: *(TPSDPVTP)*

If *Other*, please specify: *(TPSOVEIN)*

☐ Portal vein - 1  
☐ SMV - 2  
☐ Other vein - 9

12. Portal vein anastomotic type: *(TPSPVATP)*

If *Interposition*, please specify: *(TPSPVAIN)*

☐ End-to-end - 1  
☐ End-to-side - 2  
☐ Interposition - 3

Donor iliac vein - 1  
 Donor saphenous vein - 2  
 Donor gonadal vein - 3  
 Cryopreserved graft - 4  
 Other - 9

If *Other*, please specify: (TPSPVINO )

13. Recipient vascular anomalies:

- a. Portal vein thrombosis: (TPSRAPVR ) ☐ No - 0 ☐ Yes - 1  
 b. Interrupted inferior vena cava: (TPSRAIIV ) ☐ No - 0 ☐ Yes - 1  
 c. Preduodenal portal vein: (TPSRAPPV ) ☐ No - 0 ☐ Yes - 1

14. Donor vascular anomalies:

- a. Replaced left hepatic artery: (TPSDARLH ) ☐ No - 0 ☐ Yes - 1  
 b. Replaced right hepatic artery: (TPSDARRH ) ☐ No - 0 ☐ Yes - 1

15. Intra operative blood transfusions: (TPSIOBT )

- a. Blood (red cells) : (TPSBLOOD ) ☐ No - 0 ☐ Yes - 1  
 \_\_\_\_\_ (xxxxx) cc  
 b. Cell saver: (TPSCS ) ☐ No - 0 ☐ Yes - 1  
 If yes, specify amount: (TPSCSV ) \_\_\_\_\_ (xxxxx) cc

16. Anhepatic time: (TPSANHPT )

\_\_\_\_\_ (xxx) min

(Cross clamp vena cava or hepatic vein to portal vein reperfusion)

17. Length of operation: (TPSOPHRS )

\_\_\_\_\_ (xx) hours (TPSOPMIN ) \_\_\_\_\_ (xx) min

(From time of incision to wound closure, skin to skin)

18. Wound closure

- a. Was there primary closure at the surgical site? (TPSPRCLO ) ☐ No ☐ Yes ☐ Delayed

If yes, indicate:

If delayed, indicate:

Date: (TPSPRCLD ) \_\_\_\_\_ (mm/dd/yyyy)

Type of closure: (TPSPRCLT )

☐ Complete fascia and skin ☐ Skin only

Was gortex or other prosthetic used? (TPSGOREM )

☐ No - 0 ☐ Yes - 1

If yes, date gortex/prosthetic completely removed: (TPSGORED )

\_\_\_\_\_ (mm/dd/yyyy)

- b. Was there closure by secondary intention or skin grafting at the surgical site? (TPSSECLD ) ☐ No - 0 ☐ Yes - 1

If yes, secondary closure date: (TPSSECLD )

\_\_\_\_\_ (mm/dd/yyyy)

19. Did the patient receive a simultaneous kidney organ transplant? (TPSKIDN )

☐ No - 0 ☐ Yes - 1

20. Splenectomy: (TPSSPLEN )

☐ No - 0 ☐ Yes - 1

The Notes field should not be used to communicate information to the SPLIT DCC. This field is intended to be used for notes center staff may find useful when returning to the form.

Notes: (TPSCOMM )

## Additional Selection Options for TPS

**Organ type:**

Split left lateral segment - 6

Split monosegment - 11

Reduced monosegment - 12

Split left lobe (segments 2, 3, and 4) - 13

**If *Interposition*, please specify:**

Other - 9

