

**NIDDK Liver Transplantation Database
MANUAL OF OPERATIONS (MOOP) DEFINITION**

FORM: DS (DONOR LIVER SURGEON ASSESSMENT)

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Purpose: To document the surgeon's assessment of the donor liver at the start and at the end of the hepatectomy, and to document the complications that may have arisen during the procedure.

Person(s) Responsible: Surgeon who performed the hepatectomy. If two or more surgeons were present, the most senior surgeon should complete the form.

Source of Information: Surgeon who performed the donor liver hepatectomy.

General Instructions: The data must come from the surgeon who performed the hepatectomy. The form should be completed as soon as possible after the hepatectomy.

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RECIPIENT ID, TRANSPLANT NO.

The Recipient ID and Transplant Number will be recorded/assigned by the Clinical Center Coordinator before entry. The transplant number should be the 1st, 2nd or 3rd, etc., transplant for this recipient.

Completing Form: Record the Recipient ID and Transplant Number.

DATE OF START OF HEPATECTOMY

This is the date that the incision was made for the donor liver hepatectomy.

Completing Form: record the date of the start of the hepatectomy as month, day, year.

I. SURGEON ASSESSMENT OF DONOR LIVER

Subsections 1, 2, 3 are self-explanatory to the surgeon.

Completing Form:

- I.1 Check whether 1) Consistency/texture was normal; 2) Perfusion/color was well perfused; 3) Injury/trauma was present at the time of incision and at the time of cross-clamp or flush.
- I.2 Check one category to describe how well the liver flushed.
- I.3 Check one category to describe the overall quality of the liver.

II.1 CONDITION OF DONOR. WERE ORGANS OTHER THAN THE BRAIN INJURED?

This is especially pertinent in cases of trauma-related brain death where multiple injuries are common.

Completing Form: If "no", proceed to II.2. If "yes", check all that apply from the list. If "other" is checked, specify the organ not listed. If there is more than one "other" organ, record the remainder under "COMMENTS" (Section V) starting with the section no. and item name (e.g. II.1.21 "other organs injured . . .").

II.2 WAS ABDOMINAL SURGERY PERFORMED PRIOR TO THIS ADMISSION?

Any abdominal surgery that the donor may have had prior to this admission, as noted by the surgeon during the harvest procedure.

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Completing Form: Check whether it was noted by the harvesting surgeon that the donor had prior abdominal surgery. If unknown, check "unk".

III. COMPLICATIONS DURING HARVEST

Pertains only to hepatic injury/damage during this procedure. Other complications are covered on the DR form.

Completing Form: Check whether there was hepatic injury/damage during harvest. If "yes", check all that apply. If there were "other" liver complications, specify type, (one per line). If there were more than two "other", record the remainder under "COMMENTS" (Section V) as instructed.

IV.1 SURGEON ID

The ID of the most senior surgeon should be used.

Completing Form: Record the LTD center prefix and first 3 letters of surgeon's last name. If the donor liver is imported (i.e. hepatectomy was not performed by a surgeon from the LTD center), code 999 for Surgeon ID.

IV.2 NUMBER OF LIVERS RECOVERED

Refers to the number of livers the above surgeon has harvested, including this one.

Completing Form: Check the category that best describes the total number of livers recovered by the surgeon.

V. COMMENTS

Comments should be limited to any information not already included in this form that the surgeon considers to be of relevance to the harvested liver.

Completing Form: Check whether there are any comments to be made. If "yes", write in the pertinent comments.