

SPLIT			
\$sitecode	User:	System Date:	Mode: Development
Site Name:			

Transplant Surgical (TPS)

Version: 7.0; 12-26-07

Segment (*PROTSEG*):

Visit Number (*VISNO*):

Transplant date:

1. Donor type: (*TPSDNRTY*)

Deceased - 1	<input type="checkbox"/>
Living-related - 2	<input type="checkbox"/>
Living-unrelated - 3	<input type="checkbox"/>

Non heart-beating donor: (*TPSDHRTB*)

<input type="checkbox"/> No - 0	<input type="checkbox"/> Yes - 1
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Procedure type: (*TPSDPTYP*)

Orthotopic standard (deceased donor) - 1	<input type="checkbox"/>
Orthotopic piggyback (deceased donor) - 2	<input type="checkbox"/>
Orthotopic auxiliary (deceased donor) - 3	<input type="checkbox"/>
Heterotopic (deceased donor) - 4	<input type="checkbox"/>

Procedure type: (*TPSLPTYP*)

Orthotopic (live donor) - 5	<input type="checkbox"/>
Auxiliary (live donor) - 6	<input type="checkbox"/>
Heterotopic (live donor) - 7	<input type="checkbox"/>

Organ type: (*TPSDOTYP*)

Whole organ - 1	<input type="checkbox"/>
Reduced right lobe (segments 5, 6, 7 and 8) - 2	<input type="checkbox"/>
Reduced left lobe (segments 2, 3, and 4) - 3	<input type="checkbox"/>
Reduced left lateral segment - 4	<input type="checkbox"/>
Split right lobe (segments 5, 6, 7 and 8) - 5	<input type="checkbox"/>
*Additional Options Listed Below	

Organ type: (*TPSLOTYP*)

Left lateral segments 2 and 3 - 7	<input type="checkbox"/>
Left lobe (segments 2, 3 and 4) - 8	<input type="checkbox"/>
Right lobe (segments 5, 6, 7 and 8) - 9	<input type="checkbox"/>
Monosegment - 10	<input type="checkbox"/>

2. Graft weight (measured): (*TPSGRFWT*)

<input type="text"/>	(<i>xxxx.x</i>) grams
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3. Total warm ischemic time: (*TPSTWIT*)

<input type="text"/>	(<i>xxx</i>) minutes
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(*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*)

<input type="text"/>	(<i>xx</i>) hours	(<i>TPSTCITM</i>)	<input type="text"/>	(<i>xx</i>) minutes
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(*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	<input type="checkbox"/>
HTK - 2	<input type="checkbox"/>
Other - 9	<input type="checkbox"/>

If Other, specify: (*TPSPRSRO*)

<input type="text"/>

6. Donor-Recipient arterial anastomosis:

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

7. Arterial anastomotic type: (TPSAATYP)

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

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

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

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	<input type="text"/>
Donor saphenous vein - 2	<input type="text"/>
Donor gonadal vein - 3	<input type="text"/>
Cryopreserved graft - 4	<input type="text"/>
Other - 9	<input type="text"/>

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

