



**Statement on Recommendations For Standards for Individuals
Procuring Deceased Donor Organs for Transplantation
July 25, 2008**

The intent of creating standards for the procurement of organs used for transplantation is to establish criteria by which transplant centers and organ procurement organizations (OPOs) can provide the highest quality organs possible from every donor with consistency, safety and professionalism. We recognize there are excellent individuals who have significant experience in performing these procedures and have even instructed many of our members in these techniques. We would like these few non-surgeon professionals to continue their practices under these new guidelines, but with the presence of a licensed surgeon who can take responsibility for the inspection of the donor as stipulated below. OPOs must be charged with the continuing assessments of procuring surgeons and take action, when necessary, to maintain quality outcomes.

Criteria:

- 1) Each surgeon must have a U.S. medical license or institutional license (a form of restrictive medical license to practice in certain institutions)
- 2) Each surgeon must have proof of liability insurance and if possible, a curriculum vitae, on file with their home OPO
- 3) Each surgeon must demonstrate the following experience levels in order to perform procurements independently:
 - a. Cardiac and thoracic – a minimum of 5 recoveries under supervision of an approved procuring surgeon for each organ (heart, lung)
 - b. Kidney – a minimum of 5 recoveries under supervision of an approved procuring surgeon
 - c. Extra-renal – a minimum of 10 recoveries under supervision of an approved procuring surgeon
 - d. For donation after cardiac death (DCD) procurements, surgeons must at a minimum be familiar with the recommendations made by the ASTS in the Guidelines for DCD Transplantation
- 4) A letter from the program director must be provided to verify qualifications to be designated as an approved procuring surgeon (i.e. a surgeon qualified to safely recover organs)
- 5) OPOs must track quality assessments and report any performance issues to the respective transplant centers and potentially UNOS/OPTN if corrective action is

not appropriately taken. An individual surgeon may lose privilege to perform procurements and require additional proctoring to improve performance

- 6) In addition to the above criteria, the following guidelines are expected to be followed by all who perform organ recoveries:
 - a. There must be a diligent search in both the abdominal and thoracic cavities for any neoplastic or infectious process that could present risk for donor related transmission.
 - b. Careful inspection by the responsible surgeon of all donor documentation, including consent, pronouncement of death, blood type, serologies, and any pertinent medical data to optimize safety during the recovery and for the intended recipient(s).
 - c. An appropriate level of conduct must always be maintained at every hosting facility, with professionalism, mutual respect and courtesy. The intent is to underscore the positive effects of the donation process, which can be stressful to many host OR personnel, especially at locations where donations do not often occur.