

TRANSPLANTATION PROCEEDINGS

Pancreatic Graft Outcome After Combined Whole Pancreas and Liver Retrieval

W.-D. Illner, S. Schleibner, D. Abendroth, M. Capalbo, R. Landgraf, and W. Land

COMBINED liver and pancreatic organ procurement has been established as a standard procedure in multiorgan donation,¹ thus increasing the number of liver and pancreatic grafts available. Whenever this technique is applied, priority in vascular supply is given to the liver and pancreatic vessels that have to be reconstructed (eg, the use of donor iliac vessels) prior to transplantation. Here, we compare the pancreatic outcome following two different harvesting procedures.

PATIENTS AND METHODS

Whole organ pancreatic transplantation using the bladder-drainage technique was performed in 26 patients (October 1988 through April 1991). In 11 cases (group I), simultaneous procurement of the liver was not performed for different reasons so celiac axis and portal vein were available for anastomoses. In 15 patients (group II), the pancreas was harvested with liver simultaneously, and reconstruction of arterial and/or venous pancreatic vessels was also necessary.

RESULTS

The 1-year pancreatic graft function rate is 45% in group I and 67% in group II (observation time 2 to 30 months). The

early endocrine function was the same in both groups. The nonimmunological pancreatic graft failure rate was slightly lower using the combined harvesting procedure.

CONCLUSION

Combined whole pancreas and liver harvesting for transplantation provides an excellent pancreatic graft outcome. The need of vascular reconstruction and additional procurement time does not lead to a higher incidence of vascular and/or infectious complications.

REFERENCE

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From the Division of Transplant Surgery, Klinikum Grosshadern, and Medical Clinik "Innenstadt," University of Munich, Munich, Germany.

Address reprint requests to W.D. Illner, Division of Transplant Surgery, Klinikum Grosshadern, University of Munich, Munich, Germany.

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