BACKGROUND AND INDICATIONS History

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Kelly , Lillehei and colleagues performed the first successful pancreas transplant in a human at the University of William D Kelly , 1922–2006, led the surgical team at University of Minnesota, Minneapolis, MN, USA, that performed the first pancreas transplant. Clarence W Lillehei , 1918–1999, part of the surgical team at University of Minnesota, Minneapolis, MN, USA, that performed the first pancreas transplant, subsequently went on to pioneer open heart surgery . Minnesota, USA, in 1966. Initial results were poor, with high mortality associated with sepsis, rejection and other complications, but over the subsequent 30 years there was a steady increase in the numbers of pancreas transplants and an improvement in outcomes. Important factors in this improvement were changes in surgical techniques and the introduction of the immunosuppressive agent ciclosporin in the mid-1980s: this reduced both the need for steroids and the - incidence of rejection. By 1996 patient survival and pancreas graft survival were 91% and 72% at 1 year and 84% and 62% at 3 years, respectively . The introduction of tacrolimus and mycophenolate mofetil as maintenance immunosuppression and the use of T-cell-depleting agents such as rabbit antithymocyte globulin (ATG) and alemtuzumab in the 1990s and 2000s resulted in further reductions in cellular rejection rates and improved graft survival. Continued refinement of surgical technique, organ preservation and postoperative care have led to steady improvements in outcomes of all types of pancreas transplant.

The common surgical and long-term complications of • solid organ pancreas transplant and their principles of management To appreciate: The principles of pancreas retrieval and preservation •

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