

Enteric conversion

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Bladder drainage of the exocrine secretions is associated with complications that may require conversion to enteric drain - age. Enteric conversion is performed in patients to eliminate these complications of bladder drainage (see Postoperative management, Complications). It is usually delayed until 1 year post transplant but can be performed sooner if indicated. A lower midline laparotomy is performed and the urinary bladder is filled and the transplant duodenum is identified. The transplant duodenum is disconnected from the bladder and the bladder is closed in two layers. An adjacent section of small bowel is identified and a longitudinal enterotomy is performed on the antimesenteric border; the anastomosis to the duodenum is completed in two layers. Surgical drains are - placed adjacent to the anastomoses and a urinary catheter is usually kept in place for 14 days.

IVC Aorta Pancreas (b) Portal vein Y graft External iliac artery External iliac vein Duodenum Donor duodenum Pancreas transplant Common iliac artery (c) (c) Roux loop Donor portal vein Donor duodenum SMA Splenic artery Splenic vein Figure 90.3 Illustration of the organ positions in a simultaneous kidney-pancreas transplant and the options for management of the exocrine secretions. (a) Transplanted pancreas positioned head-down with the duodenum anastomosed to the urinary bladder. positioned head-up with the duodenum anastomosed to the jejunum. construction. IVC, inferior vena cava; SMA, superior mesenteric artery; SMV, superior mesenteric vein. (b) Kidney IVC SMV Recipient jejunum Donor portal vein Aorta Kidney Graft kidney (b) Transplanted pancreas (c) The donor duodenum anastomosed to the Roux limb of the Roux-en-Y

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Careful inspection and preparation of the pancreas is essential and involves the construction of a Y-graft between donor iliac vessels and the SA and SMA to aid arterial anastomosis The pancreas is usually transplanted intraperitoneally with the PV anastomosed to the IVC and the Y-graft anastomosed to the CIA Drainage of enteric secretions is performed by anastomosis to the bowel, although bladder drainage can also be performed

Revision #1

Created 2025-12-31 15:32:16 UTC by Omar Ayman

Updated 2025-12-31 15:32:16 UTC by Omar Ayman