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The absolute contraindications to organ donation include active systemic sepsis and transmissible infection. Malignancy within the last 5 years is also an absolute contraindication with the exception of tumours that do not metastasise (primary brain tumours, non-melanotic skin cancer and in situ carcinoma of the cervix). However, there is now evidence that organs from high-risk donors can be transplanted safely and effectively in situ - - aul, MN, USA.

Distal balloon Left kidney Right kidney Aorta Inferior vena cava Proximal balloon Foley catheter Double-balloon triple-lumen catheter Figure 88.1 In situ perfusion of kidneys in a non-heart-beating donor (donation after circulatory death [DCD]). A double-balloon aortic cath

eter is introduced through a groin incision and 10-15 litres of chilled preservation solution is administered. The perfusate is vented through a Foley catheter introduced into the femoral vein.

conventional donors. Thus, as a further response to the organ donor shortage, organs are now being transplanted from donors with meningitis/encephalitis, human immunodeficiency virus (HIV), hepatitis B and C and high-risk behaviour with the potential for blood-borne infection.

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