

PREOPERATIVE PLANNING

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The decision regarding the type of transplant to be performed is dependent on a variety of patient factors. Intraoperative flexibility is necessary and may change the type of transplant undertaken. A robust plan for adequate venous access is necessary and may require pretransplant venous reconstruction by the interventional radiology team or surgical reconstruction. If substantial intraoperative blood loss is predicted, selective arterial embolisation may be considered. Commonly this will involve the superior mesenteric artery and coeliac axis, but more selective embolisation can be undertaken if preservation of the stomach or the pancreaticoduodenal complex is planned.

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