RENAL TRANSPLANT SURGICAL PROCEDURE

Surgical Procedure Sequence for Patients <20 kg:
1. Venous anastomosis
   a. Side clamp IVC for venotomy
   b. Allograft renal vein to recipient vena cava
   c. Clamp renal vein distal to anastomosis
   d. Unclamp IVC
2. Arterial anastomosis
   a. Cross clamp aorta above and below aortotomy site
   b. Allograft renal artery to recipient aorta
3. Reperfusion
   a. Unclamp renal vein and aorta
4. Ureteral implantation over stent
   a. Clamp foley upon surgeon’s request for infusion of methylene blue solution retrograde into bladder via foley catheter
5. Plan to go to PICU with patient intubated given high volume resuscitation.

ANESTHETIC GOALS: CVP 15-20, SBP > 120 (for reperfusion and thereafter), UOP 5-10 ml/kg/h – may require blood transfusion and epinephrine infusion to reach goal. Discuss transfusion with surgeons as PRBC exposures affect recipient antibody profile.

Surgical Procedure Sequence for Patients >20 kg:
1. Venous anastomosis
   a. Cross clamp iliac vein for venotomy
   b. Allograft renal vein to recipient iliac vein
2. Arterial anastomosis
   a. Cross clamp iliac artery above and below aortotomy site
   b. Allograft renal artery to recipient iliac artery
3. Reperfusion
   a. Unclamp vein and artery
4. Ureteral implantation over stent
   a. Clamp foley upon surgeon’s request for infusion of methylene blue solution retrograde into bladder via foley catheter

ANESTHETIC GOALS: CVP 10-12, SBP > 120 (for reperfusion and thereafter), UOP 5-10 ml/kg/h. Plan to extubate if no contraindications.
RENAL TRANSPLANT SET UP AND INTRAOPERATIVE MEDICATIONS

Lines:
1. Arterial line
2. Central venous line – multi-lumen is needed
   a. May use existing hemodialysis catheter
      i. If so, remember to remove 5 ml heparinized blood from catheter prior to use
   b. One lumen for CVP monitoring
   c. One lumen for thymoglobulin infusion (needs dedicated line)
3. Large peripheral venous access

Infusions:
1. Dopamine – start 3-5 mcg/kg/min prior to reperfusion
2. Thymoglobulin – see below

Timing of Drug Dosing:
1. Immunosuppression (Please verify plan with transplant surgeon)
   a. Thymoglobulin (need 0.2 micron filter from anesthesia workroom)
      i. Infuse over 6-8 hours via dedicated central venous access port because dilution used is caustic to peripheral veins.
      ii. Premedicate to avoid adverse reaction – can give at time of induction.
      1. Solumedrol IV 1 mg/kg
      2. Tylenol IV 15 mg/kg
      3. Benadryl IV 1 mg/kg
      iii. Watch for pulmonary edema
   b. Cellcept – should be given preoperatively, may need to finish infusion intraoperatively
      i. Infused over 2 hours via peripheral or central venous access
   c. Solumedrol 10 mg/kg once start anastomoses
      i. Verify timing with surgeon
2. Arterial anastomosis
   a. Heparin 10 units/kg just before renal artery anastomosis started, notify surgeon 2 minutes after given
3. Prophylaxis for Ischemia/Reperfusion Injury
   a. Mannitol 0.5 gram/kg give just prior to unclamping artery
   b. Lasix 1 mg/kg give after mannitol