

DONOR LAPAROSCOPIC NEPHRECTOMY PROTOCOL

Most (if not all) kidney donors will be ASA 1 or 2

The primary issue is co-ordination between two surgical teams and two operating theatres (often in different hospitals in different states if it is a paired kidney exchange) to ensure a smooth and timely process from extraction to implantation

Pre-op

IV access

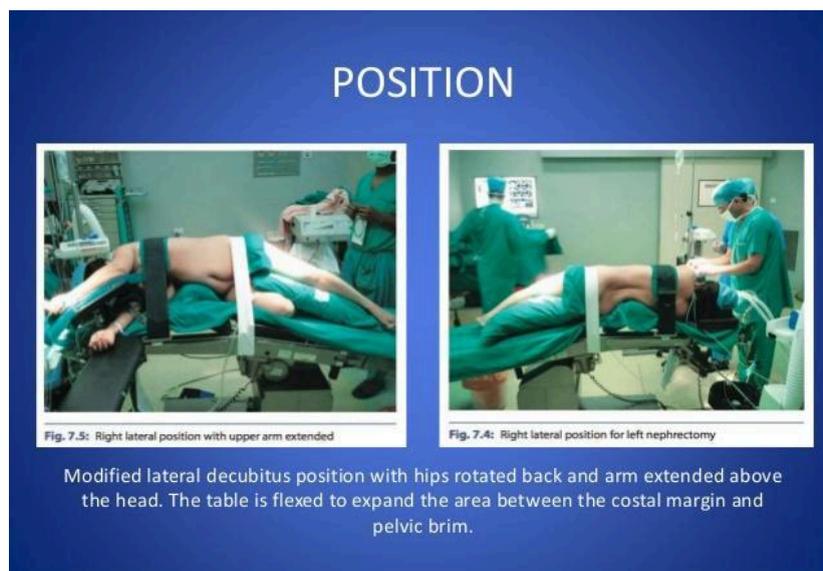
All patients should have at least one large bore peripheral IV access (16-18G).

If access is difficult it is reasonable to place a 20-22G cannula for induction and for larger bore access to be obtained post-induction.

Intra-op

Positioning

Generally left kidney is taken and patient is placed in a right lateral decubitus position with the operating table broken in the middle. Axillary roll generally placed to prevent compression injuries



Monitoring:

Standard ANZCA monitoring

Arterial line may be placed at anaesthetist's discretion

Forced air warmers and fluid warmers should be used

Anaesthesia:

The standard for renal transplant and donation at RNSH is general anaesthesia

Choice of induction and maintenance agents as per treating anaesthetist

Standard AB prophylaxis with 2nd generation cephalosporin (cephazolin 2g)
15-30mins pre-incision

Fluids and vasopressors

Choice as per treating anaesthetist

Analgesia:

Both donors and recipients should be prescribed a fentanyl or oxycodone PCA and regular oral paracetamol post-operatively

NSAIDs should probably avoided in patients with single kidneys

Post-operatively

Patient will be cared for on 7B after stay in PACU