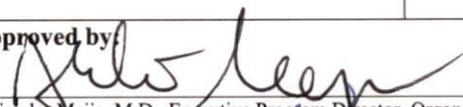
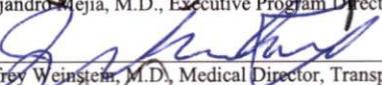
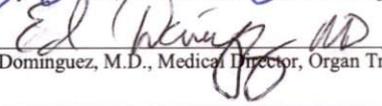


 Methodist Dallas Medical Center	Title: Management of Recipients of Donation after Circulatory Death (DCD) Organs	Effective Date: 03/31/2020
	Section: Liver	
Approved by:  Alejandro Mejia, M.D., Executive Program Director, Organ Transplantation		Revision Date(s): 10/6/2022; 08/24/2023
 Jeffrey Weinstein, M.D., Medical Director, Transplant Hepatology		Next review Date: 08/2026
 Ed Dominguez, M.D., Medical Director, Organ Transplant Infectious Disease		

Purpose: To ensure consistent management of recipients of DCD organs post-transplant

Policy:

Recipient Selection Criteria

- Patients sicker than MELD e.g. intractable ascites
- HCC beyond Milan criteria
- Exclude patients with Primary Sclerosing Cholangitis (PSC)

Recipient Exclusion Criteria

- Patients with known occlusive and non-occlusive portal vein thrombosis (PVT)
- Patients with PSC
- Retransplant patients

Post-Transplant Management

- Tissue plasminogen activator (tPA) 4mg injected intraoperatively into hepatic artery prior to reperfusion
- Ursodeoxycholic acid 300 mg bid x 6 months
- Surgery consult for hepatic abscesses, biliary or vascular complications (including ischemic cholangiopathy), and re-admissions up to one year post transplant
- Post procedural antibiotics (following ERCP, PTC or other IR procedures)
 - Unasyn 3 gm IV x 1 dose
 - If allergic to Penicillin; Ceftriaxone 1 gm IV x 1 dose
 - If allergic to beta-lactam; Aztreonam 1 gm IV x 1 dose, and Vancomycin 1 gm IV x 1 dose
 - Consult ID if patient develops fever/sepsis post-procedure