

[REDACTED]
From: [REDACTED]
Sent: Wednesday, November 28, 2018 1:26 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: [send secure] Recent SCMU transplants

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Kidneys and Lungs from SCOP Grand Strand *PHS Increased Risk Hemodilution *XClamp 11/27 @ 2130*

SCMU Kidneys – Timeline of events

SCMU on-call coordinator: Received call from MD [REDACTED] (SCMU abdominal transplant surgeon) 11/28 @ 0200 requesting ABORH run on blood sample from donor due to potential for blood group incompatibility. States information received from Sharing Hope who indicated that the Wisconsin team who received the solitary pancreas detected the donor blood group to be A. MD [REDACTED] inquired about patient [REDACTED] that was in the OR with MD [REDACTED] and MD [REDACTED] states he spoke to him and he is aware. Info relayed to [REDACTED] in HLA @ 0205. Blood bank director [REDACTED] also paged to MD [REDACTED] phone @ 0235. Called HLA back @ 0240 to check on the status and [REDACTED] stated that [REDACTED] went to the blood bank to explain the situation. He also stated that the SCMU HLA lab director was involved and they would let me know the outcome. Spoke with MD [REDACTED] @ 0248 and he confirms that he has spoken with the head of blood bank & he believes that ABO will be completed. Received call from MD [REDACTED] @ 0400 that ABORH typing came back as A and we will not be completing the second kidney transplant. All cancellations made, patient sent home. Sharing Hope, [REDACTED] notified to come pick up kidney. Per [REDACTED] Charge RN in OR the kidney is still on the pump, info relayed to Sharing Hope & kidney will be discarded.

Currently the kidney recipient is doing well –transplant date 11/28/2018 at 12:34 am (start of anastomosis) the kidney did perfuse in the OR and made urine. Patients creatinine has decreased from 7.6 to 5. We performed anti-A antibody testing and results indicate a 1:32 titer and planning for plasmapheresis.

SCMU Lungs – Timeline of events

Post-transplant the lung transplant surgeon spoke to the family re primary graft dysfunction as the patient required VA ECMO. At 0201 the lung transplant pulmonologist was notified by Sharing Hope of concern that donor ABO not accurate at 0346 the lung transplant pulmonologist received confirmation from the SCMU abdominal that MUSC typing of donor blood confirmed ABO A. 0430- the transplant pulmonology medical director arrived at MUSC and confirmed that the other transplant pulmonologist had already spoken to lung recipient's family.

Currently the lung transplant recipient (transplant date 11/27/18 anastomosis time 09:30) and has expired.

[REDACTED]
Director of Regulatory Affairs/Accreditation

[REDACTED]
Medical University of South Carolina
Transplant ICCE

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