

# **The Newcastle upon Tyne Hospitals NHS Foundation Trust**

## **Management of Biopsies from Regional Organ Donors**

**Effective:** December 2010

**Review Date:** December 2012

### **1. Introduction**

This policy is to be used for the facilitation of biopsies taken from multi-organ donors in a Regional Donor Hospital. The policy is intended for all members of the Specialist Nurse – Organ Donation (SN-OD) Northern Team and the NUTH Multi-organ Retrieval and Transplant Team.

### **2. Policy Aims**

To minimise the risk of transmission of infections and diseases an organ donor requires an assessment including a comprehensive review of the medical notes, an evaluation of risk factors/past medical history and a physical assessment is undertaken by a SN-OD prior to the placement of organ and the organ retrieval.

However it may be possible that a donor may have a malignancy that has been undetected. During an organ retrieval surgeons should carefully examine all accessible intrathoracic and abdominal organs for evidence of suspicious lesions. If a suspicious nodule is found then a clinical assessment should be made with the help of a senior clinician if applicable, to determine if histological assessment is required. This should be in line with clinical guidelines see appendix. If histological assessment is required, the Pathologist on call should be contacted. The Pathologist will require a clinical summary, a gross description of the lesion and information regarding the timing pressures on the transplant team. If there is adequate time then rapid paraffin sections will be considered. If this is not possible due to time pressures then a frozen section will be performed. Clearly in some cases it may not be possible to give a definitive diagnosis at the time of the frozen section, in this circumstance the diagnosis will be either deferred on paraffin or a provisional diagnosis offered.

The aim is to assure biopsy specimens are processed appropriately and that adequate information is communicated.

### **3. Roles & Responsibilities**

It is the responsibility of all the donation team, retrieval/transplant staff to ensure they work in line with this policy.

#### **SN-OD**

Assist with the organisation of diagnostic investigations required to ensure the safety and suitability of organs for transplantation.

Ensure information regarding the requested biopsy is written on the organ specific forms that will accompany the organs.

Ensure that the histopathology form is completed appropriately, including contact telephone number and infection risk.

Directly communicate with the Histopathology Consultant the necessity of the biopsy request and to organise the biopsy to be sent to the appropriate Laboratory.

Follow Clinical Guidelines. (See Appendix.)

Communicate and liaise with recipient centres, local transplant surgeons, outside agencies and NHSBT with regard to any suspicious findings and the biopsy request/process. Ensure that evolving and appropriate information is communicated.

### ***Retrieval Surgeon***

The retrieving surgeon will sign and report any relevant damage and physical features. If a suspicious lesion is identified, they should apply the clinical guidelines and if required document the request of histopathology of a lesion, on the Organ Specific Donor Forms.

Complete and sign the Newcastle Hospitals Histopathology Request Form. The Histopathology Form should have the Transplant Coordinators pager number, to enable the pathologist to convey the result of the biopsy.

### ***Transplant Surgeon***

The Transplanting Surgeon should wait for the result of biopsy before undertaking the transplant.

The Transplanting surgeon should review the Organ Specific Donor Form and contact the retrieving surgeon or donor coordinator to obtain any clarification they require. It is the responsibility of the clinician to ensure that full information regarding any possible contraindications for the use of any organ has been considered and the risks assessed. Final responsibility for the condition of the organ rests with the transplant surgeon.

### ***Retrieval Theatre Nurse***

The Retrieval Scrub Nurse should ensure a Histopathology form is included with the retrieval equipment, transported to Regional Donor Hospitals.

## **4. Monitoring & Review**

This policy will be reviewed annually by Lynn Robson, Professor Manas and Dr Husain. Compliance with this policy will be reviewed by the above personnel. If any problems/ issues are identified then relevant actions will be taken for improvement.

### ***Author***

Lynn Robson – Senior Transplant Coordinator

## **5. References**

Standards of Practice for Donor Transplant Coordinators. United Kingdom Transplant 2008

Towards Standards for Organ and Tissue Transplantation in the United Kingdom. British Transplant Society 1998

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**Clinical Guidelines:**

1. All referrals to the local pathologist related to biopsies from organ donors must be referred from the retrieving surgeon to the consultant pathologist. This will require the retrieving surgeon to unscrub and speak directly to the pathologist about his clinical findings. Any suspicious lesion in the abdomen which would impact on whether or not the organs are used will be biopsied based on the clinical findings at the retrieval, the discretion of the retrieving surgeon and after consultation with the pathologist. All solid masses will require biopsy. These are solid masses that involve the abdominal viscera especially kidneys as well as retroperitoneal masses, pelvic masses and ovarian masses.
2. Any cystic mass involving the ovary will not be biopsied for frozen section but the cyst may be removed for paraffin section.
3. Any colonic masses need to be excised and opened on the back table. If this mass appears to be annular stricturing carcinoma it will be sent for confirmation. Any mass of the colon which is thought to be inflammatory needs to be opened and discussion with the pathologist should take place.
4. Any cystic lesion of the kidney will require a biopsy and this will need to await a rapid paraffin section. Frozen section will not be adequate to give a diagnosis.
5. If there is concern about solid components within a cystic mass this should be discussed with the pathologist personally.

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Management of Biopsies from Regional Organ Donors	Policy Author:	Lynn Robson, Senior Transplant Coordinator
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		This policy is for the facilitation of biopsies from regional multi organ donors if there is a suspicion of malignancy to enable the safe transplant of organs into transplant recipients. There is not an element of discrimination in relation to race, ethnicity, gender, culture, religion, sexual orientation age or disability.
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	N/A	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d).	Can we reduce the impact by taking different action?	N/A	

<b>Comments:</b>	<b>Action Plan due (or Not Applicable): N/A</b>
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Name and Designation of Person responsible for completion of this form: ..... Lynn Robson ..... Date: ..... 19/11/10 .....

Names & Designations of those involved in the impact assessment screening process: Professor Derek Manas, Consultant Transplant Surgeon, Julie Wardle, Abdominal Recipient Transplant Coordinator, Dr Husain, Consultant Pathologist .....

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

*For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.*