

Transplantation-Basic to Advanced Critical Care and Beyond.....

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Organ transplantation is a milestone development in holistic medical services. An organ failure person can feel the misery of life in every moment. In that time a kind hearted angel of earth has devoted a well functioning organ to love ones by keeping risk in own life. The bridging of that super work between patient and donor is accomplished by a team of dedicated health care group of workers.

Liver is most rapidly regenerating organ and works in multiple ways. Transplantation of Liver is not only a focused work but also fine co-ordination of larger group of medical workers and lead by transplant surgeon who is actual hero of our society.

Targeted group of people who are the candidate for transplantation and the donor selection criteria is a big chapter. In our common practices organ donation is still cumbersome in way of donor selection, non biasness, matching with patient and some medicolegal issues. Brain death donor or deceased donor would be the ideal organ donor though large, prompt, and dedicated group of medical people and logistics is the prime criteria and is demanding.

A successful Liver transplantation is combined success of two surgery, both donor and recipient and the donor is prime one. Completion of two successful surgery at a time is lead by chief transplant surgeon, co-surgeon, Anaesthetist, Medical team including paramedics, technicians, nurses, and post-operatively by dedicated critical care unit in comprehensive manner which is lead by ICU consultant.

Success is - return to home and maintain quality of life in both donor and recipient. Peroperative good surgical recovery is a finest work of a transplant surgeon and is directly a gift from Allah (swt). Liver surgery in Donor is segmental resection, lobectomy, partial hepatectomy. In recipient it's a wide work in liver parenchyma, Major vascular structures and in biliary tree. This finest anastomosis is the key to successful outcome.

Immediate postoperative recovery is very vital. In donor -fluid management, nutrition and pain management with coverage of broad spectrum antibiotics and closely observe the immediate response of residue liver by biochemical analyzer. In recipient- start from whether receiving the organ in new host and then proper functioning of vascular and biliary anastomosis. Total calorie value estimation, fluid and pain management with control of sepsis is a finest co ordination. Every hours maintenance of intake output, meet up exact calorie demand, fluid management by measuring CVP (central venous pressure), orotracheal clearance and lungs care is the prime concern for good functioning of newer recipient tissues.

Execution of first 24 -72 hrs services –A group of ICU doctor, nurses, patient care attendant, ward boy, cleaners participation is mandatory. A good handover of Doctor – Doctor, Nurse – nurse is a safe transfer of patient to a safer one. In our common practices many mishaps are conducted by negligence, ignorance of medical team which was avoidable if prompt/alert action was taken immediately even in mid night. Should be kept in mind this initial hours of monitoring has no day night. This is in count of hours – for a good recovery.

A transplant surgeon should have the vast knowledge not only in surgery but also in critical care / Acute care services. Good coordination is mandatory with critical care team and transplant team. In near future we wont loose any diseased with lack of organ and comprehensive services.