


PANCREAS TRANSPLANTATION

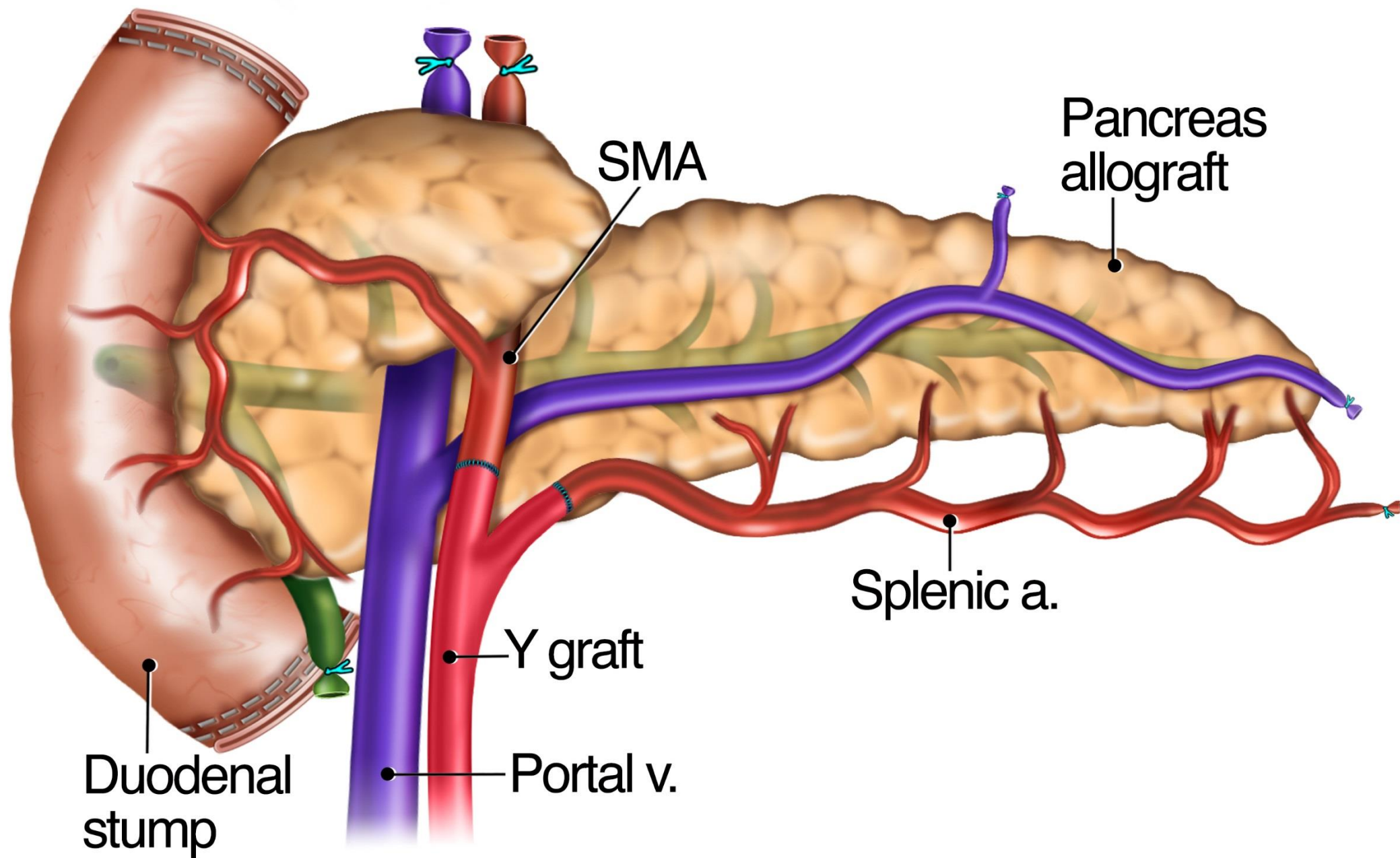


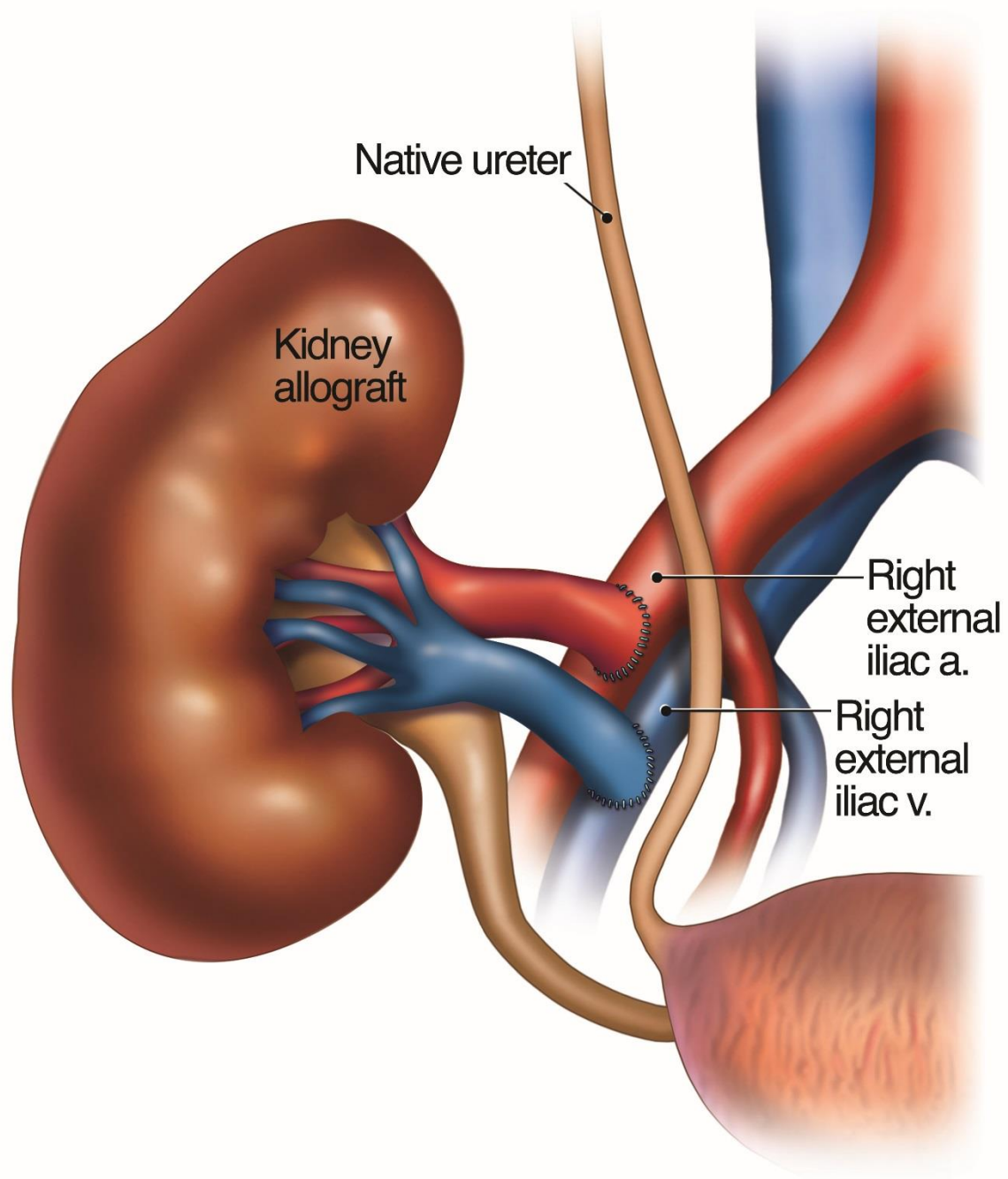
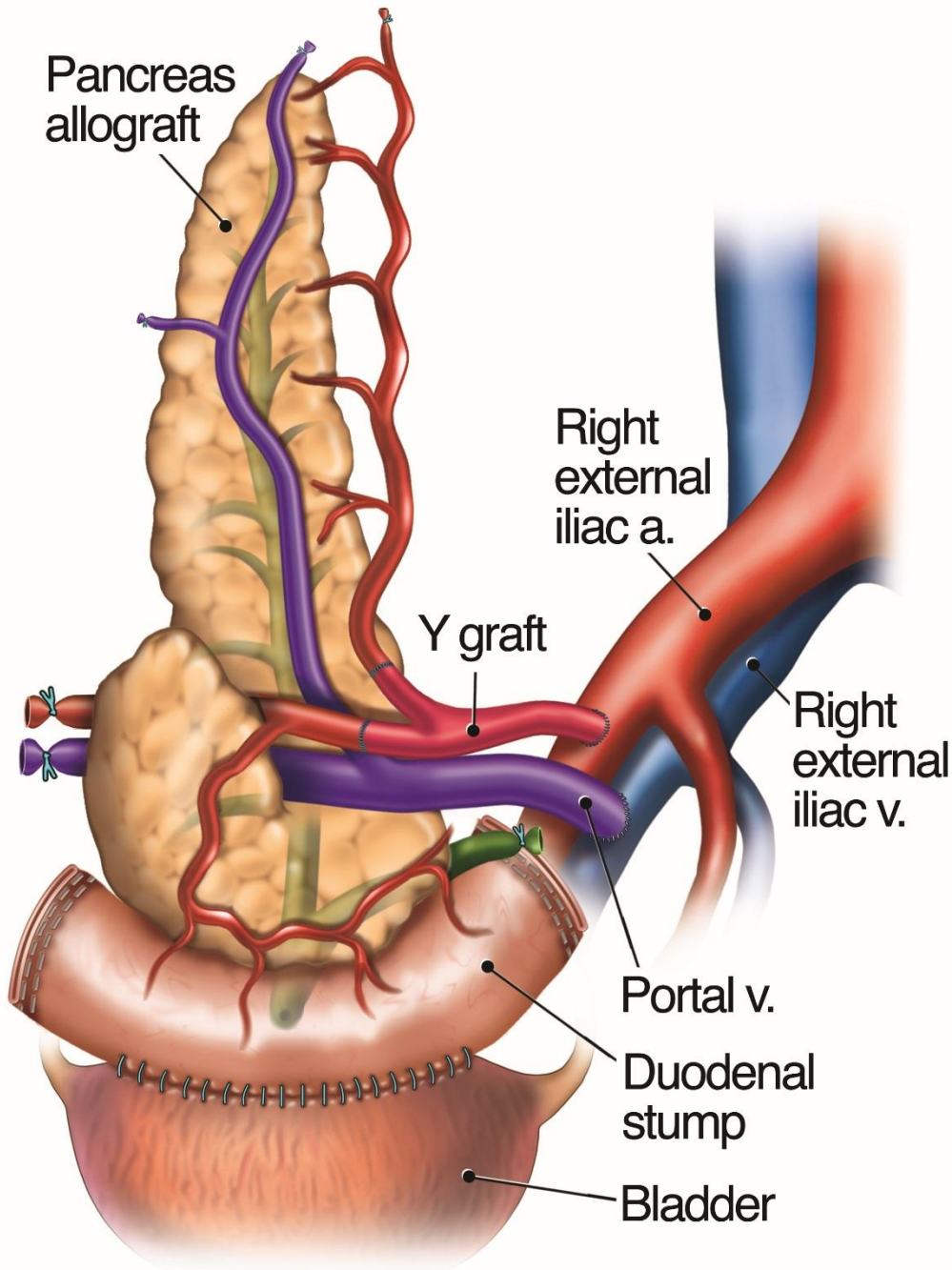
BACKGROUND

- ▶ Establishes normal glucose and normalized HgbA1c in type I DM.
- ▶ Goals:
 - *Better QOL;
 - *Independence from exogenous insulin;
 - *Prevention of complications.
- ▶ Types of pancreas tx:
 - *SPK (type I DM with CKD)
 - *PAK (type I DM with normal kidney fx)
 - *PTA (type I DM who are not uremic)
- ▶ Indications ADA:
 - *Acute and severe metabolic complications;
 - *Emotional issues with insulin administration;
 - *Persistent failure to prevent acute complications.


TECHNIQUE

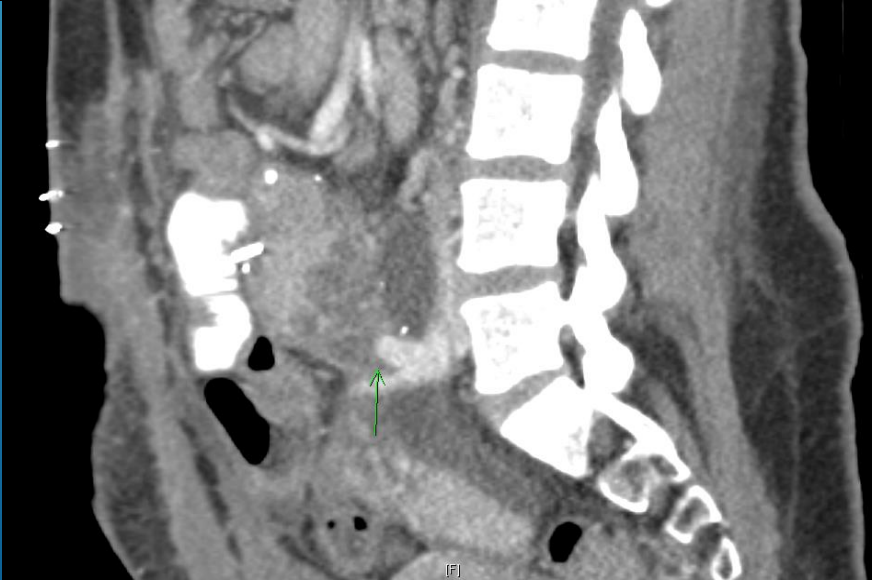
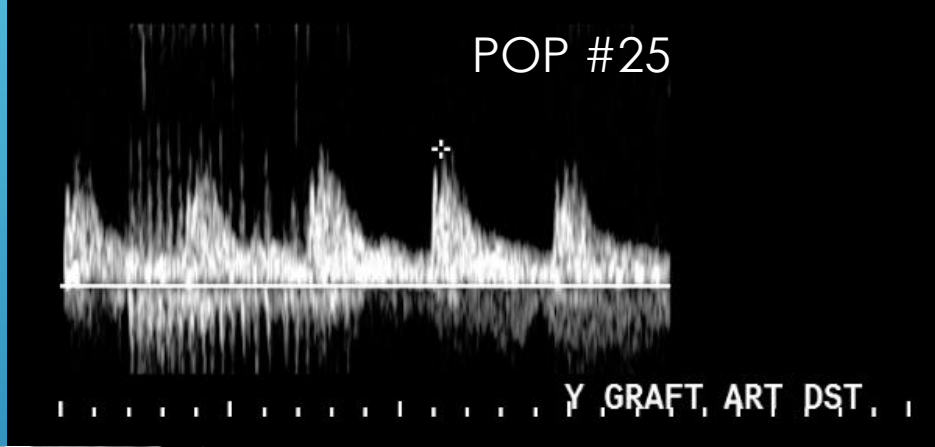
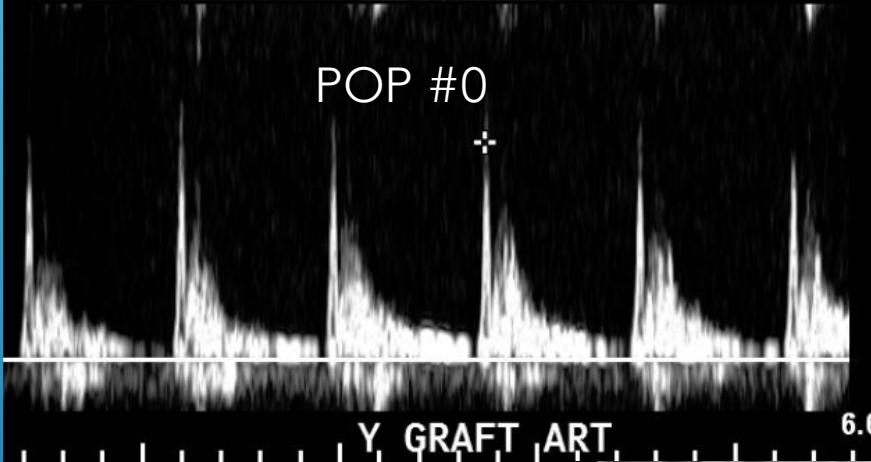
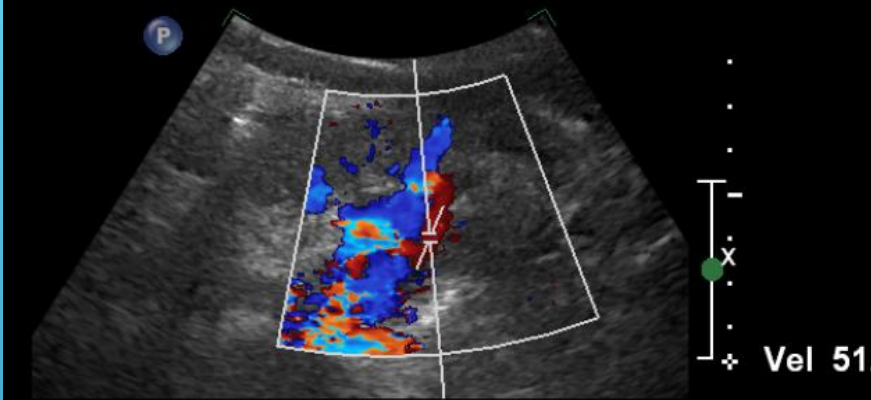
- ▶ Pancreatic graft removed en block with the duodenum and spleen, preserving the stumps of the SMA and splenic artery and of the PV.
 - ▶ Donor iliac vessels are recovered for reconstruction.
 - ▶ Pancreatic graft placed in the RLQ. Arterial drainage in the CIA, venous drainage systemic vs portal and exocrine drainage can be enteric or vesical.
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COMPLICATIONS

- ▶ 10%-20% complication rate.
 - ▶ Technical failure (thrombosis (50%), pancreatitis (20%), infection (18%), fistulas (6.5%), hemorrhage (2%).
 - ▶ Acute and chronic rejection.
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CONCLUSIONS

- ▶ Pancreas tx remains as the most effective treatment for type I DM.
 - ▶ It is an unforgiven graft, with major surgical complications.
 - ▶ US is critical the most critical imaging for the follow-up.
 - ▶ Islet cell transplants should decrease surgical complications with better long-term outcomes.
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