



Surgical Details Form (Transplant Anastomosis)

This form is additional to the main data form

Please complete this form as close to the time of the kidney transplant or post operatively.
Send data to the ANZDATA Registry by fax +61 8 8128 4769 or scan and email to anzdata@anzdata.org.au

ANZDATA Patient ID	Graft No.	DATE OF TRANSPLANT	SURGEON
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient Surname

Patient Given Name

Affix Patient label here

Facility MRN

Transplant Facility

Surgical Details *(Please tick a box per line)*

	Left (L)	Right (R)			
Anastomosis Site	<input type="checkbox"/>	<input type="checkbox"/>			
Arterial	CIA <input type="checkbox"/>	EIA <input type="checkbox"/>	IIA <input type="checkbox"/>	Aorta <input type="checkbox"/>	Other (specify) _____
Venous	EIV <input type="checkbox"/>	Other (specify) _____			
Cava Extension	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Aortic Patch	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Anastomosis Time	<input type="text"/>	<i>Anastomosis time is defined as the time between ending the cooling period (kidney out of ice) and surgical connection (anastomosis) of the donor kidney, prior to perfusion. The time is reported in minutes.</i>			
	(min)				

Assessment codes

Arterial Codes

- 1=Common Iliac Artery (CIA)
- 2=External Iliac Artery (EIA)
- 3=Internal Iliac Artery (IIA)
- 4=Aorta
- 99=Other (Specify)

Venous Codes

- 1=External Iliac Vein (EIV)
- 99=Other (Specify)