

Transplant nephrectomy

9 steps, each one the authored title and caption from the interactive animation, with the frame captured from that step. Read it before the case, or print it and work through the steps in order.

Teaching only, not for diagnosis or treatment decisions. The text on this sheet is the animation's own step copy, reproduced verbatim.

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01 Who



- The failed graft that will not be left alone: pain, fever, haematuria, the graft intolerance syndrome once immunosuppression stops.

- Or the graft that must come out: early thrombosis, infected non-function, or room for the next one.

02 Early versus late



- Early, within weeks, the graft is swollen, the planes are fresh and it comes out with its vessels.
- Late, after months or years, it is shrunken and pale and **welded to everything**: only the subcapsular plane is safe.

03 Immunosuppression and the timing



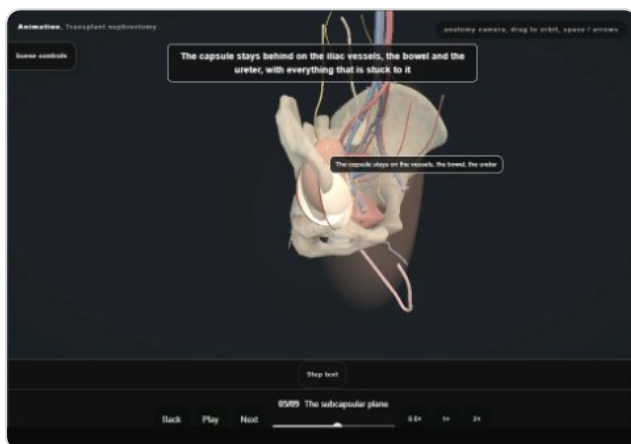
- Tapered or stopped before a late nephrectomy, steroids covered, the anaesthetist told the patient dialyses and bleeds.
- Blood cross-matched and in the room: transfusion is usual.

04 Through the old scar



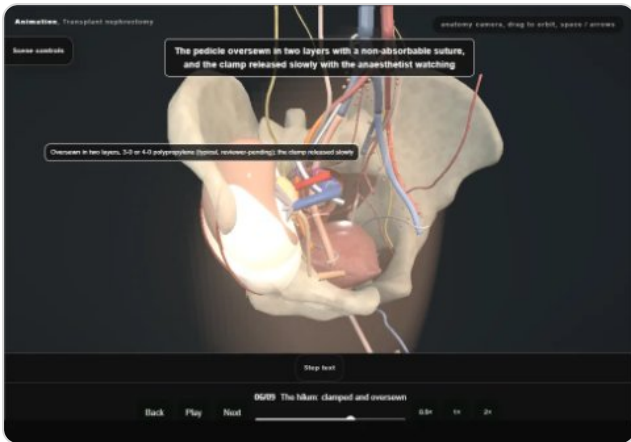
- The old Gibson incision, extraperitoneal, the graft found under the wound and the muscle.
- Peritoneum stuck to the front of the graft is opened and closed, never dissected off a late graft.

05 The subcapsular plane



- The capsule incised on the convex border and the plane developed between capsule and cortex with the finger; the graft shells out and **the capsule stays behind** on the iliac vessels, the bowel and the ureter.

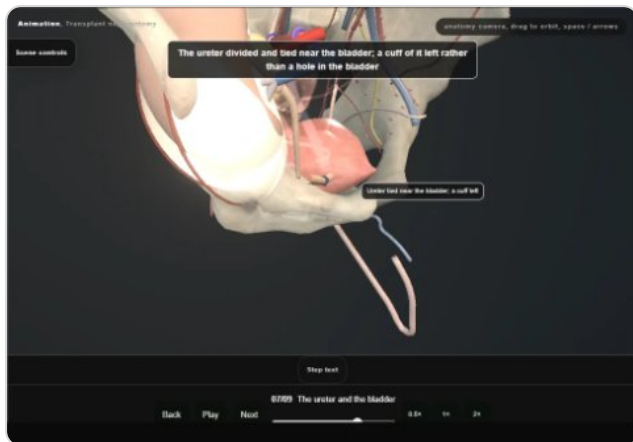
06



- Reached from all sides within the capsule and clamped as one with a large vascular clamp, graft side of the old anastomoses, the graft cut off it;

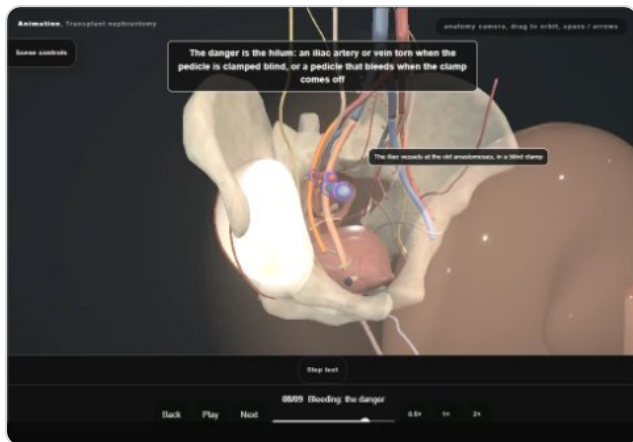
- the pedicle stumps oversewn in two layers with non-absorbable suture and the clamp released slowly.

07 The ureter and the bladder



- Divided and tied near the bladder, a cuff of it left rather than a hole in the bladder.
- The graft out, the capsule inspected for bleeding, and nothing more removed.

Bleeding: the danger



- An iliac artery or vein torn at the old anastomosis when the pedicle is clamped blind, or a pedicle that bleeds when the clamp comes off.
- A vascular surgeon in the building; a clamp on the external iliac above and below if the pedicle cannot be controlled.



- A drain, closure in layers, dialysis the next day, the haemoglobin checked twice.
- The antibodies rise after the graft is removed: the immunology team is told and the next transplant planned around it.

Derived from `pelvis/TransplantNephrectomyScene.tsx` at build time: every step title and caption above is the authored `ProcedureDef` text, reproduced verbatim, and this page shares its readable-points renderer with the animation itself. 9 of 9 steps have a captured frame. Text fingerprint 71c777b7be93d697. A caption edit without a re-capture fails the production check, so the sheet and the animation cannot drift apart silently.

Pre-release educational preview

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