

Guide to Handling and Repackaging Vessels

Vessel Handling

Golden Rule: Do not open the vessels until you know you need one/them

Prior to the transplant, the circulating nurse:

- Checks organ vessels to make sure they match the scheduled surgical procedure and patient.
- Speaks with the surgeon to assess the need for vessel(s). [There may be a known need for a vessel based on existing organ anatomy]

No matter when a vessel is needed, follow these recommendations to prevent cross contamination from other sterile fields within the operating room:

- Establish a separate sterile table for vessels.
- Don sterile gown and gloves when interacting with the vessels/sterile container.
- Handle the vessel(s) with unused sterile forceps.

When a vessel is needed, the circulating nurse:

- Inspects the integrity of the vessel packaging
- Compares the external vessel label and the internal vessel label with the scrub for accuracy
- Secures the external vessel label and places it with the operative paperwork

When is a vessel needed?

Prior to incision

- The **scrub** can utilize instrumentation from the operative set-up (unused sterile forceps).
- The **circulator** or **scrub** can set up the separate sterile table for the vessels (including a small basin and sterile ice).

After incision

- The **circulator** sets up the separate sterile table for the vessels and makes unused sterile forceps and gloves available for the scrub (including a small basin and sterile ice).
- The **scrub** must utilize unused sterile forceps not from the operative set-up and re-glove prior to securing the needed vessel(s). Do **not** touch or remove the vessel container from its sterile table. Take **only** the needed vessels and leave others in the original container.
- No matter when the sterile vessel table is set up, the circulator is responsible for protecting the table and its contents.

Vessel Repackaging

Vessels can be repackaged by either the **circulator** or **scrub**.

When repackaging vessels, follow these suggestions:

- Confirm that the sterile vessel table has been maintained.
- Confirm that the original vessel container and labels have been retained. If not, package and label vessels as required by OPTN Policy 16.4.
- Don sterile gown and gloves.

- Ensure that the remaining vessels are in the original container with the internal label still affixed. **(Do not return** any vessels from the operative field, as they are considered contaminated.)
- Replace the lid of the container.
- Use two sterile plastic bags to re-establish the triple sterile barrier.
- Place the vessel container in the first sterile bag and close it securely.
- Place the vessel container and first sterile bag within the second sterile bag and close it securely.

At this point, with the vessels repackaged and the triple sterile barrier established, re-attach the original external vessel label. Once repackaged, store the vessels according to hospital policy.

If the vessels or any portions are not going to be repackaged, dispose of the vessels via hospital policy.

Do not repackage or store vessels that are positive for:

- Hepatitis B surface antigen (HBsAg)
- Hepatitis B nucleic acid (HBV NAT)
- Hepatitis C antibody (HCV Ab)
- Hepatitis C nucleic acid (HCV NAT)
- Human Immunodeficiency Virus antigen or antibody (HIV Ag/AB)
- Human Immunodeficiency Virus nucleic acid (HIV NAT)

References:

Association of periOperative Registered Nurses. *Guidelines for Perioperative Practice*. 2015 ed. Denver, CO: Association of periOperative Registered Nurses; 2015.

[OPTN Policy 16](#)