Debate about non-heart beating organ donation

Editor—The paper by Thomas and colleagues and the associated editorials were extremely helpful in the ongoing debate about non-heart beating organ donation (NHBOD). Our institution serves an ethnically diverse community and the subject of organ donation has had to be handled with great care for both cultural and religious reasons.

The introduction of NHBOD was viewed with some concern by members of both the medical and the nursing team. Excellent support from UK Transplant coordination staff and in-house bereavement staff has helped to overcome some of these genuine concerns. Discussions concerning treatment withdrawal are separated completely from those concerning organ donation and are conducted by different members of the team. The introduction of an adapted Liverpool Care Pathway into intensive care for end of life care as a standard approach to treatment withdrawal has helped to guide all staff and relatives through a difficult process. The hospital policies regarding the movement of bodies after death on a hospital bed, and the proximity of the intensive care unit to the operating theatre, has meant some adaptation in the withdrawal of treatment in cases where the wish for NHBOD has been expressed. This occurs in a spacious anaesthetic room in the theatre suite, which can accommodate family members for the time it takes for the withdrawal process to run its course. It is now not our practice to return patients to the intensive care unit if the time-frame for NHBOD is too long and the opportunity for donation has been missed. This has required education of theatre staff about the clear differences between NHBOD and organ donation where brain stem death is established.

However, despite the progress made in procuring organs by NHBOD, it has been pointed out that it is not the whole solution and the fact remains that there is still a wider debate to be had about the longer term plan for organ donation in the UK which for the time being will be played out largely at the local level.

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Successful treatment with landiolol for the recurrence of significant ST-segment depression during early postoperative period

Editor—Tachycardia-induced ischaemia is more prevalent in patients with coronary artery disease during early postoperative period. As tachycardia increases the oxygen demand in myocardium with limited coronary blood flow, heart rate reduction is an essential treatment to attenuate myocardial ischaemia. Landiolol, an ultra-short-acting β-blocker, has been widely used to treat perioperative tachyarrhythmias in Japan. We report a case in which postoperative myocardial ischaemia denoted by significant ST-segment depression on electrocardiogram (ECG) monitoring was successfully treated with landiolol.

A 61-yr-old man (56 kg, 162 cm) underwent right carotid endarterectomy under general anaesthesia. Although the