

PREOPERATIVE DIAGNOSIS: , Rejection of renal transplant.,POSTOPERATIVE DIAGNOSIS: , Rejection of renal transplant.,OPERATIVE PROCEDURE: , Transplant nephrectomy.,DESCRIPTION OF PROCEDURE: , The patient has had rapid deterioration of her kidney function since her transplant at ABCD one year ago. The patient was recently thought to have obstruction to the transplant and a stent was placed in to the transplant percutaneously, but the ureter was wide open and there was no evidence of obstruction. Because the kidney was felt to be irretrievably lost and immunosuppression had been withdrawn, it was elected to go ahead and remove the kidney and hopes that her fever and toxic course could be arrested.,With the patient in the supine position, the previously placed nephrostomy tube was removed. The patient then after adequate prepping and draping, and placing of a small roll under the right hip, underwent an incision in the direction of the transplant incision down through and through all muscle layers and into the preperitoneal space. The kidney was encountered and kidney was dissected free of its attachments through the retroperitoneal space. During the course of dissection, the iliac artery and vein were identified as was the native ureter and the patient's ilioinguinal nerve; all these were preserved. The individual vessels in the kidney were identified, ligated, and incised, and the kidney was removed. The ureter was encountered during the course of resection, but was not ligated. The patient's retroperitoneal space was irrigated with antibiotic solution and #19 Blake drain was placed into the

retroperitoneal space, and the patient returned to the recovery room in good condition.,ESTIMATED BLOOD LOSS: 900 mL.