

Table S1 – Structured questionnaire sent to UK pancreas transplant centers that reported cases of spinal cord ischemia their unit

Spinal cord ischemia following pancreas transplantation at your center

Recipient age at transplantation
Recipient gender
Recipient occupation at time of transplantation
Cause of end-stage renal disease (if applicable)
Type and duration of diabetes at the time of transplantation
Daily quantity of insulin prior to transplantation (units)
Was the patient established on renal replacement therapy prior to transplantation? Which modality (hemodialysis/peritoneal dialysis)
Past medical history
Any history of vasculopathy, thrombophilia, or thromboembolic events prior to transplantation
Smoking history
Regular medications prior to transplantation
Had a thrombophilia screen been performed preoperatively? What were the results?
Was thromboelastography (TEG) performed intraoperatively? What were the results?
Had spinal cord ischaemia been discussed during the consent process?
Date of transplant
Donor details: Age, gender, donor type
Type of pancreas transplant: simultaneous pancreas and kidney (SPK), pancreas after kidney (PAK), or pancreas alone transplant (PTA)?
Immunosuppression induction regimen
Immunosuppression maintenance regimen
Native kidney or kidney transplant function (if pancreas after kidney, or pancreas alone transplant)?
Was the aorta cross-clamped intraoperatively? Were any aortic branches tied?
State any intraoperative problems or unexpected events
Was there hypotension intraoperatively (systolic blood pressure ≤ 90)? Duration if yes
Volume and speed of intraoperative blood loss

Postoperative problems, e.g. bleeding (including volume and speed of blood loss)

Did the patient return to theatre? Give details

Was there hypotension postoperatively (systolic blood pressure ≤ 90)?

Lowest intraoperative SBP, MAP and CVP (and its duration)

Lowest postoperative SBP, MAP and CVP (and its duration)

Use of intraoperative prostaglandins (e.g. epoprostenol), heparin, or other agents?

Were there any factors identified that may have increased the likelihood of infarction?

Postoperative pancreas function i.e. glycemic control

Postoperative kidney function i.e. urine output, creatinine drop, need for hemofiltration

Was postoperative venous thromboembolism prophylaxis given? E.g. low molecular weight heparin or unfractionated heparin? Dose please

Was there kidney delayed graft function (DGF; defined as the need for dialysis in first 7 days posttransplantation regardless of cause)?

IF DGF, did the patient undergo hemodialysis or hemofiltration?

Details and timing of patient complaint regarding spinal cord ischemia e.g. loss of limb or bowel function

Details and timing of neurological findings on clinical examination

Mode and timing of imaging of the spinal cord

Imaging (MRI) report

Was neurological / vascular consult requested? When, and what was their opinion at the time?

Was there any delay in making the diagnosis of spinal cord ischemia?

Was any intervention initiated to treat spinal cord ischemia e.g. lumbar drain

Details of neurological recovery e.g. neurological deficit, use of walking aids, return to occupation

Details of patient and graft survival i.e. kidney, pancreatic function, patient alive?

Last follow up date

Pancreas graft survival at last follow up? Working or failed (date of failure)

Patient's current neurological state e.g. fully recovered, or residual neurological deficit?

Patient survival at last follow up? Working or failed (date of failure)

Was this formally reported as a serious event?

Was a root cause analysis performed?

Is spinal cord ischemia regularly discussed in the consent process following this case

Was there been any change in the department's approach to pancreas transplant management following this case e.g. routine lumbar drains?

Anything else of relevance to this case?
