

NOTICE TO EMBALMING PROFESSIONALS

The following life-saving / life-enhancing gift(s) have been recovered from this donor:

- Solid organs
- Heart for valves
- Bone and associated tissue of the upper arms
- Bone and associated tissue of the lower arms
- Bone and associated tissue of the legs
- Rib and/or cartilage of the chest
- Skin
- Corneas
- Other _____

Request from LifeNet Health:

- Satisfaction Survey

Restorative supplies used by LifeNet Health:

- Coban
- Stockinet
- Plastic leg or arm sleeve*
- Bio-bone leg or arm insert *
- Vascular leg or arm insert*
- Knee insert
- Absorbent pads
- Absorbent powder

* Items are dependent on types of tissues donated

Restorative supplies provided by LifeNet Health:

- Unionall
- Cadisol with MSDS sheet **
- San Veino Gel (#1 b/u for cadisol) with MSDS
- Hexaphene MA Gel (#2 b/u for cadisol) with MSDS
- U-Form Bio-bones Sternum **
- Donor Recognition Program participant materials
- Tissue Donor Operative Report
- Authorization/Disclosure Form

** Items are dependent on types of tissues donated

Disclosure: The procedures described herein are used by LifeNet Health after a recovery of organs and/or tissue. However, the condition of the body may be altered if an autopsy is performed post-recovery.

What to Expect in the Body's Appearance

Depending on what gift(s) was donated, the appearance of the body will vary. In all cases, upon completion of the tissue recovery, the donor will be cleaned and placed in a shroud or body bag. The appearance may be altered if the body is autopsied after the recovery is complete. The donor will have an identification tag on the body.

Solid Organs

The following are visual affects to anticipate for organ recovery on the donor patient:

- Midline incision from sternal notch to pubis
- Incision over femoral area from which lymph nodes were removed
- Removal of organs recovered
- Heart recovery head vessels tagged with 2-0 silk
- Lung recovery proximal trachea stapled shut
- Iliac artery and veins recovered for extra conduits during organ transplant

Heart for valves, Pericardium, Ribs, Costal Cartilage

- Midline sternal incision, “y-incision / u-incision”, or breast plate removal-closed with sutures without dressing
- Heart recovery head vessels tagged with suture or similar material

Skin

Depending on the clinical need, skin may be recovered using different techniques. As a result, the body will appear differently, depending on which type of technique was used.

Split-thickness:	May be recovered from the back, abdomen, legs and/or upper arms.
Full-thickness/ Free-hand:	May be recovered from the back, abdomen and legs.

Bone & associated tissue

Arms:	<ul style="list-style-type: none"> • If both the upper arm (humerus) and the lower arm (radius and ulna) bones were recovered, there will be incisions on both arms from the acromion process to 1.5” above the wrist. The incision will not be dressed. The ulnar and radial arteries should be tied off. • If only the humerus is recovered, the incision will stop slightly above the elbow.
Legs:	<ul style="list-style-type: none"> • The incision will run from the posterior third of the ilium down to the ankle. The legs will have arterial reconstruction. The legs are sutured, placed in a stockinet, wrapped in Coban, and then placed in a plastic leg sleeve to protect the Coban.

Bone Reconstruction Material

Each bone donor will be reconstructed with **Bio-Bones** and absorbent material.

- Made from PLA (corn) resin and can be cremated,
- No need to remove Bio-Bones prior to cremation, saving time and reducing risk for blood borne pathogen exposure.

Chest Plate Reconstruction Material

When the sternum has been recovered for retrieval of costal cartilage, a **Bio-Bones** sternum prosthesis will be provided for your use. This prosthesis may be used as delivered or *reformed* for a more custom fit.

Instructions for Use:

- Place over sternum area
- Secure into position by suturing to remaining ribs

Reforming Instructions:

- Submerge **Bio-Bones** Sternum sheet into boiling water for 5 – 10 seconds
- Carefully lift out sheet and cut, flatten, fold or shape into desired shape
Note: The sheet will cool and harden within 30 seconds
- Repeat softening/shaping as necessary until desired shape has been reached
- Place and secure to remaining ribs

Recommendations for Skin Reconstruction

Cadisol Gel:

- Is a secondary disinfectant, bleaching and fast reacting multi-purpose cauterant
- Is included with all Thick-skin or Free-hand Skin Donors

For Skin Donor Application:

1. Excess fluid(s) should be blotted and dried.
2. After initial injection, gently massage Cadisol Gel over area skin graft has been recovered.
3. After complete cauterization with Cadisol Gel, (10-15 minutes), re-inject arterial chemical against barrier for maximum containment and preservation of the tissue.
4. Place absorbent pad on back where skin graft was recovered.
5. Apply plastics/unionall.

For Bone Donor Application:

1. Excess fluid(s) should be blotted and dried.
2. Initial injection of major existing blood vessels provides an indicator as to the additional vessels and treatment required to prepare a body for presentation. Terminal vessels which are severed during the retrieval of organs or tissue need to cauterize with Cadisol Gel to create a barrier prior to secondary injection for chemical retention.
3. Brush Cadisol Gel on all open surfaces.
4. Place prosthesis to restore natural form and suture.
5. Apply plastics/unionall.

For Eye Enucliation Application:

1. Excess fluid(s) should be blotted and dried.
2. Swab Cadisol Gel in the orbital cavity fat pads and surrounding areas of the orbit including the posterior areas of the eye lids.
3. Place prosthesis of choice and complete closure.

Please call 1-866-543-3638 to reach a specialist 24/7 to answer any questions or concerns you have.

Embalming Recommendations

If Coban has been wrapped around the extremity, care should be taken to elevate the upper and lower extremities from the embalming table to prevent extraneous or embalming fluids from draining and being absorbed and saturating the Coban. It is also advisable that normal injection should be done first and then injection of the lower extremities to prevent the over saturation of tissues in the lower legs.

Upper Extremities:

Reconstruction of the upper extremities included the placement of the Bio-Bones prosthetic and suturing the incision. Standard arterial injection from the Carotid artery should distribute the preservative fluids to the upper extremities via normal arterial blood flow. During injection you should check for distribution to the hands.

1. In some cases however, during procurement normal arterial blood flow may have been compromised.
2. In this case you should remove the Coban bandage. If present, remove suturing and then inject the hand by utilizing the radial and ulnar arteries. The prosthetic can be removed during this process or can remain in place. After injection, thoroughly dry area, treat with absorbent powder or hardening compound, replace prosthetic device, and then suture the incision.
3. Use of Coban dressing is optional.

Lower Extremities:

Reconstruction of the lower extremities includes placement of Bio-Bones prosthetic, absorbent padding, artificial arterial system, suturing the incision, and use of surgical stocking and Coban dressing. While the surgical stocking may absorb some fluids that leak during the injection process (this may occur when skin has been procured), the rubberized Coban dressing will help to prevent outside leakage. Its use is also advantageous because the Coban will not absorb the fluids and can be reused if it needs to be removed. There will also be plastic stockings placed over the legs to prevent any fluid from saturating the Coban.

1. Place head blocks or devices under the heels of the feet to raise the legs above the table to prevent the Coban bandages from being saturated.
2. Notice the tubing that extends from the inguinal area. On that tube is a clip which should be removed during injection.
3. Prior to injection you should check the hip area for any build-up of fluids that occurred during the prior injection process. If there is an abundance of fluids in that area, loosen the suture to drain that area. There will be some distribution in that area even though the Femoral Artery has been ligated.
4. You should mix one-half gallon of solution in the embalming machine for injection of each leg. The solution should be comprised of 8-10 oz of 25 index or higher preservative and enough water to make one-half gallon of solution.
5. Set the flow at a very light flow and pressure should not exceed 10 lbs.
6. Place arterial tube (Cannula) into exposed tubing.
7. Inject solution and monitor distribution into lower leg. Some massaging might help with distribution.

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8. After injection of one-half gallon of solution per leg (do not use more than one-half gallon unless the patient is very large), check for extensive leakage of fluid. Minimal leakage should be expected and time should be allowed for that leakage to dry before placing extremities into plastic goods.
9. There may be some extensive leakage in hip area. In some cases it may be necessary to suture that area again.
10. After injection, the plastic tubing can be pushed into the incision and then a trocar button or suture can be used to close the opening.
11. It is also recommended to hypodermically inject the feet with a high index and minimal amount of fluids.
12. After a period of time, assess the amount of leakage and then proceed with placing extremities in plastic goods and prepare for dressing and casketing.

Note: If this is a medical examiners case, the stockinet and Coban may be included in a package for you to apply. This will allow the medical examiner's office to conduct a thorough exam post-recovery.

- Simply place the stockinet over each leg and starting at the foot, wrap the Coban tightly around the entire leg until it reaches at least three inches below where the tight baseball suture ends at the hip area. This should prevent leakage.

Modified Embalming Fluid Recommendations for Donors with Arterial Reconstruction

- Mix one half gallon of solution.
- 8-10 oz of 25 index or higher.
- Add water to reach the half gallon mark. (no more than half gallon per leg)
- Light flow, not to exceed 10 lbs.
- Insert arterial tube / cannula into exposed tubing in the hip region.
- After injection push tubing into incision and suture /trocar button incision area.
- Place in unionall.

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LifeNet Health Donor Recognition Program

LifeNet Health offers all donor families the option to participate in the Donor Recognition Program. This simple, yet meaningful, program allows the family to celebrate their loved one's intention to help others through organ or tissue donation. Families find this program to be another opportunity to honor and recognize their loved one's gift.

LifeNet Health will often deliver the materials to the funeral home, if it has been selected.

The following items will be supplied:

- A framed Donation Certificate, available for public display at the funeral
- "Donate Life" bracelets



LifeNet Health Quality and Satisfaction Survey

It is the policy of LifeNet Health to achieve total customer satisfaction in all of the services we provide, and to continuously improve quality. We use quality materials, equipment and processes by skilled, well-trained professionals. Please take few moments to complete and return the Satisfaction Survey to provide meaningful feedback to help ensure that we are providing the best service possible.



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