

The Hospital for Sick Children

Heart for Valves Recovery Note

Hospital: _____ Date: _____

Patient Name: _____ TGLN #: _____ MRN: _____

Recovery Personnel: Name, Affiliation, and Position

1. (Lead) _____
2. _____

The identity of the patient was confirmed along with the consent form and a physical examination of the patient was completed.

All in-situ IV lines, defibrillator pads, and tubes, etc. still attached to the patient were removed (in accordance with Coroner's directive, if applicable).

The chest, from the neck to the navel, was cleaned using a 70% alcohol solution and sterile gauze. A surgical scrub solution and sterile gauze were then used to further cleanse the area. Lastly, Povidone-Iodine swabsticks were used to apply antiseptic to the area.

A median sternotomy was made to enter the chest. The pericardium was opened and the heart was exposed. A blood sample was collected from a chamber of the heart and transferred into tubes labeled with the patient information to be tested for infectious diseases.

The inferior vena cava was transected at the junction to the right atrium. The right pulmonary veins were transected as distally as possible. The right pulmonary artery was transected at the hilum. The superior vena cava and innominate vein were exposed and transected. The neck vessels, the brachiocephalic, left carotid, and left subclavian arteries were exposed distal to the take-off from the aortic arch and transected. The heart was retracted rightward and superiorly and left pulmonary veins and artery were transected as distal as possible. The aorta was transected distal to the ligamentum arteriosus, completing the retrieval.

A large piece of pericardium was recovered. N/A

If possible, the descending thoracic aorta was recovered by opening the left pleural space, resecting the lung medially and excising the aorta distal to the left subclavian artery. The intercoastal arteries were transected 3-4mm from the aorta and care was taken to avoid injuring the adjacent esophagus. N/A

The heart was placed in a sterile bowl filled with Ringer's lactate and gently massaged to introduce the liquid into the chambers of the heart. To drain the fluid, the heart was inverted gently. This rinsing process was repeated a second time with a new bag of Ringer's lactate.

The chest cavity was sutured closed and the patient was rewrapped in the shroud and returned to the storage location from which was retrieved.

Signature (Lead Physician): _____ Date: _____

May 21, 2014