



Clinical Process Instruction Manual

Donor Reconstruction After Multi-Tissue Recovery Process Instruction

Policy:

Upon completion of skin, cardiac and/or musculoskeletal tissue recovery, all donors shall be reconstructed to restore normal appearance as much as possible unless there is a specific request from the coroner, pathologist or funeral home.

All surgical incisions shall be closed in an aesthetic fashion and the body prepared for transportation. Donor reconstruction should employ techniques consistent with coroner/pathologist requests and funeral home guidelines.

Process:

General

1. There is no donor reconstruction done for skin donors after the recovery is complete. At the completion of all recovery procedures the donor will be cleaned of all prep solution, blood and debris that may be remaining from the tissue recovery procedure.

Cardiac Reconstruction

2. The breastplate is placed back in the body to cover the chest cavity. It may be necessary to place a few laparotomy sponges in the cavity to support the breastplate and to absorb any remaining blood and body fluids. If a donor is 5 years old or less and is also a coroner case, DO NOT place either sponges or towels in the thoracic cavity. Loban or equivalent may be placed to cover the incision temporarily if another tissue is to be recovered.
3. Once all recovery procedures have been completed, the entire skin incision will be closed using a post-mortem needle and suture. It is better to start the suture at the point of the xiphoid process. This will allow a better alignment of the skin on both sides of the incision.
4. The donor is cleaned to remove any blood, prep-solution, or other debris.



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Musculoskeletal Reconstruction

5. Musculoskeletal tissue donor reconstruction may be done in a non-sterile manner once all recovery procedures are completed.
6. Adjustable bone prosthetics are used to reconstruct the legs, and arms as required.
7. The long bone prosthetics are inserted into the leg by placing the ends into the ankle and pelvis.
8. The knee or other bony prominences are rebuilt with laparotomy sponges as required.
9. In larger donors it may be necessary to close the quadriceps muscle incision with a running suture to ensure proper closure of the skin incision.
10. Close the entire skin incision with a running suture using a post-mortem needle.
11. Surgical sutures (or equivalent) on a cutting needle may be used if a post-mortem needle is not available.
12. A similar replacement may be done for the humerus and radius/ulna as applicable.
13. The donor is cleaned of blood, prep-solution and other debris.

Post-Reconstruction

14. The body shall be properly identified before it is taken to the morgue. The body and the shroud shall be labeled with the donor's real name. Bodies must not be returned to the morgue bearing only the Trillium Gift of Life Network (TGLN) number.
15. The body shall be transported to the morgue. Arrange or assist with the transport if required.
16. Donor reconstruction shall be documented as a "Yes" or "No" in the tissue recovery section of the donor's chart and/or the *Multi-Tissue Recovery Form* (if used).



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Records:

Donor Chart	-----	PRC	PRC	16 Years
Multi-Tissue Recovery Form (if used)	CSF-9-146	PRC	PRC	16 Years

References:

- Standards for Tissue Banking, American Association of Tissue Banks, United States. D5.900.