

Bridge to the Future

Pacific Northwest Transplant Bank is happy to announce we will be hosting an Organ Donation Breakthrough Mini-Collaborative for hospitals within our service area. This full-day event will feature interactive sessions on topics designed to help hospital staff implement best practices in organ donation.

Proposed content includes:

- "Donation after cardiac death: the physician's perspective," presented by Dean Gubler, DO, Legacy Emanuel Hospital (confirmed)
- "How to implement best practices in organ, eye and tissue donation requesting"
- "Donation in JCAHO site surveys," presented by a JCAHO auditor
- Clinical management of potential organ donors
- HHS Medal of Honor for Organ Donation: medal presentations
- "National view of organ donation," presented by Helen Leslie-Bottenfield, U.S. Department of Health and Human Services

We are currently developing ideas for breakout sessions devoted to specific interest areas. To suggest ideas or for more information on the Collaborative, please contact your hospital services representative. (For an up-to-date list of hospital services liaisons, please visit <http://www.pntb.org/hsassign.html>).

Bridge to the Future

An Organ Donation Breakthrough Collaborative
Governor Hotel
Portland, Ore.

Tuesday, Nov. 7, 2006, 8:30 a.m. – 4:00 p.m.
Due to limited space, attendance is by invitation only.

This Collaborative event should be an exciting, content-rich day. Look for additional information on this event in the upcoming months.



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AN EYE FOR AN EYE: EYE ENUCLEATION NOT FOR THE SQUEAMISH

By Tom Geil, public relations officer, Oregon Lions Sight and Hearing Foundation

On the table before me lay the donor's head. The area had been cleaned according to highly detailed guidelines. After carefully swabbing the superior medial canthus, I carefully inserted the lid speculum to spread back the eye lid. I needed a clear, open field to conduct my work of an eye enucleation.

Writers face many challenges in accurately reporting a story. Many of us find that in order to report the details more accurately, it's always best to conduct an activity ourselves. There's no better way to comprehend the challenges and appreciate the results. An eye enucleation, or removal of a donor eye, was truly a unique experience.

Using forceps I grasped the conjunctiva, and with the tenotomy scissors I began to cut open the conjunctiva that protects the sides of an eye globe. I cut 360 degrees around the perimeter of the cornea, taking care not to touch the valuable clear center tissue. After locating the lateral rectus muscle with a muscle hook and clamping with the hemostatic forceps, I searched for the remaining three recti muscles that hold the eye in place.

It was only 1:23 p.m., and as I was guided through each step by certified eye bank technician-turned-trainer Josh Galloway and three funeral directors from across the state of Oregon, I began to appreciate the job that these volunteers face around the clock. I tried to imagine the dedication it takes for these highly trained enucleators to get up at 3:00 a.m. to complete this task in order to provide the gift of sight to someone in need of that precious cornea.

Retrieving donor eyes is not a 9-to-5 job. When a donor body is delivered to a mortuary, time is crucial. The eye and cornea tissue cannot wait until a convenient time during the day. It must be removed and prepared for transport within a short time frame. Extensive training provides critical awareness information regarding the donor, including everything from types of tattoos and piercings to other vital body evaluations.

In searching for one of the four muscles that holds the eye stationary, the lid speculum holding the eyelid open pops off. Momentarily, I stop my search for the eye muscles to replace the sterilized metal speculum. In the meantime, the closing eyelid has also popped the forceps out, and I now have major chaos on my hands. Taking what seems like 10 minutes to put everything back in place, I continue with the disconnect of the muscles holding the eye in place.

Most experienced funeral directors take only 10 minutes to remove donor eyes. Experience has taught them how to prepare the eye and where to cut. Sterile operating procedures have protected the eye from cross-contamination, and they have taken every precaution to protect themselves from any injury during the process.

By now I've successfully cut three of the four muscles, but on the fourth muscle, the speculum has once again popped loose, and this time in an effort to replace it and cut the final muscle, I puncture

my glove and skin with the sharp point of the scissors. In a knee-jerk reaction, I accidentally scratch the cornea. And I begin thinking to myself, thank goodness this is only a plastic head with a rubber eye and imitation eye muscles.

It was March 9, and I was attending the annual training class for Post Mortem Eye Enucleation procedures, a course for licensed embalmers, apprentice embalmers and eye bank technicians conducted by Eye Bank Communications Director Corrina Patzer of The Lions Eye Bank of Oregon. The collection of donor eyes is a highly regulated procedure requiring specialized techniques. Equally intense is the paperwork. The eye enucleation procedure may take only 10 minutes, but the paperwork, preparation and cleanup can take another hour and a half.

The process involves not just a donor form, but appropriate verifications and state record forms. They must ensure that the removal does not interfere with any autopsy or investigations. The removal must be performed in accordance with medical standards, and every step must be documented not just for protection of the donor, but also for the medical techs who will later receive the donated eye for transplantation.

Facts abound in this class:

- Did you know there were more nerve endings in the cornea than in any other part of the body?
- There is no blood in the cornea.
- Corneas don't have to be tissue-typed for same blood type or genetic makeup – not even age or gender-matched.
- 90 percent of cornea transplants are successful, and the rejection rate for corneal transplants is among the lowest.

"I'm one of those guys who'd cover my eyes in grade school when they showed injections," commented Mike Terwilliger, a former Lions Club president and now a funeral director. "I didn't like the idea of doing this at all. I thought it was creepy." But late one night Mike offered to help a funeral director friend. Frozen in a corner of the room he watched in disbelief as a procedure took place. "And now look at me!" he adds.

Nearly all trainees present agreed that they volunteer for this role because of the deep feeling of caring about their fellow man. "No one has died in vain if another can benefit from a precious gift from the caring donor. To play an intermediary role in this process is incredibly heart-warming and provides an extraordinary sense of responsibility."

By now I've cut my final muscle holding the eye in place. I move in for the final act of cutting the optic nerve. Still nervous but confident, I move behind the globe and with the tenotomy scissors, successfully sever the optic nerve with a quarter inch to spare. It's over. As the sweat on my brow begins to dry, I've come to appreciate, all the more, the astonishing work that these volunteer enucleators accomplish. For me, I'll stick to writing!

The Lions Eye Bank of Oregon relies on the dedication of remote technicians in all areas of the state to ensure the wishes of family members are being met. With the increase in training requirements over the past several years we have seen the number of remote technicians around the state decrease. We are always looking for talented and dedicated individuals interested in helping facilitate the gift of sight. If you are interested in becoming a per-diem remote technician in your area, please e-mail the eye bank at jobs@orlions.org.

SAFETY OF TISSUE TRANSPLANTS

Community Tissue Services (CTS) is committed to providing safe, high-quality tissue for transplantation. CTS thoroughly evaluates each donor using medical/social history questions, medical records, blood tests, culture results, physical examination and autopsy reports (when performed). This process is used to ensure the donor is suitable for donation by allowing us to recognize and exclude potential diseases or medical conditions that are unacceptable.

Specific lab tests are performed for syphilis, hepatitis B and C, HIV and other viruses. All donor chart information is evaluated by individuals trained in tissue banking and Community Tissue Services' medical director prior to processing the tissue.

During processing, tissue grafts are rinsed and soaked in various solutions to minimize transmission of bacteria and viruses. Processing and packaging of the tissue are performed using aseptic technique and occur in a clean room. As an added margin of safety, CTS utilizes a patented cleaning procedure during processing called Allowash® and administers a low dose gamma irradiation after final packaging of the musculo-skeletal grafts.

Although the risk of disease transmission cannot be entirely eliminated, the use of allografts that have undergone rigorous donor screening, serological testing and formal processing has significantly reduced this risk.

Once the transplanted bone or soft tissue graft is accepted by the body, it is slowly converted into new living bone or soft tissue and incorporated into the body.

In 2005, Community Tissue Services distributed over 87,000 tissue grafts, providing improved mobility and well-being to thousands of people around our country and the world.

PUBLIC SUPPORT FOR DONATION AT AN ALL-TIME HIGH

In 2005, the Coalition on Donation, a national not-for-profit organization that educates the public about organ, eye and tissue donation, initiated a comprehensive study of 4,500 Americans to learn about their attitudes and knowledge regarding organ donation.

Study participants indicated that doctors' offices were the most comfortable place to document a donation decision.

Hearing from someone who is alive or has an improved quality of life due to a transplant was cited as the most motivating factor in making the decision to commit to donation.

Highlights of the research findings included the following:

- 91 percent of adults support the concept of donation.
- Only 30 percent know how to effectively designate themselves as donors.
- 55 percent of respondents thought that recovery from brain death was possible.
- 80 percent of respondents question the fairness of the allocation system.
- 20 percent of respondents have considered being an anonymous living donor.

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"HONORING HIS DECISION": RECIPIENT FAMILY BECOMES DONOR FAMILY

Twenty-two years ago, a day after an eclipse of the sun, Gary Irland received a call notifying him that the corneal transplant he needed to improve his vision was available. He received the cornea of a 23-year-old young man who had died in a motorcycle accident the night before.

In October 2001, the Irland family received another call regarding donation, but this time they were on the other side. Gary and Nancy's 23-year-old son, David, lay dying as a result of injuries he had sustained in a snowboarding accident the previous year.

When Gary and Nancy learned that David would not recover, the decision about donation was easy; it had been made years ago when Gary received his transplant. Their family had learned firsthand the positive impact donation and transplantation can make on someone's life, and David had decided as a young boy that he wanted to be an organ donor. He had been a very enthusiastic young man, had lots of friends, and considered himself a protector. "He was always looking out for the other guy," Nancy explained. "That's why he wanted to donate."

Two weeks after David's death, the Irland family received a medallion from Community Tissue Services and a letter from the Lions Eye Bank of Oregon thanking them for providing the gift of sight and mobility. "It was the best thing to know that David was continuing to impact lives even in death. I will always treasure these mementoes."



David Irland

When asked what advice she could provide to her nursing colleagues who are offering the option of donation to families when they are facing the death of a loved one, Nancy responds, "I would encourage the conversation to happen before death, because at the time of death there is so much shock and so many other things to think about. Before the death, families are thinking about what impact their loved one's life is going to have and leave behind. It's a time when families are thinking about how special this person is to them. The option of donation can allow them to think about how their loved one can still make a contribution and continue to be special to someone else as well." Nancy explains that this decision "empowers the dying person. Even in the end, David was in control. We were honoring his decision."

David was able to provide sight to two people, skin grafts to burn victims, and heart valves to a 32-year-old man on the East Coast.

Nancy Irland, David's mother, works at Providence St. Vincent Medical Center as a nursing education coordinator.

VOLUNTEER TO SUPPORT ORGAN AND TISSUE DONATION

Do you work in a medical environment? Help Oregon Donor Program (ODP) save and enhance lives by promoting organ and tissue donation.

- * Help ODP identify venues to speak and display the Threads of Life quilts - hospital lobbies, libraries, churches, blood drives, schools...
- * Become a Community Champion by distributing donor cards to your employees or association membership.
- * Make donor card brochures available to your patients, and encourage anyone interested in donation and transplantation to contact us about volunteering.
- * Sponsor or participate in ODP's 13th Annual Benefit Golf Tournament on July 25th.
- * Participate in National Donor Sabbath in November by speaking about the need for donation and distributing donor cards.
- * Volunteer for ODP - we will speak to 30,000 high school students this year, attend dozens of community and health fairs, and host three fundraising events.

Contact Oregon Donor Program today for more information.

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