



Recovery Update



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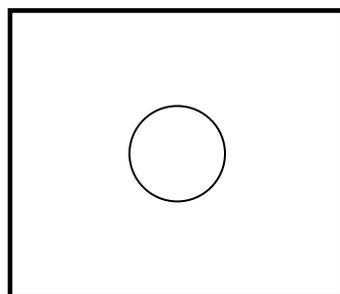
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The New CryoPaks®

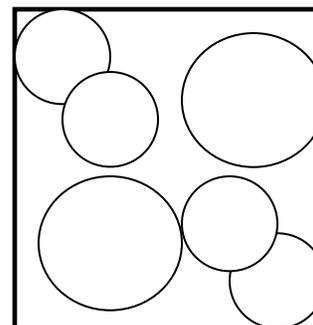
We have changed our CryoPaks as part of our “green” initiative to reduce the amount of materials we were consuming when constructing the CryoPaks. The first change was to eliminate one of the three CryoPaks we previously supplied. Next, we reconfigured the CryoPaks so that all of the tissue supplied can be shipped in one cooler. Finally, we modified the ordering process. Now your organization will not have to keep an over abundance of supplies on hand. Here are a few more details on this exciting upgrade:

- **Packaging:** All of the tissue (both cardiac and vascular) can be packaged together in the same cooler. Please see the figure below for examples of proper packaging.

Minimum Load



Maximum Load



There is an automatic re-ordering process for the new CryoPaks.

- **New Labels:** A 3 set piggy-back label will be on the outside of the plastic wrap (on the top, middle portion where the insert commonly appears) of the sterile kits. These labels can be used on the recovery paperwork to make the documentation process less cumbersome. There is no need to document the lot number of the cooler kit.
- **Ordering Sterile Kits:** There is an automatic re-ordering process in place which is based on a 12-month history of CryoPak usage. Each organization will have a designated minimum and maximum number of sterile kits. As you reach your minimum, sterile kits will automatically be shipped to you. All initial orders were based on an average one month supply.
- **Cooler Kits:** For every cooler kit that you send in, one will automatically be sent back to you.
- **Old Inventory:** You should continue to utilize the older inventory of CryoPaks until the end of March 2011. We encourage you to follow your FIFO rotation in order to deplete your inventory of the older CryoPaks prior to using the new configuration.

Blood Samples for Infectious Disease Testing Collection

Recently we have observed vascular tissue with needle puncture marks. The main reason for the puncture marks is the collection of blood for infectious disease testing. In order to ensure the tissue is suitable for implantation, we need to verify that proper procedures were followed during the specimen collection. As a reminder, our Standard Operating Procedures (SOP) indicate that all specimen collections MUST be accomplished aseptically with a sterile needle/syringe. This is extremely important when the medical examiner/coroner is drawing the specimen for your organization. To avoid unnecessary phone calls, please document this information. This will expedite the chart review process.

Donor and Recovery Information Flow

In an effort to streamline the information flow from our recovery partners we have reorganized some key staff to ensure the information requested is received in a timely and effective manner. Over the next few months, we will make additional changes to ensure that we are optimizing the gift of donation while providing the hospitals and surgeons in your service area with the allografts needed for your patients.

The new Recovery Information Specialists will be a part of the Donor Services Team and work hand in hand with the Donor Services' Account Managers. They will be requesting the donor and recovery information in order to reduce the number of requests made to the recovery partners as well as decrease the amount of time it takes to receive all of the information. Please allow us to introduce the team to you.....

Sharon Chandler began her career at CryoLife in March 2004. She has many years of hospital experience ranging from nursing, QA, and Information Management work. In her new role, she is responsible for all of the information from groups in the **South** region. She will work closely with **Allison Rickman**. Away from work, Sharon enjoys spending time with her grandbabies. Sharon can be reached at (678) 290-4343 or chandler.sharon@cryolife.com.



Beth Hathaway began her career at CryoLife in April 2008. As a Recovery Information Specialist, she is responsible for all of the donors from the **Western** region. She will work closely with **Ronda Horstman**. In her free time, Beth enjoys spending time with friends and her two dogs, Charlie and Mac. She also likes traveling to Chicago to visit family. Beth can be reached at (678) 290-4518 or hathaway.beth@cryolife.com.



Alyssa Snyder began her career at CryoLife in June 2010. She is a graduate of Kennesaw State University with a BS degree in Biology. In her new position, she is responsible for all of the donors received from the groups in the **Central** region. She will work closely with **Chris Watkins**. While not at work, Alyssa enjoys spending time with family and friends, as well as hiking with her Schnauzer mix, Remi. Alyssa can be reached at (678) 290-4530 or snyder.alyssa@cryolife.com.



Pathology Services

At CryoLife we are very proud of the Pathology Department and the important service they provide in assisting your organization when dealing with medical examiners/coroners. We realize that many individuals depend on this valuable information when determining a cause and manner of death. In an ongoing effort to improve our services to you, we are soliciting your assistance.

Whenever pathology services are requested and the residual tissue and/or slides are to be provided to your local medical examiner/coroner, a correct and complete address is required. Without this address, the process could be slowed down and important information delayed. At CryoLife, we recently decided that when no address or an incomplete address was provided, the residual tissue and/or slides will be sent directly to the Recovery Partner to ensure that there are no delays or jeopardize your relations with your local officials.

As a reminder, there are two options for providing the address:

Option 1:
You may continue to use the **Cardiac Tissue Form** (DS0029B.001).

If a medical examiner, coroner, hospital pathologist, or other healthcare professional has requested a heart pathology examination, please complete the following:

Pathology Report Yes No

Slides Yes No

Heart Returned Yes No

Facility to return tissue, slides and/or report to: _____

Address _____

City _____ State _____ Zip _____

Requesting Physician: _____

Phone () _____ Fax () _____

Medical Examiner Case # (if available) _____

[Cardiac Tissue Form \(DS0029.029B.001\)](#)

CryoLife Pathology Laboratory Services Request

Donor Name (Last, First)	Recovery Partner Name
CryoLife Donor #	Recovery Partner Donor #
Date	ME Case # (if available)

<p style="text-align: center;">Cardiac Pathology Services</p> <p>Please check all requested services:</p> <p><input type="checkbox"/> Cardiac Pathology Report</p> <p><input type="checkbox"/> Slides Returned*</p> <p><input type="checkbox"/> Residual Heart Tissue Returned*</p> <p>Special Instructions: _____ _____</p>	<p style="text-align: center;">Non-Cardiac Pathology Services</p> <p><input type="checkbox"/> Biopsy # of specimens _____</p> <p>Please indicate anatomic site of biopsy:</p> <p>Specimen ID #1 _____</p> <p>Specimen ID #2 _____</p> <p>Specimen ID #3 _____</p> <p><input type="checkbox"/> Other _____</p> <p><small>Please place each specimen in a separate container of 10% formalin, clearly labeled with the donor number, name, date and specimen ID.</small></p>
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For non-cardiac biopsies, please provide a description of lesion(s) (Include location, size, color, borders, etc.).

*Return Material Shipping Address

Name _____
Address _____
Address _____
City _____ State _____ Zip _____
Phone _____

CryoLife Use Only

Accession # _____

Option 2:
You may use the newly created **Pathology Requisition Form (PL)**. This form will be sent to you upon request (Sample only, not final version).

10 Tips for Femoral Vein Recovery

With the addition of new Recovery Partners initiating femoral vein recovery, it was decided to provide some recovery reminders. Below are a few important reminders about the recovery protocol along with helpful tips that we have collected from your fellow recovery personnel in the field.

1. Allow DMEM to reach room temperature prior to starting the recovery.
2. Papaverine hydrochloride must be injected into all of the DMEM bottles to be used for perfusion and packaging of both the saphenous and femoral veins. Add 2 ml of papaverine to each 500 ml bottle of DMEM to result in a 0.12 mg/ml concentration.
3. The minimum length of recovery for FV is 30 cm. Always recover a segment that extends from the saphenous/femoral junction located in the groin area down to below the popliteal space at the knee. You should always recover the femoral vein and artery together as one bloc.
4. Perfuse recovered vein and artery with DMEM/papaverine mixture once it has been removed from the leg. Wait for 15 minutes prior to recovering the FV. Use approximately 60 cc to remove blood from lumen of vessel. Wait for 15 minutes prior to recovering the FV.
5. Two steps may help visualize the femoral vein/artery bloc.
 - 1.) Reflecting the Sartorius, Gracilis and Semitendinosus muscles down to their insertion sites on the tibia.
 - 2.) Transecting the tendons of the Semimembranosus and Gastrocnemius muscles at the point where they insert into the tibia and reflect them away from the joint capsule.
6. Disarticulating the femoral head from its acetabulum may allow you to rotate the leg onto its lateral side and “open up” exposure to the medial aspect of the thigh and knee.
7. Leave a small margin of muscle (muscle pad) around the femoral vein/artery bloc to ensure that you do not get too close to the vein/artery and accidentally lacerate them.
8. Use caution not to lacerate the vein/artery bloc from the underside of the graft when reflecting it off of the femur. There is not a lot of tissue separating the femoral vein from the femur.
9. Using round tip scissors and the spread and cut method, remove the adventitia that covers the top of the femoral artery allowing you to track the artery the entire length down the leg to behind the knee. The femoral vein adheres to the underside of the artery. If you can visualize the artery, you know that the vein adheres to the underside of it even though you can't see the vein.
10. The femoral vein/artery bloc must be packaged in the sterile nalgene cup supplied in the CryoPak. If it is too large and you cannot get it into the cup or cover it adequately with solution, you will need to remove some of the muscle pad.

For questions or concerns regarding femoral vein recovery, please contact Jeff Wiggins, Donor Services Technical Trainer at (678) 290-4369 or wiggins.jeff@cryolife.com.

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Jeff Wiggins,
Technical Trainer

