



Recovery Update



DS Newsletter No. 025
October 2011

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The CryoLife Difference

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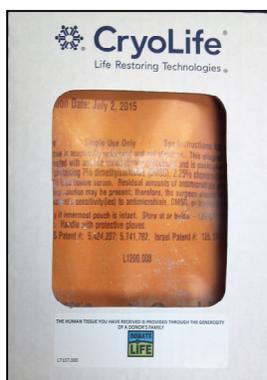
- 1 New Design of Inner Protective Sleeve
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CryoLife recognizes the dedication and hard work your organization undertakes when working with donor families. Therefore, CryoLife’s Donor Services department is excited to announce the new design of the Inner Protective Sleeve (the box that allografts are packaged in for shipment). We want to acknowledge the generosity of the gift and recognize your efforts. The following changes were made to the sleeve:

- Recovery partner logos will be adhered to the front of the box. These labels will contain a statement recognizing the donor who gave of the “gift” as well as the contribution by our Recovery Partners. If your organization has not provided a logo, a Donate Life label will be used.
- The Caringtoshare logo is also on the back of the sleeve. Our hope is to increase awareness of this important donor family support program.
- The AATB logo is now on the back of the sleeve. This signifies that we are an AATB accredited institution which assures hospitals of our compliance with AATB standards.
- The CryoLife logo is now visible on all sides of the box.

Recovery Partners are recognized with the new design.

Redesigned Inner Protective Sleeve



Front



Back

Contact your Donor Services Account Manager if you would like to participate.



Sample Logo: Community Tissue Services

Cooler Kits, Sterile Kits and Your Inventory Levels

In March of this year, CryoLife changed our CryoPak system; we went from three separate CryoPaks (Cardiac/AI, Vascular and Cardiovascular) to one “cooler kit”. The sterile kits (Cardiac/AI and Vascular) are now ordered separately from the “cooler kit”. **One of the benefits of this change is that you can now package and ship all tissues that are recovered for CryoLife into one box.**

As you are aware, the cooler kits are automatically replaced one for one as we receive them. The sterile kits are replaced in increments of two (one box) once your minimum par level is reached. CryoLife has a tool in place that lets us know when your agency reaches the minimum par level and we need to send more sterile kits. CryoLife never wants you to feel like your inventory is low; **we want you to be comfortable with your inventory levels.**

We understand that there are times when you go to a recovery, open a sterile kit and then the recovery does not occur. There may also be times that a sterile kit is used during a training class. These things happen and we understand. Because these kits are used/opened and not sent to CryoLife, we have no way to trace that sterile kit and replace it. When this happens, please let us know and we will make the adjustments needed so you don't find yourself short on inventory when you need it most.

With all of the issues your agency has to worry about, CryoLife does not want inventory to be one of them. **I encourage you to please contact me via email or phone with any concerns or adjustments you may have.** I would recommend that you check your inventory at the beginning of the week; if there are adjustments that need to be made we can make those and you can receive your supplies before the weekend.

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Sterile Kit Order Database											Orange = Est. Sterile Kit balance <= Min.	Assign Locations To Donors
Cardiac					Vascular					Comments		
Received MTD:	Orders MTD:	Min:	Max:	Balance Overall:	Received MTD:	Orders MTD:	Min:	Max:	Balance Overall:			
8	18	12	14	15	5	8	12	14	15			
10	12	10	12	13	5	4	10	12	11			
17	18	16	20	20	14	16	16	20	20			
2	0	20	30	26	2	0	20	30	25			
7	8	6	8	9	11	10	6	8	7			
0	0	6	8	8	0	0	6	8	8			
0	0	4	8	5	3	4	8	10	10			
0	0	4	6	8	1	0	4	6	5			
0	0	4	6	7	0	0	4	6	6			
3	4	6	8	10	1	2	6	8	8			
5	6	6	8	8	4	4	6	8	8			
0	2	4	6	10	0	2	4	6	9			
8	4	14	18	16	4	2	14	18	20			
6	6	22	26	31	10	8	22	26	28			
13	14	18	20	19	19	20	18	20	22			
15	18	16	20	21	10	8	16	20	18			

Overview of the Sterile Kit Order Database

Cardiac Kit Estimates:				
	Received	Orders	Net	Min/Max
Month-To-Date:	1	0	-1	Cardiac Min: 12
Year-To-Date:	67	102	13	Cardiac Max: 18
Overall:	67	102	13	

Vascular Kit Estimates:				
	Received	Orders	Net	Min/Max
Month-To-Date:	1	0	-1	Vasc Min: 14
Year-To-Date:	58	72	14	Vasc Max: 18
Overall:	58	72	14	

Estimated Sterile Kit counts for a single Recovery Partner

Points to Remember for Tissue Recovery

Below are important points to remember when recovering cardiovascular tissues. Taking the time to ensure adequate tissue lengths and following proper procedures will result in better quality grafts.

PRESCREEN ALL DONORS.

CARDIAC

- Aortic arch vessels need to be at least 2 cm in length.
- The Aorta should be transected at least 2 cm distal to the left subclavian artery (unless recovering DTA).
- The left and right Pulmonary Arteries should be 3+ cm in length (transect at the point where the artery branches into the lungs, but do not include lung tissue).
- Do not include lung, trachea, esophagus or bronchi with the recovered heart.
- Descending Thoracic Aorta (DTA) should have a length of 10+ cm of straight conduit with tributaries at least 1 cm in length.
- The recovered heart and/or DTA should be rinsed with 1-2L of sterile normal saline.

Place the tissue into the sterile clear bag with the CryoLife logo and fill with 1L of sterile normal saline. Twist close the top of the bag, fashion it into an S-turn and secure with a zip tie. Place this bag into a second clear bag and close the top of the bag in the same manner. Place the double bagged tissue into the white plastic pathology jar provided and secure lid. The lid of the container should be labeled with the donor name or ID number and tissue type.



Normal Aortic Valve

AORTOILIAC

- The abdominal aorta should have a minimum length of 7 cm above the aortoiliac bifurcation. All tributaries extending from the aorta should have a minimum length of 1 cm.
- The iliac artery, which encompasses the common and external iliac arteries, should be at least 7 cm in length from the aortoiliac bifurcation. Ideally, it should extend down to the saphenous/femoral junction in the groin area. The internal iliac artery should have a minimum length of 3 cm.
- The recovered aortoiliac graft should be rinsed with 1-2L of sterile normal saline.

Place the tissue into the sterile clear bag with the CryoLife logo and fill with 1L of sterile normal saline. Twist close the top of the bag, fashion it into an S-turn and secure with a zip tie. Place this bag into a second clear bag and close the top of the bag in the same manner. Place the double bagged tissue into the white plastic pathology jar provided and secure lid. The lid of the container should be labeled with the donor name or ID number and tissue type.



Aortoiliac Artery with proper conduit length

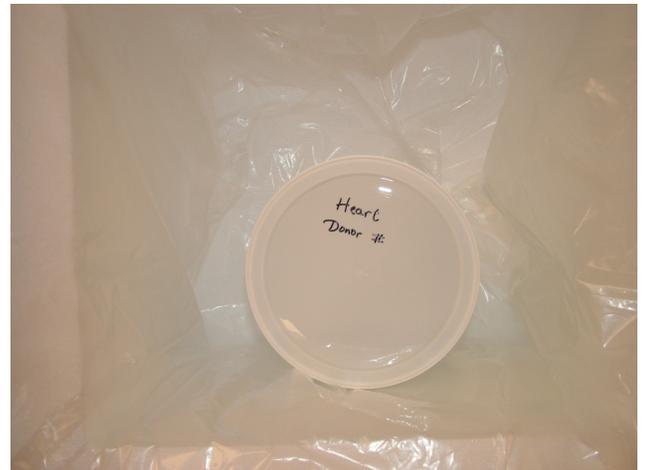
SAPHENOUS VEIN

- You must provide the donor's ABO at time of screening or send an additional red top blood tube with the recovered tissue for ABO testing.
- Allow DMEM solution to reach room temperature prior to introducing papaverine into it.
- The saphenous vein should be perfused slowly (1 ml/sec) with 60 mL of the DMEM and papaverine solution.
- Following the initial perfusion of the vein with DMEM and papaverine, you must wait 15 minutes before proceeding with the recovery.
- The recovered saphenous vein graft should extend from the arch of the foot to the saphenous/femoral junction in the groin area.
- All tributaries vessels should be 1+ cm in length.
- When possible, include a 1+ cm fat pad on each side of the vein graft.
- Each saphenous vein graft should be rinsed with 500 mL of sterile normal saline.
- Each graft should be placed in its own Nalgene® container and completely covered with the DMEM and papaverine solution. The lid of the container should be labeled with the donor name or ID number, tissue type and side. Each Nalgene container is then placed into its own sterile clear bag with the CryoLife logo. Twist the top of the bag, form the twist into an S-turn and secure with a zip tie.

- Each graft should be placed in its own Nalgene container and completely covered with the DMEM and papaverine solution. The lid of the container should be labeled with the donor name or ID number, tissue type and side. Each Nalgene container is then placed into its own sterile clear bag with the CryoLife logo. Twist the top of the bag, form the twist into an S-turn and secure with a zip tie.

PACKAGING

Place all tissue containers into the lined CryoLife cooler and completely cover with wet ice. Close and tie the liner bag. Place the Styrofoam blood tube container between the closed liner bag and the cooler wall. Place the yellow absorbent pad on top of the closed liner bag followed by the Styrofoam lid. Close, but do not tie, the outer liner bag. Insert all completed paperwork inside the self-sealing plastic bag and place on top of the cooler. Close the shipping box and apply all shipping labels. Call CryoLife to arrange pickup and delivery of the CryoPak.



Heart tissue placed into the CryoLife cooler

FEMORAL VEIN/FEMORAL POPLITEAL ARTERY

- The recovered femoral vein/artery should extend from the saphenous/femoral junction to the tibial artery at a point below the popliteal space of the knee.
- The femoral vein and femoral artery should not be separated at recovery, but left intact with a surrounding muscle pad of at least 1 cm.
- Both the femoral vein and femoral artery should be flushed from the distal end with 60 mL of the DMEM and papaverine solution to remove blood and debris.
- Each femoral vein/artery graft should be rinsed with 500 mL of sterile normal saline.

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