



Recovery Update



DS Newsletter No. 29
March/April 2013

CryoLife, 1655 Roberts Boulevard NW, Kennesaw, GA 30144, USA
www.CryoLife.com DonorServices@CryoLife.com ph 800-438-8285

IN THIS ISSUE

Medical/Social History

1 A Note from Norman

A few months ago, I began reading a local publication which contains a weekly article entitled, "What I Have Seen and Heard." I thought this was very interesting and every time I pick up the publication, this article is one of my favorite articles to read. Here's what I am hearing.....

2 CARE Program

3 Trainer Tips

Recently, many recovery partners (RPs) have decided to broaden several Medical/Social history questions by asking "ever" instead of the required time frame. While we understand that this is an easier way to ask the question of the next of kin, it can present an eligibility determination problem when the answer is not fully clarified. For example, consider the question, "Has the donor EVER received a tattoo"? If the answer is YES, then the exact time frame must be drilled down to determine eligibility. If the answer is NO and a tattoo is discovered on the physical examination, there is a problem. Remember the purpose of the question is not whether he/she had a tattoo, but whether there were any shared needles used during the receipt of the tattoo in the last 12 months. The same applies to the travel question; the dates and travel locations are the important parts of the question. Please keep this in mind.

Continuing with the medical/social interview theme, please ensure that your team is completing the interview in accordance with your SOPs. This means asking and transcribing all of the information that is provided during the interview. We have received notifications from many RPs that discrepancies have been discovered with the interview during their internal audits. Once we are notified of these discrepancies, we must notify the FDA if certain parameters are met (not to mention the notification to surgeons and potentially recipients that may have to occur). These notifications can cause problems for us and our Recovery Partners. Education and monitoring can control these occurrences.

Finally, we are excited to put the papaverine issue behind us. We recently completed our internal studies and are comfortable accepting vascular tissues that have not been perfused with a smooth muscle relaxant. Over the next few weeks, we should hear from the AATB regarding our variance submission which would allow us to release the tissues. In the meantime, we are changing our SOPs and your organization should see them shortly. Thanks again for all your patience as we worked through this.

That's what I'm hearing.....

Norman C. Lyon, Jr.
Sr. Director, Transplant Services

February 2013 Top Performers

The longest saphenous and femoral vein recoveries, without procurement error, for the month of February were:

Longest Vascular Recovery by Region

➤ East Region:

Saphenous Vein: a tie between:

Terri Hendrix from Community Tissue Services-Dayton (recovered length: 90cm)

Lisa Braswell from LifePoint (recovered length: 90cm)

Femoral Vein: **Jillian Russell** from LifePoint (recovered length: 75cm)

➤ Central Region:

Saphenous Vein: a tie between:

P. Cartwright from LifeSource (recovered length: 94cm)

Nancy Koch-Winter from Midwest Transplant Network (recovered length: 94cm)

Femoral Vein: **Shawn Duncan** from Midwest Transplant Network (recovered length: 49cm)

➤ West Region:

Saphenous Vein: **Rogelio Serrano** from RTI-Donor Services Texas (recovered length: 95cm)

Femoral Vein: **Chris Folau** from Intermountain Donor Services (recovered length: 66cm)

Longest Vascular Recovery - National

➤ National Top Performer for Saphenous Vein (recovered length 95cm):

- **Rogelio Serrano** from RTI-Donor Services Texas

➤ National Top Performer for Femoral Vein (recovered length 75cm):

- **Jillian Russell** from LifePoint



CARE Program CryoLife Allograft Recovery Education February 27 & 28, 2013

In February, CryoLife hosted our 16th CryoLife Allograft Recovery Education Program. Scott Brubaker, AATB Chief Policy Officer, was the guest speaker and Kalise Betancourt (MTS-St. Louis), was our featured guest instructor. Kalise had the best overall recovery performance in the past year and shared some of her techniques during the wet lab portion of the program. It was an informative and educational time for all who attended.

CARE Group, February 2013



Participants:

Debbie Keosongseng- LifeSource
Liza Graham- Gift of Hope
Heather Forrester- ARORA
Michael Fostich- Midwest Transplant Network
Dan Anderson- RTI Donor Services
Nancy Varner- New England Organ Bank
Rebecca Drouet- LifeLink
Aileen Garcia- LifeLink
Shauna Ragland- Tennessee Donor Services

Michelle Sims- Tennessee Donor Services
Pamela Reeder- LifeLink
Richard Wiggins- RTI Donor Services
Greta Stockton- LifeCenter Northwest
Luke Grothaus- Community Tissue Services
Stephanie Gomez- California Transplant Donor Network
Abby Brar- Tennessee Donor Services
Kalise Betancourt- Mid-America Transplant Services

Tips From the Trainer- Jeff Wiggins

Beware of the Tear!

A frequent error in the recovery of the Aortoiliac graft is a tear at the aortoiliac bifurcation. The tear appears to occur when the iliac arteries are removed prior to the abdominal aorta. After one of the two iliac arteries has been dissected free, pulling or retracting the free artery with too much tension can easily result in a tear in the aortoiliac bifurcation. It doesn't take a lot of tension to create this tear. The possibility of error may be reduced by either reversing the recovery order and recovering the abdominal aorta section of the graft prior to recovering the iliac arteries or, if recovering the iliac arteries first, be conscious of the possible tear and refrain from creating too much tension when handling the free iliac artery.



Tear at aortoiliac bifurcation

Reminders



April is Donate Life month

Donor Screening: Our Donor Screening Coordinators are here 24 hours a day to answer any screening and/or recovery questions you may have. Please call them at 800-438-8285.

No PreScreen Program

Many of our Recovery Partners have elected to participate in CryoLife's "No PreScreen Program" which results in a smoother and faster recovery process. The advantages to using the program are:

- The initial review of donor acceptance criteria is made prior to recovery by the recovery partner.
- Following the determination that the donor meets CryoLife's acceptance criteria, only one phone call with minimal donor information is required.

If you are interested in learning more about this program, please contact your account manager:

Central: Chris Watkins
816-229-0751

East: Allison Rickman
678-548-8925

West: Ronda Horstman
817-300-2157

Upcoming Events

- 1. AOPO Annual Meeting**
June 18-21, 2013
Indianapolis, IN
- 2. CARE**
July 31-Aug 1, 2013
Kennesaw, GA

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CryoLife, Inc.

1655 Roberts Boulevard, NW
Kennesaw, GA 30144, USA

Website:

www.CryoLife.com

Phone:

800-438-8285

Fax:

770-590-3791

E-mail:

donorservices@cryolife.com