How Does the Process Work?

The Process Begins with a Donor Referral:

LifeNet Health is one of 58 federally-designated Organ Procurement Organizations (OPO’s) across the country. The service areas for each were designated by the Center for Medicare and Medicaid Services (CMS). The OPO is responsible for coordinating organ recovery in designated service areas, which may cover all or part of a state or even multiple states. This includes evaluating potential donors, discussing donation with family members, as well as arranging for the surgical recovery of donated organs; and preserving organs while facilitating their distribution according to national organ sharing policies. An OPO is also responsible for hospital and community education about organ donation.

The Next Step is Donor Screening:

Federal law requires that every death in a hospital be called in to an OPO. LifeNet Health’s Donor Center receives these calls from hospitals in and around Virginia, 24 hours per day, 365 days per year. Donor Center Coordinators evaluate every call to assess suitability for donation. Most potential donors are deferred over the telephone, from information we receive from the hospital staff member making the referral. If the potential donor meets initial criteria, the donation case moves on to the next step in the process. Potential tissue donor referrals come from hospitals, medical examiners, funeral homes or law enforcement authorities. Potential organ donor referrals only come from hospitals.

The Transplant Services Division is made up of specially trained staff (Transplant Coordinators and Family Support Coordinators) who respond on-site to hospitals to gather appropriate information for determination of initial suitability for organ donation. A LifeNet Health Transplant Coordinator oversees the donor’s case through each phase of the donation process. The Transplant Coordinator informs the local eye bank of a potential donor, as appropriate.

These transplant professionals consider relevant information such as cause of death, demographics, and any contraindications to donation such as malignancy or AIDS/HIV.

If the potential donor is deemed potentially medically suitable, then the consent/authorization process starts.

The Consent and Authorization Process Includes Donor Family Support:

LifeNet Health staff checks Virginia’s Donor Registry, DonateLifeVirginia.org, to determine if the potential donor is registered as an organ, eye and tissue donor. If a potential donor lived in another state, LifeNet Health staff contacts the Organ Procurement Organization for that state to determine registration status. Registrations made through the national donor registry, RegisterMe.org, are accessed through each state registry. A donor designation made through the DMV or through an online registry is considered a legally binding advance directive and will be respected and upheld. A LifeNet Health Family Support Coordinator will inform the donor’s loved ones of the donor’s wishes and explain the donation process to them.

Determination of Donor Eligibility:

The Family Support Coordinator interviews the family about the donor’s medical and social history to determine possible medical problems or social behaviors that could put a recipient at risk. These histories are then evaluated to determine medical suitability of the donor. Based on certain medical criteria, a donor could be an organ donor, a tissue and eye donor, or both.

Organ Donation and Brain Death:

Everyone can register themselves as organ, eye and tissue donors. Most will go on to be eye and tissue donors, but very few will be eligible for organ donation. In fact, only about two percent of the population is eligible as organ donors.

The majority of organ donors are those who have died of brain death (death by neurological criteria). These donors have suffered the irreversible cessation of all brain function, including the brain stem. Death by Neurological Criteria ~Brain Death~ is medically and legally synonymous with the death of the patient, just as if their heart has stopped. It is not a coma, nor is it treatable. It is death. In Virginia, two physicians must declare a patient dead by neurological criteria; one of these
physicians must be a Critical Care or Neurological Specialist. In West Virginia, only one physician is required to determine Death by Neurological Criteria. Patients who die of brain death are usually in the ICU (Intensive Care Unit) and always on a ventilator (breathing machine). After brain death has been declared, the donor’s body is kept on the ventilator until the organs are recovered so the organs have a continuous supply of oxygen. Oxygen is necessary to keep the organs viable, or able to sustain life. Donors who die of brain death are potential organ, eye and tissue donors.

**Organ Donation and Cardiac Death:**

Another process by which organ donation is possible is for someone to be an organ donor after Cardiac Death. Cardiac Death occurs when a patient’s heart or heart and lungs have been damaged and cease to function. If a patient dies outside a hospital, of Cardiac Death, they are not eligible to be an organ donor because their organs have been deprived of oxygen and have died with them. In certain circumstances, if a family is faced with the decision of withdrawing life support from a loved one who has no chance of a meaningful recovery, and if the patient is suitable as a potential donor, then Donation after Cardiac Death (DCD) can be arranged. The organs, usually the liver and kidneys only, are recovered very shortly after cardiac death has occurred. The decision by the family to stop life support is separate from the decision to donate organs.

Except in the case of DCD, donors who die of Cardiac Death are potential eye and tissue donors only.

**Donor Eligibility Testing Continues:**

A thorough physical exam is conducted and medical tests are performed. The Transplant Coordinator may order serological testing to determine the presence of infections, laboratory testing to determine presence of any blood borne diseases, and organ diagnostic testing such as echocardiography of the heart and bronchoscopy of the lungs.

**The Next Step is Donor Care:**

The Transplant Coordinator oversees the care of the donor in the hospital. The donor’s blood pressure and oxygenation are maintained by artificial means. Medical tests are conducted to determine which organs are suitable for transplant.

**The Crucial Step of Matching Donor Organs to Transplant Recipients:**

Organ allocation is done through the Organ Procurement Transplant Network, a national computerized matching system to place available organs with potential recipients. This system is administered by the United Network for Organ Sharing (UNOS), located in Richmond, Virginia. National policies govern the sharing of organs in the U.S. to ensure all patients fair and equal access to transplantation. The matching of the organs is influenced by a variety of factors including physical characteristics such as blood type, weight, genetic typing, and body size. When allocating organs, the computer system also takes into consideration the length of time a patient has been on the waiting list, severity of the recipient’s illness, and geographical distance from the donor. Each patient on the waiting list was assigned a number by the system, which helps to ensure that the waiting list is “blind” so factors such as income or celebrity status are never considered when determining who receives an organ. The potential recipients for each donor will be different depending upon which recipients are good matches for that donor. Transplant professionals strive to give every donated organ the best chance for successful transplant.

After receiving a list of potential recipients from UNOS, the transplant coordinator communicates with the transplant centers for those patients at the top of the list for each organ. It is up to the patient’s transplant surgeon to accept or decline the organ. If the organ is declined, the transplant surgeon for the next patient is contacted. This process continues until all suitable organs are placed.

**The Next Step is Organ Recovery:**

Once recipients have been identified for all the suitable organs, the transplant coordinator makes arrangements with the operating room and coordinates the arrival of the transplant surgery teams. The organs are recovered in a surgical procedure that is much like any standard operation. After the organ recovery is complete, the eyes and tissues are recovered. Throughout the donation process the donor is treated with the utmost respect.

Once the organs are recovered, the body is returned as close as possible to its normal appearance. The body is then returned to the custody of the family, who can then move ahead with whatever plans they have made for burial or cremation. An organ, eye and tissue donor can have an open casket funeral.

**The Final Step in the Process is Donor Family Care:**

A few weeks following a donation, LifeNet Health’s Donor Family Services Department sends a letter to the donor family thanking them for the gift and giving them some basic information about the recipients, excluding names. Every donor family becomes part of a formal bereavement program that provides regular correspondence and grief literature for up to 18
months following the donation. LifeNet Health has the utmost respect for the donors and their families, and will make every effort to help donor families through their grief journey. LifeNet Health honors the memory of organ and tissue donors by providing education, awareness and support to donor families and the community.

Some donor families and recipients may choose to write letters to each other. This is initially done through LifeNet Health’s Donor Family Services Department. The identities of the parties are not disclosed. However, if both sides are interested, families may choose to communicate openly or meet in person. LifeNet Health handles more than 200 letters each year and coordinates 10-15 meetings each year between donor families and recipients.

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