

Life Alliance Organ Recovery Agency's Media Kit

Life Alliance Face Sheet

Background: Life Alliance Organ Recovery Agency (LAORA) is a division of the University of Miami DeWitt Daughtry Family Department of Surgery and functions as a non-profit community service organization who obtains organs for clinical transplantation throughout South Florida and transports them to transplant centers within the United States. LAORA's area of certification is designated by the Department of Health and Human Services. LAORA is accredited by the Association of Organ Procurement Organizations.

Founded: 1978

Service Area: Six counties in South Florida --- Miami-Dade, Broward, Monroe, Palm Beach, Collier and St. Lucie and the Commonwealth of the Bahamas.

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Services: Evaluation of organ donor suitability; coordination of organ recovery; organ placement; family support and aftercare; hospital staff education; public education.

Employees: Approx. 65

Major Clients: 84 hospitals, 4 transplant centers and a multicultural population of ~6 million people.

Mission Statement: Provide life-saving organs while caring for the families of organ, eye and tissue donors by turning tragedies into miracles.

FAQ's About Donation

1. "If I'm admitted into the hospital and the doctors know I want to be a donor, will they still try and save my life?"

There is no conflict between saving lives and using organs for transplant. Medical professionals will do everything they can to save your life. The doctors who work to save your life are not the

same doctors involved with organ, eye or tissue donation. It is only after every attempt has been made to save your life, that donation will be discussed with your loved ones.

2. “I registered as a donor, so do I still have to tell my family that I want to be a donor?”

Whether you document your decision to donate in a donor registry or in a will, it is still recommended that you inform your family of your wishes to donate so there are no surprises at the time of your death. A will is accessed by the family well after death has occurred and is not used for verifying donation wishes.

3. “Won’t donation cost my family a lot of money if I become a donor?”

There is no cost to the donor’s family for organ, eye or tissue donation. Hospital expenses incurred prior to brain death declaration and funeral expenses after the donation are the responsibility of the donor’s family. All costs related to donation are paid for by the donor program. In fact, Life Alliance has dedicated staff to review hospital bills to ensure that donor families are never charged for donation-related expenses.

4. “Can I still have an open casket funeral if I am a donor?”

The donor’s body is treated with respect and dignity. The recovery of organs, eyes and tissues is conducted under standard, sterile conditions in an operating room by qualified surgeons or qualified recovery personnel. It is extremely unlikely that the process will disfigure the body, or change the way it looks in a casket.

5. “Will anyone want my organs and tissues? I think I’m way too old and I have been sick in the past.”

At the time of death, the appropriate medical professionals will review your medical and social history to determine if you are a candidate for donation. Anyone, regardless of age, can be considered for donation. With recent advances in transplant, more people than ever before can donate.

6. “How do I know that I will be really dead before my organs are procured?”

Organ donation only occurs after death has been determined by a doctor (in Florida two doctors) not involved in transplant. To donate organs, a patient must be brain dead or meet the criteria for DCD.

7. “Can organs be given to different racial groups or individuals of the opposite sex?”

In most cases, race and gender are not factors. However, organ size is critical to match a donor heart, lung or liver with a recipient. Plus, people of similar ethnic backgrounds are more likely to

match each other than those of different racial heritage. Cross-racial donations can, and do, happen with great success when matches are available.

8. “Can the donor family meet the recipients?”

The identity of all parties is kept confidential. The donor family and the transplant recipient may receive information such as age, sex, occupation and general location. Individually, the recipient may be told the circumstances of death and the donor’s family may be informed of the transplants that were performed and receive information about the health status of the recipients. Donor families and recipients are encouraged to communicate with each other through the donor program. While the initial contact is anonymous, families and recipients may decide to communicate directly after a period of time and if both parties are interested, they may meet.

Benefits of Organ, Eye & Tissue Donation

An organ donor can save the lives of up to 8 people facing from dire illness, while a tissue donor may save or enhance the lives of hundreds more.

| Organs/Tissue | How a Transplant Can Help |
|----------------------|---|
| Bones | Can help avoid amputation of a limb |
| Corneas | Restore sight to the blind or near blind |
| Heart | Significantly decrease in function caused by conditions such as coronary artery disease, <u>cardiomyopathy</u> or weakening of the heart muscle |
| Heart Valves | Only treatment for babies in need of a heart valve |
| Kidneys | Eliminates the need for dialysis by allowing the body to filter wastes and excess fluid from the body. Helps patients with end stage renal failure, diabetes and hypertension |
| Liver | Allows the body to filter medications and toxins, metabolize carbohydrates, fats and proteins. Helps patients with end stage liver failure, cirrhosis, liver disease and metabolic diseases |
| Lungs | Allow the body to intake oxygen and remove carbon dioxide from the bloodstream. Help patients with cardiomyopathy, coronary artery disease, cystic fibrosis and hypertension |
| Pancreas | Allows the body to secrete insulin to break down sugar in blood. Helps patients with diabetes |
| Skin | Helps burn patients heal and resist infection |

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|-----------------|--|
| Small Intestine | Helps patients with short gut syndrome |
| Tendons | Allow people to move and walk without pain |
| Veins | Improve circulation and prevents loss of limbs |

Organ Donation Step by Step

The organ recovery process involves a complex series of events coordinated by medical professionals in organ procurement organizations and hospitals. The National Organ Transplant Act of 1984 (NOTA) was enacted to help ensure the process is carried out in a fair and efficient way, leading to equitable distribution of donated organs. The act established the National Organ Procurement and Transplant Network (OPTN) for matching donor organs to waiting recipients. The OPTN is managed through the United Network for Organ Sharing (UNOS) located in Richmond, Virginia. UNOS works with 58 federally designated OPOs across the country to place organs locally, regionally and nationally.

Steps in the process are as follows:

1. Identification of the Potential Donor by the Hospital

Medical professionals at a hospital identify a potential candidate for donation. The nature of the injury leads a physician to determine the patient is brain dead or a potential donation after cardiac death (DCD) candidate.

2. Evaluation of Donor Eligibility

Life Alliance is called on all patient deaths and imminent patient deaths. Information is provided on the patient's medical status and the Life Alliance recovery coordinator evaluates the patient. The evaluation includes a medical and social history and physical examination of the patient. This determines whether or not the patient is a suitable candidate for donation.

3. Authorization for Organ Recovery

If the patient is a candidate for organ and/or tissue donation, at an appropriate time the legal next-of-kin is approached with the opportunity of donation. If a donor designation or individual authorization by the decedent cannot be identified, the family must give their consent in order for the donation process to proceed. If the family consents, the legal next-of-kin signs a donor consent form.

4. Medical Maintenance of the Patient

Once family consent or donor designation has been provided, the Life Alliance clinical coordinator, in concert with the hospital staff, maintains the patient medically. In some cases physician support is requested on a consultation basis.

5. Matching Organs to Potential Recipients

Information on the organs available for donation, the donor's blood type and body size is provided to UNOS by the Life Alliance clinical coordinator. The UNOS computer then matches the donated organs to potential recipients. Recipient selection is based on blood type, body size, medical urgency and length of time on the waiting list. The heart, liver and lungs are matched by

blood type and body size. In matching the pancreas and kidneys, genetic tissue type is also considered.

6. Offering Organs Regionally, Then Nationally

A computerized list of waiting patients in the matching blood group is provided to the Life Alliance coordinator who seeks to match organs with recipients in Life Alliance's donation service area. If a match cannot be made for a specific organ within this area, the organ is offered on a regional basis, then nationally, if necessary.

7. Placing Organs and Coordinating Recovery

When a recipient match has been found, the Life Alliance coordinator calls the transplant center for the patient who matches the donated organ(s). The patient's transplant surgeon is responsible for making the decision whether to accept the organ. If the surgeon declines the organ for that patient, the Life Alliance coordinator contacts the transplant surgeon of the next patient on the list. This process continues for each organ until all of the organs have been appropriately matched with recipients. The Life Alliance coordinator then arranges for the operating room (for the recovery of the organs) and the arrival and departure times of the transplant surgery teams.

8. Surgical Recovery of Organs

When the surgical team arrives, the donor is taken to the operating room where the organs and tissues are recovered through a dignified surgical procedure. In accordance with federal law, physicians recovering the organs do not participate in the donor's care prior to the determination of brain death.

9. Preparing Recipients for Surgery

Once the recipients have been identified, they are called by their transplant surgeons for the final pre-operative preparations while the organ recovery process is occurring at the donor hospital. Upon the organs' arrival at the transplant hospital, the recipients are taken to surgery and the transplants are performed.

10. Distribution of Organs

The life Alliance coordinator takes a sample of the lymph node tissue to a laboratory for tissue typing and subsequent matching with recipients. Other organs are taken directly to the recipients by the surgical recovery teams.

11. Funeral and Burial Plans

After the recovery process has occurred, the donor family can proceed with funeral or burial plans, which are not affected by organ, eye or donation. Donation is a dignified and respectful process.

12. Follow-up with Family and Hospital

Life Alliance follows up each donation by sending letters to the donor family, hospital staff, physicians and nurses regarding the organs and tissues that have been recovered

Understanding Brain Death

The American Academy of Neurology defines brain death as the irreversible loss of clinical function of the brain, including the brain stem. The Harvard Criteria for

the Determination of Brain Death was established in 1968, amended in 1969 and expanded in 1981. Physicians have been using brain stem reflex tests and/or laboratory evidence to determine brain death for decades.

The brain regulates intellectual functions, personality and behavior, sensory input and output, motor skills, balance and coordination and vital functions (heart rate, blood pressure, respiration and body temperature). When trauma or disease causes devastating brain damage, brain function ceases. For brain death to be determined, the patient must be observed for an adequate period of time and two standards must be met: the cause of the injury to the brain must be known, and there can be no circumstances that might make the condition reversible (such as, shock and chemical imbalance, drug intoxication, and/or low body temperature). Once these standards are met, brain death can be determined by brain stem reflex tests and laboratory evidence.

Brain stem reflex tests can determine brain death using several physical tests. When a patient does not react to painful stimuli nor exhibits any purposeful or spontaneous movement, brain stem dysfunction is indicated. Stimulation and irritation are used to check for the absence of gag or cough reflexes that are prominent brain stem reflexes.

Another indicator of brain stem dysfunction is the inability to breathe unassisted. An apnea test to detect spontaneous respiration is usually performed. In this situation, the ventilator is disconnected and the patient is monitored for respiratory movement for approximately 8 to 10 minutes. After blood is drawn for analysis, the ventilator is reconnected. If the blood carbon dioxide level has increased to a level to stimulate respiration and none was observed, brain death is likely.

Laboratory evidence is used to confirm brain death independently and in conjunction with brain stem reflex tests. Cerebral angiography is a photographic study of the blood flow within the brain. Without an adequate supply of blood, brain cells die from lack of oxygen. Blood flow can also be determined by ultrasound imaging and nuclear scans. An EEG is an analysis of the brain's electrical activity, displayed as tracings on graph paper. A flat EEG indicates the absence of brain function.

Understanding Donation After Cardiac Death

Donation after cardiac death (DCD) is organ donation by a patient who is deceased by means of cardiac arrest, rather than being determined to be brain dead.

A DCD donor is a patient who is on a ventilator and has minimal brain function, is not expected to survive, and the family wants to discontinue mechanical support. The family, physicians and donor program staff determine the time and

place of ventilator withdrawal. This usually occurs in an operating room so that the organ procurement process can take place soon after cardiac death is declared.

DCD is a potential source of organs that can alleviate the current shortage of organs and allow those who wish to donate the opportunity to do so. DCD was actually used in the early years of organ donation since brain death criteria was not established until the mid-1970s.

DCD recovery will only occur after the family has provided written consent for donation. These donors are also declared dead by a medical professional not affiliated with the organ recovery.

Donor Designation

There are a number of ways to register to be a donor:

- You can register on line by going to www.DonateLifeFlorida.org. This only takes a few minutes.
- You can also register to be a donor through the Department of Motor Vehicles. If you live in a county where driver's licenses and state ID's are issued by the Tax Collector, it is also possible to register when you visit a local office.
- If you would like to fill out a paper registration, please call 1-800-232-2892 and one will be mailed to you.

In the state of Florida, when someone documents his/her wish to be a donor, it is legally binding (similar to a living will) and it is not required to obtain consent from the legal Next of Kin/Healthcare surrogate (<http://law.onecle.com/florida/civil-rights/765.512.html>). Only the person who has designated his/her wish to be a donor can revoke the decision and/or make any changes to the designation. A family member, guardian, representative ad litem, or health care surrogate may not modify, deny, or prevent a donor's wish or intent to make an anatomical gift after the donor's death.

We encourage persons to share their decision to be a donor with their loved ones.

Life Alliance Organ Recovery Agency will provide guidance, support and additional information throughout the donation process to all donor families irrespective of their loved ones' donor designation status.

Data and Statistics

[United Network for Organ Sharing \(UNOS\)](#)

UNOS has developed an online database system, called UNetsm, for the collection, storage, analysis and publication of all OPTN data pertaining to the patient waiting list, organ matching, and transplants. Launched on October 25, 1999, this system contains data regarding every organ donation and transplant event occurring in the U.S. since 1986.

[Scientific Registry of Transplant Recipients \(SRTR\)](#)

The Scientific Registry of Transplant Recipients is a national database of statistics related to solid organ transplantation - kidney, liver, pancreas, intestine, heart, and lung. The registry covers the full range of transplant activity, from organ donation and waiting list candidates to transplant recipients and survival statistics. Its purpose: to support the development of sound policy, to encourage research on issues of importance to the transplant community, and to facilitate responsible analysis of transplant programs and OPOs.

Guide to Sensitive Language

Appropriate Term

Inappropriate Term

“recover” organs

“harvest” organs

“recovery” of organs

“harvesting” of organs

“donation” of organs

“harvesting” of organs

“recover” organs

“procure” organs

“recovery” of organs

“procuring” organs

“deceased” donation

“cadaveric” donation

“deceased” donation

“cadaver” donation

“deceased” donor

“cadaver” donor

“mechanical” support

“life” support

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|--------------------------------|------------------------------|
| “ventilator” support | “life” support |
| “donation after cardiac death” | “non-heart beating donation” |
| “deteriorating to brain death” | “progressing to brain death” |
| “determine brain death” | “declare brain death” |
| “consent given” | “obtained consent” |
| “consent given” | “got consent” |
| “facilitated a donation” | “did a donor” |
| “donated organs and tissues” | “donated body parts” |
| “donated organs” | “organ yield” |
| “tissue preparation facility” | “tissue processor” |
| “prepared tissue” | “processed tissue” |

Links

Information and Advocacy

[Donate Life America](#)

Donate Life America assists in mobilizing the transplant community to educate the American public on the need for organ, eye and tissue donation and motivating the public to make an actionable donor designation. The organization publishes brochures, program kits and other materials; provides technical assistance and referral services; coordinates the national campaign for organ, eye and tissue donation; identifies measurable best practices and leads the Donor Designation Collaborative.

[Organdonor.gov](#)

The official U.S. Government web site for organ and tissue donation and transplantation, www.organdonor.gov, is maintained by the Health Resources and Services Administration (HRSA), Healthcare Systems Bureau (HSB), Division of Transplantation, an agency of the U.S. Department of Health and Human Services.

[Donate Life Florida http://www.donatelifeflorida.org/](http://www.donatelifeflorida.org/)

As the state-authorized nonprofit organ, eye and tissue donor registry, Donate Life Florida is dedicated to saving the lives of thousands of Floridians awaiting life-saving transplants.

National Accrediting and Oversight Organizations

[American Association of Tissue Banks \(AATB\)](#)

The American Association of Tissue Banks (AATB) is a professional, non-profit, scientific and educational organization. It is the only national tissue banking organization in the United States, and its membership totals more than 100 accredited tissue banks and 1,000 individual members. These banks recover tissue from more than 30,000 donors and distribute in excess of two million allografts for more than one million tissue transplants performed annually in the U.S. The overwhelming majority of the human tissue distributed for these transplants comes from AATB-accredited tissue banks.

[Association of Organ Procurement Organizations \(AOPO\)](#)

AOPO represents and serves organ procurement organizations (OPOs) through advocacy, support, and development of activities that will maximize the availability of organs and tissues and enhance the quality, effectiveness, and integrity of the donation process.

[Eye Bank Association of America \(EBAA\)](#)

A not-for-profit organization of eye banks dedicated to the restoration of sight through the promotion and advancement of eye banking.

[United Network for Organ Sharing \(UNOS\)](#)

A nationwide umbrella joining the transplant community, this nonprofit charitable organization maintains the nation's organ transplant waiting list under contract with the Healthcare Resources Services Administration (HRSA).

Media Contacts

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