Donor selection & physical assessment

Anna Vilarrodona, M.D

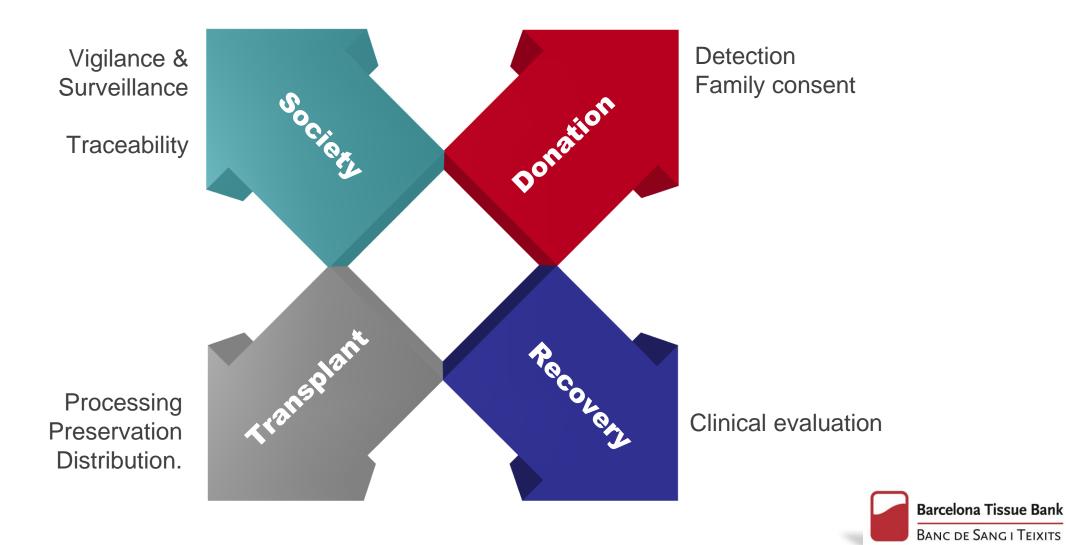
Barcelona Tissue Bank-Donor Center

Banc de Sang I Teixits

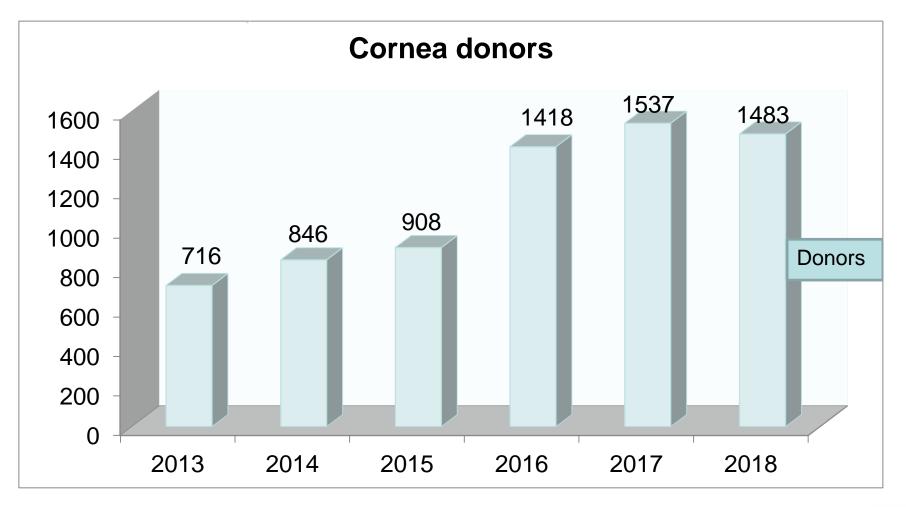
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Global vision

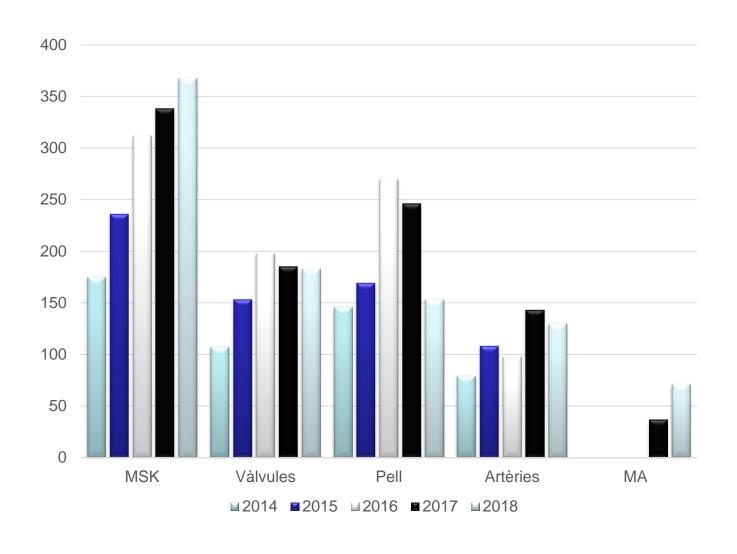


Donation activity in Catalonia



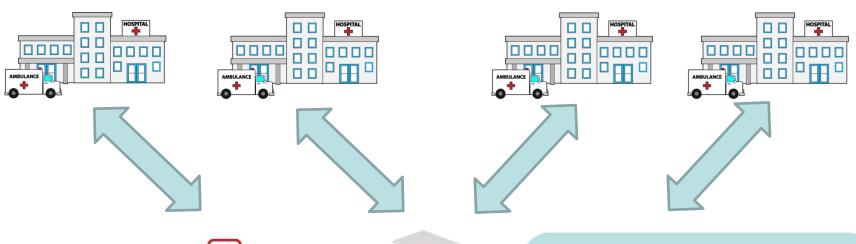


Donation activity in Catalonia





BST Donation Model







- Donor Detection,
- Consent to Donation
- Donor Evaluation
- •Coordination of procurement activities





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DIFFERENCES

Organs

- Emergency
- Donors' pool
- Time
- Impact
- Handling
- Unique therapeutic option (except for dialysis)
- Ischemia time: minimum



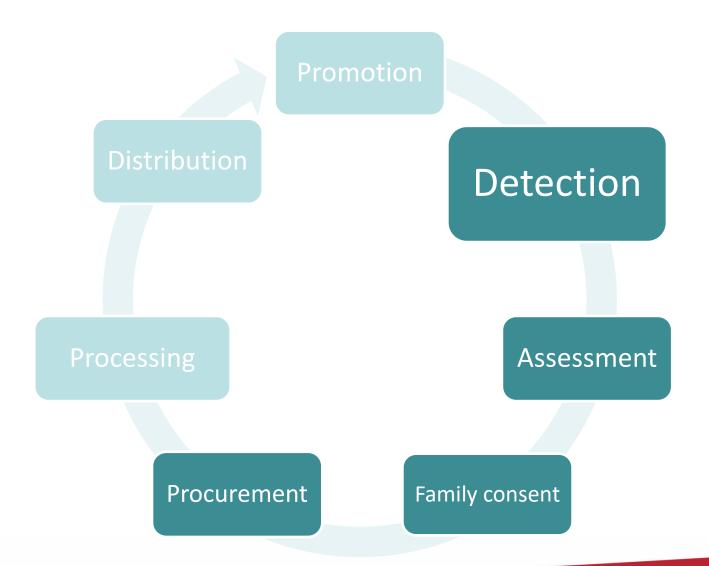
Tissues

- Quality of life
- All deceases can be assessed.
- Quarantine
- More numbers of receptors
- Processing
- Alternative treatments
- Ischemia time:
 - Without refrigeration
 → removal tissues <12h
 - If refrigeration first
 6h→ removal tissues up
 to <24h





Donation process and Tissues Transplantation





Tissues donation

Detection

- First step towards Donation
- Diferents parts of the Hospital
- Personal trainning
- Executed circuit of notice





What do the T&C do about Tissues?

- Daily visit to critical care unit:
- Detection of patients GCS<8, end stage of life or sedation</p>
 - Other ways of detection:
 - Administrative channel
 - Through notices
- Potential donors Assessments (Check list)
- Information process
 - reporting about encephalic death situation (In the charge of doctors from the care unt)
 - Donation interview
 (In the charge of T&C team)
- Offer and Procurement operation (following Hospital circuit)





Tissues donation

Assesssment

- According to Tissue
 Bank specific *criteria*
- Doctor / Nurse responsible jointly
 - Cause of death
 - Admissions problems
- Access to all information
- It means a systematic physical examination

Tissue Donor Selection Guidelines - Deceased Donors



CRITERIOS DE SELECCIÓN PARA LA DONACIÓN DE TEJIDOS

1. CONTRAINDICACIONES GENERALES

1.1. Absolutas

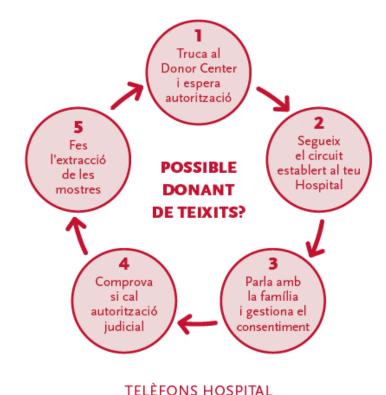
- 1.1.1. Causa de muerte desconocida, sin historia clínica previa y sin la posibilidad de realizar autopsia después de la donación.
- 1.1.2. Imposibilidad de realizar una correcta evaluación de la historia clínica y del riesgo social biológico del donante.
- 1.1.3. En el caso que la sangre del donante haya sufrido hemodilución, será necesario recuperar sangre previa a la politransfusión; en caso que no sea posible se tendrá que descartar el donante.
- 1.1.4. Ingesta o exposición a sustancias tóxicas que se puedan transmitir en dosis tóxicas al receptor de tejidos o a las células (cianuro, plomo, mercurio, oro).
- 1.1.5. Enfermedad inmune sistémica que ha precisado tratamiento en los 12 meses previos a la donación.
- 1.1.6. Hemodiálisis > 3 meses
- 1.1.7. Enfermedades hematológicas:





DONOR CENTER

CONTRAINDICACIONS



Generalitat de Catalunya Departament de Salut

Donor Center

93 227 99 11 / 628 315 600 donorcenter@clinic.cat bancsang.net/banc-teixits

- 1. Causa de la mort desconeguda o impossibilitat entrevista
- 2. Negativa familiar / Negativa judicial
- 3. Hemodilució: recuperar sang prèvia > no és possible? > rebutjar el donant
- 4. Ingesta o exposició a substàncies tòxiques (consulta amb el Donor Center)
- 5. Malaltia immune sistèmica en tractament
- 6. Hemodiàlisis > 3 mesos
- 7. Malalties hematològiques
- 8. Malalties neurològiques causades per prions o d'etiologia desconeguda
- 9. Neoplàsies prèvies (consulta amb el Donor Center)
- 10. Risc o sospita d'infeccions transmissibles: VIH, VHC, VHB o HTLV I-II
- 11. Sèpsies actives i no controlades (<48 h de tractament) en el moment de la donació. Inclou infeccions bacterianes, víriques, fúngiques, parasitàries o d'origen dubtós
- 12. Antecedent de xenotrasplant, trasplantament d'òrgans o dels següents teixits: còrnia, esclera, duramàter (consulta amb el Donor Center)
- 13. Estades al Regne Unit per períodes acumulats ≥6 mesos des de l'1 de gener de 1980 fins 31 de desembre de 1995







CORNEA DONORS

As cornea is a non-vascular tissue, the following counter-indications do not apply:

- a) Cancer (except melanoma, haematologic cancers)
- b) Disseminated active Infection at the time of death (except MR, fongi, parasites and virus), a blood culture is needed.



CORNEA DONORS - CHECKLIST

Exclusion Criteria

	>86 yo
	Unknown cause of death or inability to do the familiar interview .
	VIH/ VHC/ VHB +
	Hematologic càncer (leukemia, lymphoma, Hodgkin, sdms limfoproliferatius)
	Uncontrolled sepsis by MR, parasites, fongi ro virus
	Hemodialysis >3 months
•	Non-vascular dementias: Neorological diseases - unknown etymology

All the answers

No

Potential cornea donors

Some answers

Yes

Counter-indications for donation.

If in doubt: please phone Donor Center!!



Tissues donation

Consent

- Donation is a voluntary and altruist act (Additional protocol on transplantation of organs and tissues of human origin 2002)
- Tissues only can be used by the purpose which the consent has been requested (Oviedo convention on human rights and biomedicine 1997)
- Confidenctal and anonymous Process (codification)
- Personal trainning
- Face-to face and/or i/o telephone



AIM: TO MEET THE TISSUES DEMAND WHICH DAILY ARE REQUESTED FROM HOSPITALS

KEY CONCEPT ALWAYS TO BEAR IN MIND: SECURITY





1. Donors should not transmit any dissease to receptors:

- Medical histories
- Serologies

2. Donors could suffer from a disease that might affect the tissues which we want to procure.

- ·Osteoporosi, osteomyelitis, Paget disease
- ·Sclerodermia, active psoriasis (with systemic treatment: SKIN
- ·Bacterial keratitis: CORNEA
- ·Vasculitis/ Sd. Marfan: ARTERIES
- Myocarditis/ congenital hearth disease: VALVES





Biological Risk Assessment

Why?

To sift for transmissible diseases: viral, fungal or parasitic without symptoms or that they are not been recorded on donor medical histories.

What for?

- To perform special tests
- To assess window period
- To assess donation riskprofit --> Ethics

AVALUACIÓ DEL RISC BIOLÒGIC

Per tal de descartar que el seu familiar no està dintre de la població de risc portadora de malalties transmissibles, li demanem que contesti el qüestionari següent:

ANTECEDENTS EPIDEMIOLÒGICS

					1			
Durant el	s últin	ns 6 mesos, el donant ha conviscut de manera estreta amb persones amb hepatitis B o C]			
(clínica re	activa	/simptomàtica).	-	-				
Durant el	s últin	ns 6 mesos, el donant ha estat exposat accidentalment a sang contaminada, per punció,			1			
per una fe	erida	oberta o per mucoses (mossegada d'animal) o a algun tòxic.				_		
Duran:		TRACTAMENT REBUT				sí	NO	1
rurals.	Eld	onant ha estat tractat algun cop a la seva vida amb: hormona de creixement o gon	adotr	ofina				
alguna		igen humà abans de 1980, transfusions de sang o derivats (fora d'Espanya), recept						
Estade	l	ts, receptors de còrnia, esclera o dura, receptor de xenotrasplantament (no inclou		-				
1996 (ecifiqueu lloc i dates:						
Gibrali	⊢÷							
Duran!	EId	onant ha participant en assajos clínics amb fàrmacs o teràpia cel·lular (feu-la const	ar):					
(Aruba, Salvado	_					L.		
Panamà		TATUATGES I PÍRCINGS				sí	NO	
Trinided	Fsn	cifiquau localitarció anatòmica, data i lloc de coalitarció:				_]	
		COMPORTAMENT SEXUAL					sí	NO
		Durant els últims 12 mesos, el donant ha patit alguna malaltia de transmissió se	xual. 6	Espec	ifiqueu			_
		tractament i controls:						
						_		-
	Durant els últims 12 mesos, el donant ha mantingut relacions sexuals amb més d'una parella.							
		Durant els últims 12 mesos, el donant ha mantingut relacions sexuals a canvi de	diner	s o dr	oga.			
		Durant els últims 12 mesos, el donant ha mantingut relacions sexuals amb algun	a per	sona	amb clír	ica,		
		sospita o positivitat pel VIH, VHB, VHC o amb alguna persona procedent d'àrees	altan	nent s	usceptil	oles	l۵	l۵
		de la propagació del VIH (Sud-est asiàtic, Carib, països africans per sota del Sàha					-	-
			_					
		Durant l'últim any, el donant ha estat a la presó més de 72h (no inclou la detend	ió pre	eventi	va en			l
		denendències nolicials)						

sí NO

Banc de Sang i Teixits

HOW DO WE TRY TO ENSURE SAFETY?

- 1. CAUSE OF DEATH
- 2. Clinical course/ Report of death
- 3. Laboratory data: hemogram, microbiology, toxicology, pathological anatomy
- 4. Blood Transfusions (48h before death) haemodilution



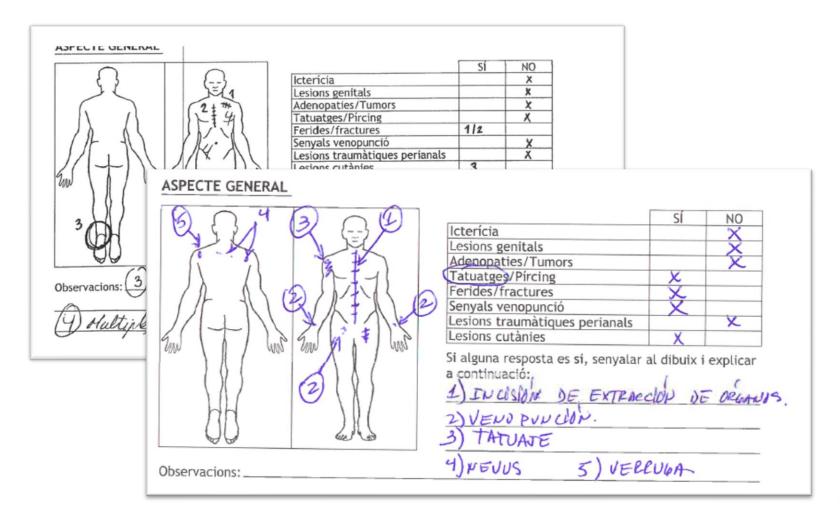
Complementary tests (Ultrasound scan, CT, X-ray)

- 6. Pretreatments
- 7. Biological risk Assessment validity of serologies
 - Social and sexual behavior
 - Tattos and piercings
 - Travels and residence country:

Trypanosoma cruzii (Malària)
Malaria
West Nile Virus
Dengue fever
UK from de 01/01/1980 untill 31/12/1996 (absolute contraindication*)



PHYSICAL EXAMINATION



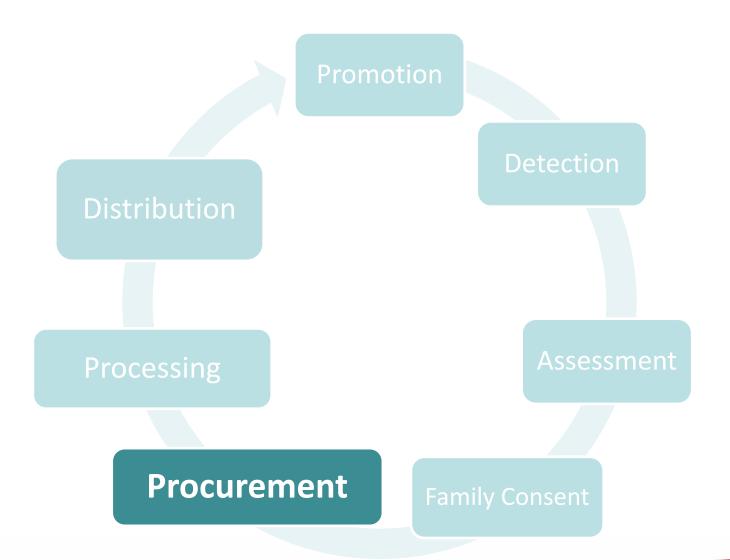


AGE FOR TISSUES DONATION

	còrnia	2 a 85 anys
OCULAR	esclera	2 a 55 anys
	vàlvules	<70 anys
CARDIOVASCULAR	artèries	<55 anys
CUTÀNI		<80 anys
MUSCUL-ESQU	ELÈTIC	6 a 75 anys
MEMBRANA AM	NIÒTICA	18-45 anys



Procés de donació i trasplantament de teixits





Procurement Team

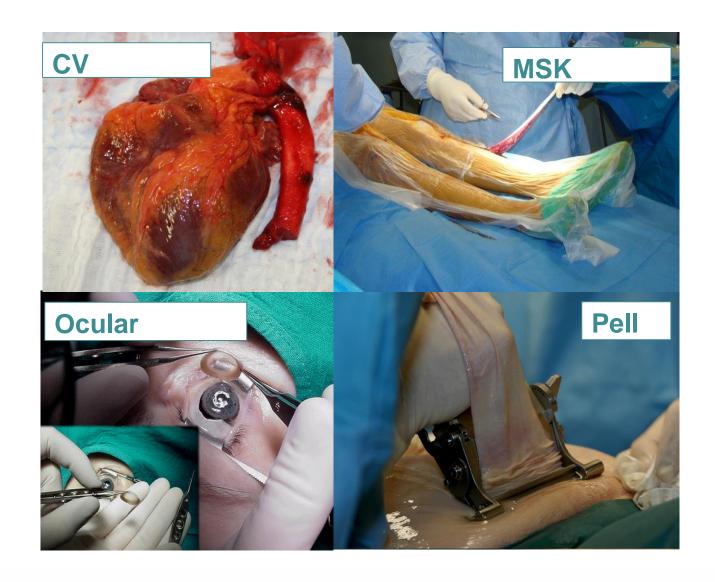


Specifically trained staff

- Medical doctors (Coordinators/ DONOR-BTB-HCB staff)
- Nurses (Donor Center)
- Health Technicians (TE Staff)



Procurement





Cornea procurement



Location: room, operating theatre, morgue We procure the tissue and the blood samples for serology simultaneously.

- NE	GISTRE EXTRAC	2.0 121/1		
DONANT				
CODI:				_
Edat:				
EXTRACCIÓ				
Extractor:				_
Data/Hora Inici:				
Data/Hora Fi:				
Teixit	Antibiòtic:		Eusol	\neg
E D	Lot:		Lot:	
Globus Ocular	Caducitat:		Caducitat:	
E D Còrnia				
Instrumental: OFT1/OFT2/	OFT3		Kit un sol ús	
Lot:		Lot:		
Caducitat:		Caducitat	:	
Observacions:				
				_
				_
			gnatura:	



Cornea procurement





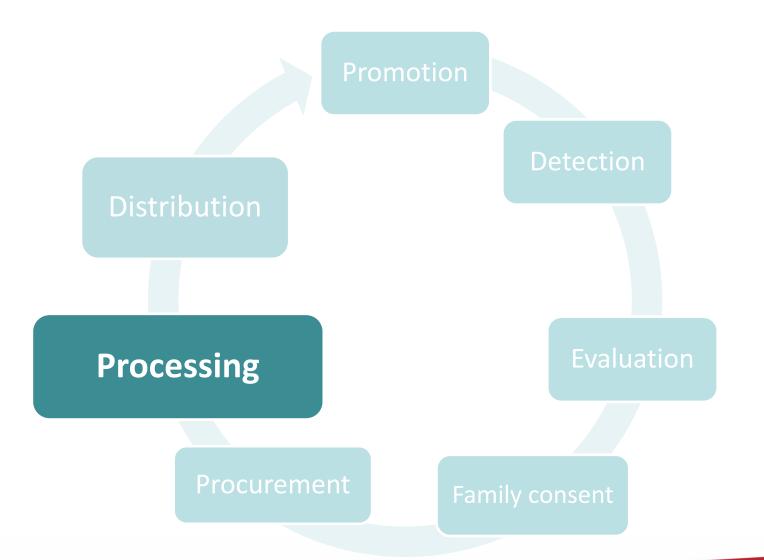






Barcelona Tissue Bank
BANC DE SANG I TEIXITS

Tissue donation and transplant process





Processing – Tissue Bank

- Prepare the tissue for transplantation
- Includes macro and microscopic inspection and characterization of the tissue
- Thanks to microbial inactivation processes allows the reduction of risk of transmission
- These processes must be validated





TISSUES

CARDIOVASCULAR BANK









MUSCULOSKELETAL BANK



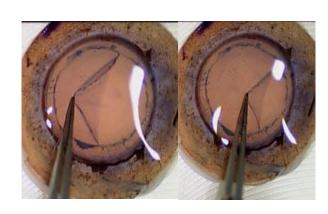


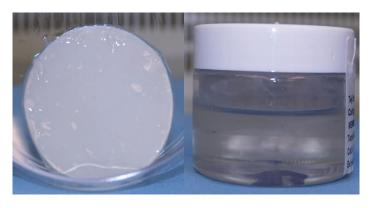


OCULAR BANK











SKIN BANK

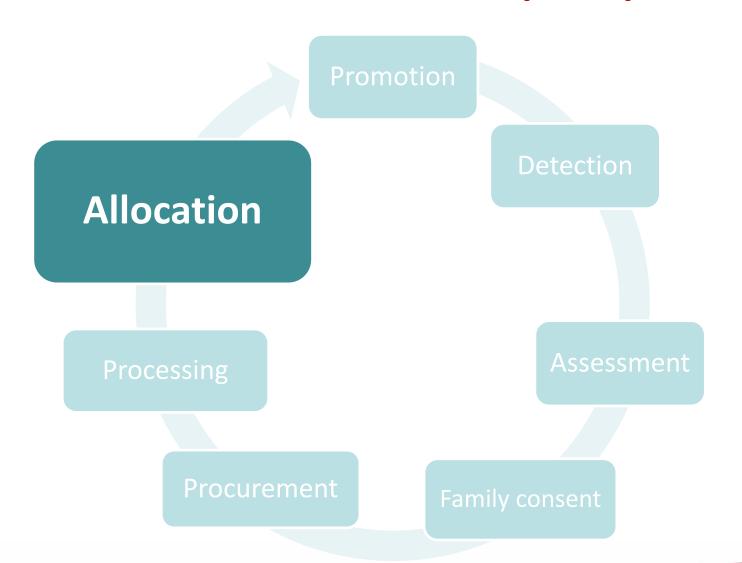








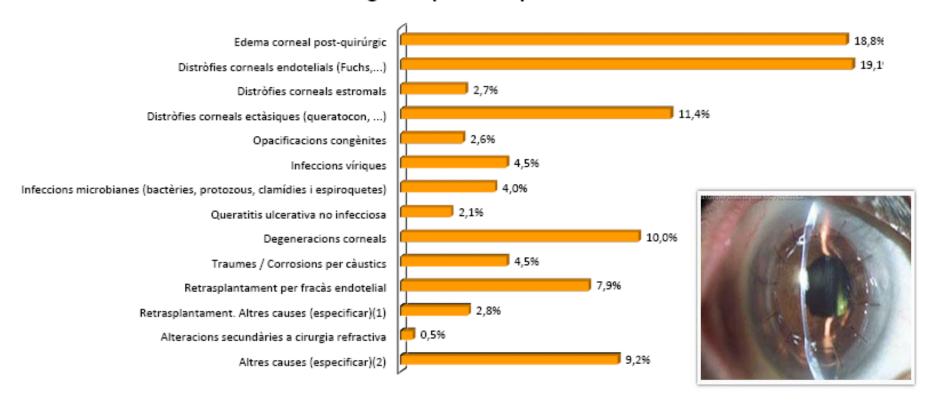
Tissue donation and transplant process



Indications. Cornea

In 2018, in Catalunya, 1897 transplants were performed

Indicacions diagnòstiques dels pacients tractats



Indications. Musculoskeletal Tissue

Reconstructive surgery: maxillofacial, OTL, ONC, TRAU

Functional surgery: oncology, TRAU

Dental surgery.



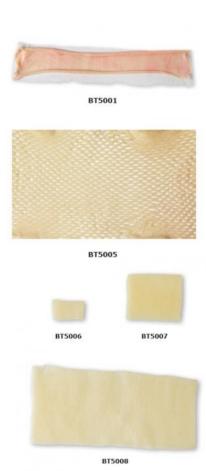
Indications. Cardiovascular Tissue

- Congenital Malformations: Tetralogy of Fallot, Pulmonary athenia, Truncus arteriosus.
- Stenosis
- Mycotic aneurisms
- Right Ventricular Outflow Tract reconstruction
- Ross procedure (pulmonary autograft in aortic position)
- Infections
- Young patients and women of childbearing age, since anticoagulant treatment is not necessary



Indications. Cutaneous Tissue

- Support and filling in cases of loss of soft tissue
- Filling and reconstruction after exodoncy
- Burns on face, neck, hands
- Filling of bone defects
- Maxillofacial reconstruction
- Reconstruction of the abdominal wall
- Closure of wounds
- Temporary dressing in cases of large burns
- Ulcers of difficult healing, pressure ulcers and diabetic foot
- Scarring of scars in critical areas



Indications Amniotic Membrane

Fragments:

- Ophthalmologic use in patients with epithelial defects of the cornea and conjunctiva: corneal ulcers, acute phase caustications, wide conjunctival resections
- Adjuvant in cornea transplant and in cases where problems with tissue regeneration or healing in the postoperative period are anticipated

Extract:

- Ophthalmologic use in patients with epithelial defects in the cornea
- Cases of dry eye as a side-effect of autoimmune diseases
- Corneal ulcers
- Adjuvant in corneal transplant surgery, excision of pterygium and symblepharon











To donate to improve the quality of live



