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# Responses of Perioperative Nurses to Organ Procurement Surgery

By Soledad Page, RN, MSN

## Introduction

Perioperative nurses play a vital role in the process of organ donation. Although these nurses are not involved in the care and maintenance of the organ donor, their participation in the procurement surgery invites a mixture of emotions that need to be acknowledged. It is perioperative nurses who witness the removal of vital organs, the termination of life support, and the final end of life for the organ donor. Frequently, these nurses are left alone to provide post mortem care to the donor body. These experiences of the perioperative nurses are potentially emotionally charged. The purpose of this paper is to gain an understanding of the

perioperative nurses' experience through a descriptive analysis of the responses of perioperative nurses to procurement surgery.

## Literature Review

There is a paucity of studies that investigate the experiences of perioperative nurses related to organ donation. In the studies reviewed, perioperative nurses were investigated as a subgroup of the target population of nurses. Findings in the studies suggested that the majority of the perceptions of perioperative nurses in relation to organ donation were influenced by the procurement surgery (Kiberd & Kiberd, (1992); Wolf, 1994; 1991). Further, Kiberd and Kiberd (1992) found that nurses perceived support from physicians and from management was inadequate. In addition, the nurses felt that educational opportunities related to organ donation were significantly lacking.

## Lived Experience

To augment the literature, five perioperative nurses who have participated in organ procurement surgery were interviewed. All of the participants were experienced female perioperative nurses with clinical operating room (OR) experience ranging from

## Abstract

For many hospitals, organ retrieval surgery has become a reality. Organ retrieval surgery is an emotive procedure, fraught with ethical and moral dilemmas (Barzizza, 1990; Kawamoto, 1992). Perioperative nurses who participate in the procurement phase of organ donation are subject to emotions that could be potentially difficult. There is a need for greater understanding of perioperative nurses and their responses to procurement surgery.

Increased knowledge of the procedure of organ procurement surgery, in addition to greater emotional support and follow-up can only serve to improve perioperative nurses' belief in themselves as an important link in the process of organ donation, procurement and transplantation.

## Author

Soledad Page, RN, MSN, is a Clinical Instructor (OR, PAR, DS) at the Prince George Regional Hospital, Prince George, BC. This article is an edited version of the major essay submitted as a requirement for the degree of Masters of Science in Nursing. Mrs. Page obtained her master's degree in May, 1996.

ten to twenty years.

The topic and purpose of the interview, together with a request for volunteers were presented to the perioperative staff at an acute care regional hospital (bed capacity of 219 Acute care beds and 72 long term care beds). Six originally volunteered from a group of 15 nurses. One nurse failed to keep the interview appointment and was therefore, dropped from the project. Each interview was tape recorded and lasted approximately 30 to 45 minutes.

The following questions were used to frame the interview.

1. When you find out an organ procurement is to be done during your shift and your participation is required, what is your response? What influences how you respond?
2. In an organ procurement surgery, do you prefer to be a scrub nurse or a circulating nurse? Why?
3. What was it like to participate in an organ procurement surgery?
4. Do you believe organ procurement is a worthwhile procedure? Why or why not?
5. What factors about the organ donor affect how you feel about participating in organ procurement? Give your reasons.
6. Are there things that could make participation a more worthwhile experience?

## Findings

### Attitude towards organ donations

All five nurses expressed support for organ donation. Their support was evident in their signed donor cards. These nurses pointed to the recipient-related benefits as the primary reasons for their support, however, their knowledge of long term transplantation results was significantly lacking.

### Responses to participating in organ procurement

In general, the responses of the nurses to participation in organ procurement surgery were inherently influenced by professional responsibility. Although one nurse responded to participation with "dread", the other nurses used terms such as "challenged", "feel good about it", and "feel honored to be a part" to describe their responses. No one expressed undue discomfort at being asked to participate.

The response of "dread" was due to the multiple activities in preparation for and during the surgery. Multiple organ retrieval surgery is a multifaceted,

fast-paced and coordinated effort where everyone involved has designated tasks to carry out. Once the surgery starts, many activities occur simultaneously. The visiting procurement team members may ask for different things at the same time, an event which can cause increased anxiety for the perioperative nurse.

### Beliefs regarding the value of organ procurement

The nurses believed the long term benefits of a successful organ transplantation far exceeds the financial expense incurred in procuring and transplanting the organs. To these nurses, a person with corneal disease who gains eyesight after a corneal transplant is priceless.

### Attitude towards the actual end of life

The nurses reported that they admitted the donor to the OR as a "patient", however, they recognized that a heart-beating cadaver donor was brain dead prior to organ procurement. Two nurses alluded to confusion between brain death and cardiac death:

*"...is still a patient, not just a receptacle for organs..."*, and  
*"...always little questions are on your mind...is he really done?"*

### Emotional experience of participation

Several factors were identified by the nurses that made their experience in procurement surgery difficult.

#### **1. Age of the donor**

The nurses surmised that being parents themselves, they would unintentionally form some kind of parental affinity to a young organ donor. Their grief over the loss of a young life might be more profound, and that they may feel angry that a young organ donor would have been denied a chance to experience a full life.

*"...child death is so much harder to deal with ...because they haven't begun to live their life"*.

#### **2. Termination of life support**

Once the ventilator was turned off, some of the nurses felt it was "gruesome" to take viable organs from a dead human body.

#### **3. Religion, and beliefs and values**

One nurse found removal of the eyes particularly disturbing. She was perplexed by how a donor without eyes would see in the afterlife. Another nurse reported experiencing a sense that the donor's spirit was hover-

ing above, watching how the body was treated.

*"...how else is he going to see in heaven...he's got no eyes!?"*

*"...I often feel that they're looking down at me and how I treat them"*.

#### **4. Giving post mortem care**

Once the designated organs and tissues are procured, the retrieval team departs. The noise, the sense of urgency pervading the OR at the beginning and during the surgery are gone, replaced with a sense of stillness. Although they were feeling lonely and abandoned, they provide post mortem care to the donor body, a task they claimed was unpleasant.

*"When everyone is gone, I do have an abandoned feeling. There's the two of you....but it's just like they've grabbed the organs and ran...he's done his thing and he's gone..."*.

*"You're left with the clean up...with the dirty part"*.

#### **5. Attitude of the procurement team**

The nurses claimed that the behavior of the procurement team impacts the perioperative nurses and their experience in retrieval surgery. They claimed that they prefer everyone involved in the surgery behave professionally and with dignity.

## Other Findings

The nurses reported utilizing coping strategies unconsciously during surgery to lessen their discomfort. Some effective coping mechanisms they reported were: keeping in mind the recipient related benefits, and focusing their energy and attention to the task at hand and that of assisting the procurement team.

The nurses further reported that they seldom discuss their experiences with their colleagues and/or their significant other. In addition, although a debriefing program may be in place, perioperative nurses were not always aware of its availability, and/or how to access the program.

## Conclusion

Organ procurement is a sad event, ending with the biological death of the organ donor in the OR. Although it is well known that death occurs rarely in the OR (Jeffries, 1993), organ procurement surgery is altering this view. Increasingly, perioperative nurses provide post mortem care to donor bodies in the OR.

The literature review and the interviews with the

perioperative nurses indicate that support for perioperative nurses is needed. Patient care managers can offer support with flexible staff assignments, and by acknowledging the challenging nature of the surgery. Education sessions on the individual hospital's stance on organ donation may be offered to caregivers. Sessions may be coordinated with organ procurement agencies and offered on site during the year. In addition, although critical incident debriefing sessions are available, all caregivers concerned should be offered, perhaps through scheduling, the opportunity to participate.

Perioperative nurses should be encouraged to recognize that, although they view organ procurement as a part of the perioperative role, they have the freedom to express their thoughts and feelings about their participation, and to seek help when the need is identified. They could foster support for each other by exploring each other's responses to the surgery, and listening to each other's expression of emotions.

This is not to say all perioperative nurses are emotionally affected by the surgery. Although many studies have been conducted about organ donation, the procurement aspect is still largely unexplored. This may be due to the physical isolation of perioperative nurses in surgical suites combined with the intense and subjective nature of the topic. ■

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