

the natural lines of the eyelid. A rule of tissue reducing is to remove shrink lines or unnatural lines while retaining the natural identity lines.

The hands were both channeled using the 13 gauge needle, with two entry points just above both wrists. These needle entry points now became exits for fluid. The high entry points would allow for sealing and would be hidden above a shirt or blouse cuff.

As the features began to look close to normal, a quick check of all the swollen areas told the story of the headway being made and where to concentrate more intensely. The temples were responding well to the intermittent pressure and it was now time for the last application of pressure which was held for a few minutes. It worked well and the head was now the normal width. My embalmer friend was familiar with using chemicals and time for reduction but this was the first time he witnessed the immediate reduction through removing the fluid and applying pressure to allow the chemical to reduce and hold the shape quicker.

About a half hour had passed since the sheet had been placed firmly around the swollen neck. He removed the sheet and the neck reduction was a huge success. I placed a neck lock stitch (fig. 2) to gather the excess tissue to keep it to the back of the neck so it wouldn't flare out to the sides when casketing. One can apply pressure or lift the head under the neck to check how a remains will look in the casket. While on the prep table, the pressure of the head is on the head and head block. When placed in the casket, the pressure switches to the neck and pillow and this causes the neck to look swollen or flare out too wide. This neck lock stitch, following the reduction, can solve the common problem of the swollen neck. It is a good, practical restorative technique that is easy to do and it works. Once the stitch is secure and the neck reduced, the practitioner can seal the needle openings by drying the tissue and applying Aron Alpha.

Once the stitch was finished, I removed some of the wrinkles on the left side of the neck using the massage cream and tissue reducer. These wrinkles are very easy to remove if you do so directly following the removal of the pressure device from the neck. Conversely, if the device is left on overnight, it would be extremely difficult to remove the unnatural wrinkles.

Since the reducer was good and hot, we did a check for any unnatural reduction wrinkles on the entire face and hands. This fine tuning didn't take long because the process was ongoing as wrinkles appeared. Again, the main concern is to apply plenty of massage cream to prevent any damage to the skin. Well-embalmed tissue is ideal for tissue reducing, as with any form of restoration. If a waterless embalming with Edemaco added was not used, the results would not have been this good in this short time frame. A good embalming foundation is the key to good restorative results.

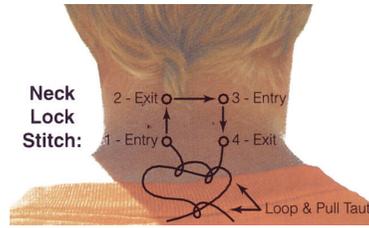


Fig. 2 – Neck-lock Stitch

The lips were now normal size after the reduction from pressure and channeling. We used some Aron Alpha to secure the lips and insure we kept this pleasant appearance during the visitation.

We were done and she looked like the picture we had used to restore her. I look at swelling as a distortion usually caused by medical procedures. We can reduce the distortion or remove it. This time we hit a home run and removed it. We were cleaning up and still needed to cosmetize when the hairdresser arrived. I had to be on my way, I was already pushing the clock. I washed up and packed my grip. When I left, the embalmer was starting to cosmetize and the hairdresser was beginning her work.

He had gloves on so we couldn't shake but I clicked elbows with him, this is something we do when it's a job well done. It's an embalmer's way of spiking a football. He called me when the family came in and told me they were very happy and amazed that Mom looked like Mom. For my part, I was happy to put in the hour and accomplish so much in that time. It made me feel good and it gave my friend more confidence and courage to be able to try new things for these types of cases.



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Making the Rounds

by Jack Adams, CFSP, MBIE

Working my territory for the Dodge Company in Northern Illinois, I visit a good number of funeral homes a week depending on the weather conditions and what I might run into on the visit. I'm able to get a good feel for the difficulty of embalming the cases of today. Even cases in rural areas are exposed to drugs and medication and need to be put in the "more difficult to embalm" column. I'm lucky enough to get input on problems and solutions and to also share the same. Embalmers are sometimes overwhelmed with new difficulties and experiences that eventually build up inside, and it's a good feeling to be able to share these problems or to seek second opinions. Embalmer networking can be a form of therapy and produce the courage and knowledge that is needed to perform this difficult job successfully.

Not so long ago, on a Friday afternoon, I was visiting a funeral home and was told to go to the prep room to see the embalmer and funeral director. They greeted me by saying that I was just in time to give an opinion on the case they were preparing. The remains was that of a female who had undergone some emergency procedures at the hospital days before her death. She was edematous and still swollen even though the

They needed to finish the case and have it ready for a 6 p.m. visitation and it was 3 p.m. The embalmer was being pressured and was losing confidence that he'd make the deadline with his usual good results.

waterless embalming was beginning to dry and shrink the swollen, distorted facial tissue. They needed to finish the case and have it ready for a 6 p.m. visitation and it was 3 p.m. The embalmer was being pressured and was losing confidence that he'd make the deadline with his usual good results for a pleasant viewing experience. This funeral home consistently puts out good results for viewing. I told the embalmer that I had an appointment in a few hours but that I could give him an hour or so of help if he wanted it.

The plan was to turn one hour of action into the equivalent of twelve hours of reduction time with positioning and digital pressure as helpers. We knew we had to multitask and kick it up a notch.

He had a mess on his hands without enough time to fix it.

Ideally, for a body of this difficulty, we could have used another 12 hours. I figured if the two of us could do a tag team for an hour or so it might put him over the hump for his visitation deadline. He didn't hesitate, he got me some protective gear and I started evaluating the condition of the remains and getting a game plan together to try to meet the deadline. The hairdresser was due in a little over an hour.

While I was garbing up we made a mental list of all the work that remained undone and discussed a plan.

- Fluid remained in the head. The width of the head was at least three inches too wide and when digital pressure was applied, pitting edema was present.

- The lips were swollen and distorted as well as the cheeks.
- The eyes were larger than golf ball size with blister-like sacks beneath the lids.

- The hands were filled with fluid even though signs of shrinking were present.

- The neck was swollen and didn't have a chin line. When pressure was applied below the neck as it would appear in a casket, the neck flared out an additional two to three inches on each side.

The plan was to turn one hour of action into the equivalent of twelve hours of reduction time with positioning and digital pressure as helpers. We knew we had to multitask and kick it up a notch. This meant that we needed to quickly remove the fluid by channeling, wicking, and manipulating or forcing the fluid out of the swollen tissue.

The neck was too wide and we decided to treat that first and let time help us out. They didn't have a water collar to reduce the neck so we cut out a piece of cotton sheet about a foot wide and six feet long. It was folded until it was about five inches wide and then it was wrapped around the neck. If you tie the sheet and pull it tight, the pressure will reduce the size of the neck. This works best with about 25 minutes of pressure on the neck. This reduction time would allow us to make progress on other needed treatments. The device or sheet in this case was placed just below the chin line. The idea was to get rid of the "no neck" effect and form a jaw line or chin line. We weren't looking for miracles, just trying to form a jaw line or chin line on this distorted neck. Once this was achieved we could make sure that it didn't flare out or get wider when casketed.

The eyes were swollen, as well as the face and especially the lips. The lips were about as big as thumbs even though they had been reduced some. Edemaco was used with the waterless solution and the body was beginning to show signs of its shrinking

magic. The additional 12 hours, that we didn't have, would have allowed the chemical to give us far better reduction results. We needed the reduction now. I've found that if you have little time and if you've used Edemaco in your strong solution, you can dramatically increase the shrinking results by channeling and applying digital pressure. Channeling is simply removing excess fluid by forcing it or massaging it out through the openings in the skin with digital pressure. I like to seal all channel openings with Aron Alpha or ThanoSeal.

I opened the mouth and began removing the dentures. The swollen cheeks and facial tissue already distorted the mouth and size of face. I took an 18 gauge needle and inserted it into the corners of the lips. If you use one entry point, you can insert the needle into the upper and lower lip and reach to the center of each lip. This is channeling of the lips. The waterless embalming made the tissue substantial and not at all fragile. Once the channels were made, I began to put pressure on the lips to squeeze and remove the excess fluid. In a matter of minutes, the lips were reduced but they were wrinkled. At this point, wrinkles are a good thing, it's not difficult to remove the wrinkles with the use of a tissue reducer.

My friend and embalming partner was busy separating the connective tissue inside the eyelids (*fig. 1*). This tissue was easy to see because of the excess fluid causing blister-like bulging inside the eye. Once these inner eye blisters were broken by utilizing a small dissecting forceps, pressure was applied on the eyes and reduction was immediate. Cotton was placed in both eyes which acted like a wick and drew the moisture out quickly. Then a cotton ball soaked with Basic Dryene was placed in each of the reduced eyes. It wouldn't take long to dry the delicate inner eye tissue.

Channeling was done inside the cheeks using a 15 gauge needle. Cotton was placed in the mouth to establish a wick to draw fluid rapidly, especially as pressure was applied to the cheeks. Both carotid arteries were utilized for the injection. We made a U incision, connecting the carotid incisions and began channeling the neck using an infant trocar. Once the channels were made, long strips of cotton were placed in the neck for wicking.

Channels were started, using a 13 gauge needle, following the hairline at the temples and at the ears. Channels were made in the eyebrows to begin reducing fluid that was trapped in the eyelids and around the eyes. Cotton wicks were now being used in the eyes, the mouth, and the neck. A large amount of excess fluid was being removed, while the waterless embalming with equal amounts of Introfiant, Metaflow, and Rectifiant, with an additional two bottles of Edemaco, was beginning to show inner drying, reduction, and firming.

One thing about using this kind of solution and Edemaco: if you don't have time, you can apply pressure and hold it for a few minutes and witness amazing reduction very quickly. In circumstances like this, this type of solution can deliver results.

Pressure was applied to both temple areas for a minute or so at a time and the width of the head was reduced to normal in minutes. The constant pressure and channeling removed fluid and reduced tissue in real time. This procedure is one that I like to do while teaching embalming when you have a swollen case and only three to four hours for the class.

If you inject the head first, you can begin reducing the head while injecting downward. Real improvement can be seen in 20 minutes using these concurrent embalming or multitasking methods.

The cheeks now appeared to be normal size. Again the inward pressure on both cheeks and simultaneous wicking worked fast. A final cotton application was placed into the mouth and saturated with Basic Dryene to cauterize and to prevent inner channels from leaking. I began removing wrinkles from the lips using a tissue reducer and plenty of Kalon Massage Cream. Massage cream should be applied liberally on any tissue that is being treated with the heated tissue reducer to prevent any burning of the tissue. I forgot to mention that Kalon Massage Cream was also applied to the face before all the pressure was applied and manipulation was used to remove the fluid. The massage cream also protects the skin from bleaching when using the Basic Dryene for cauterizing.

The tissue reducer was now hot enough to make bigger strides in removing wrinkles from the eyelids. The eyes were now normal in size and the cotton balls saturated with Basic Dryene were removed. Cotton balls covered with Kalip Stay Cream were placed in the eyes to give them normal contour and shape as well as to avoid dehydration. Some Kalip got on the eyelashes and was easily removed using a Q-tip and some Dry Wash II.

Because the eyes and lids were so swollen, a slight overlap got rid of some imperfections and one benefit of using Kalip Stay Cream is that you can easily camouflage the ridge of the upper lid so the eye doesn't give an overlap appearance.

We placed strips of Webril cotton saturated with water over the eyelashes to protect the lashes from the hot tissue reducer. Then, we did some fine tuning on the eyelids with the tissue reducer, removing any unnatural lines. A delicate touch is necessary to remove unnatural swollen lines and keep

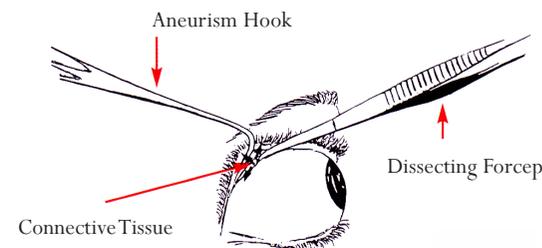


Fig. 1 – Separating the connective tissue of the eyelids