Something Old, Something New: Mastery Skills

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“Take with you a big basket”

“Quality results in embalming means the remains is well embalmed, recognizable, and has a pleasant appearance.”

Jack Adams, The Dodge Company

Introduction

We often experience situations that defy our formal training. Often those times we run out of chemical, out of solutions or out of time.
This Session Will Cover
- The Case Analysis
- Feature Setting
- Skin Technology
- Odor Control
- The Arterial Injection
- Post Treatments of Tissue

Our Purpose
- Examine various techniques
- Examine the effects during embalming
- Examine Mastery skills

Preservation Failures
1. Laissez-faire approach to the process, little time toward the art of embalming
2. No or little preparation of vascular system
3. Too strong of embalming solution
4. Too weak of embalming solution
5. Conflicting tissue rigidity of firmness
6. Excessive injective speed (rate of flow)
7. Excessive pressure injection
8. Excessive or lack of drainage
9. Inadequate or lack of viscera treatment
10. Lack of topical preservation treatment
11. Lack of internal packs or hypodermic treatment
12. Reaspiration and reinjection prior to viewing or shipping
13. Irresponsible use of plastics for unusual treatments
14. Lack of training and direct supervision
15. Lack of instructor led continued education
The Case Analysis

- The type of case
- Additional factors:
  - Trauma (Vehicle accident, Gunshot)
  - Edema
  - Jaundice
- Condition of Tissue
- Disposition (type and when)
  Service next morning at 9am
  Burial in 4 weeks in Dubai

Case study

Feature Setting

- Clean tissues and thoroughly disinfect the face (reduce microbial growth)
- Body Positions, elevate body off table
- Thoroughly clean and disinfect the hands (removal Staph and other Flora)
- Remove oil, finger printing ink, debris
Feature Setting

- Apply massage cream, baby oil, or WD-40 to the face and the hands
- Treat the eyes, eyelashes, eyebrows, ear hair, nose hairs, mouth (tongue, teeth, dentures, lips)
- Clean orifice areas pack after embalming to reduce odor and leakage – cotton, cavity chemical, carbolic acid, compound

Pre Treatments of Tissue

Decubitus Ulcers
- Clean with disinfectant soap
- Topical Chemical
- Post Treatments
  - Topical Chemical or Topical Gel, wrap with plastic
  - Other method – mix para-formaldehyde and vaseline to area

Poll Question

If you had an area that needed to be bleached or made lighter, what would you use?

A. Water  B. Soap  C. WD-40  D. Carbolic Acid  E. Baby Oil
**Poll Question**

A. Water  
B. Soap  
C. WD-40  
D. Carbolic Acid  
E. Baby Oil

**Pre Treatments of Tissue**

**Dark Bruising / Discolorations**  
- Cover area with Vaseline, massage cream or stone oil to prevent unwanted bleaching  
- With a long 19 gauge hypo needle to inject 22cc of Carbolic Acid, ie Basic Dryene  
- Areas: back of hands, face

**Bruising/Trauma**
Pre Treatments of Tissue

Excessive / Offensive Odor
(nitrogenous waste/ammonia, toxins in blood)
- Wash with disinfectant soap
- Wash with vinegar (ethanol, acid)
Post Treatments
- Other method – dilute 16oz of white vinegar, with arterial solution
- Other method – ½ cap of Downy fabric softener, with arterial solution
CAUTION: Thoroughly flush embalming machine

Pre Treatments of Tissue

Blue Nails / Post Mortem Stain
- During embalming, puncture with small hypo needle @ fingertips, apply pressure to remove blood
- Massage with baby oil/gel

Pre Treatments of Tissue

Matted Hair / Odorous Dreadlocks
- Wash and set with White Vinegar
Other Methods
- Dumb Blonde TIGI Shampoo & Conditioner
- Ginger Mint Kim Kimble Shampoo & Conditioner
- Prell Shampoo & Conditioner
Pre Treatments of Tissue

Edematous Head
(prolonged life support or drug-compromised)

**Time is your friend**

- *Bondol Chemicals* – Dropsytone, Prot-O-Balm, Kolmet, Hercules (warm water)
- *Dodge Chemicals* – Edemaco, Introfiant, Permaglow, Metasyn, Rectifiant
- *Champion Chemicals* - Xeros, HiForm, TNX, Tri-San

Post Treatments

Channeling of face with blunt instrument
Use gravity for torso and limbs

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Edematous Head
(prolonged life support or drug-compromised)

Post Treatments

- Channeling of face with blunt instrument
- Channeling of eyelids with long 19 gauge hypo needle
- Use of water packs, massaging tissue
- Use gravity for torso and limbs
Edematous Head

Post Treatments
Cover face with Vaseline, massage cream or stone oil
Reduce with heat – Tissue Reducer, Marcel iron, aim n flame lighter directly to area

Edematous Head – Wrinkles

Tissue Building
**Treatments of Tissue**

**Swelling of Eye / Reducing Swelling**
- Small syringe to remove vitreous humour (replace with tissue builder)
Other Methods

Spot Removal
- Known Products – Dry Wash, No. 11 Diluting Solution
- Other Methods
  - Hydrogen Peroxide – soak or dab
  - Lighter Fluid
- HCHO Exposure - Immediate reduction of vapors with spraying Isopropyl Alcohol

Other Methods

Maggots / Larva
- Dry Wash vs. kerosene Odor
- Co-injectants – Omega (Champion), San-Veino (Esco) Post-O-Cide (Bondol)

Other Methods

Repair for Trauma to Face / Skull
- Plaster of Paris
- The Red Can – Plumbers Installation
- Embalmers Putty
- Gluing of bone fragments

Character & Integrity Counts
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Inadequate supplies / chemical
- Replacement eyelashes
- Replacement eyebrows
- Replacement mustache / hair
- Insufficient training / experience
- Photo – not resent or lack detail
- Lacking additional time

Shortcomings in Restoration

Chemical Mixture

- The mixture of chemicals MUST coincide with the condition of decedent.
- Avoid low index and poor chemicals
- Avoid humectants if extreme edema is present
- Keep drainage closed during first ½ gallon of injection
The Arterial Injection

- Clearing post mortem stain, improving preservation to hands and face (before opening drainage turn machine off, allow 1-3 minutes to reduce internal pressure)
- Rate of flow is the key to thorough embalming and controlling swelling
- 12 oz. to 14 oz. per minute gives full control

Summary

- These procedures involves a conscious embalmer
- Sufficient time if important for most difficult procedures
- You need sufficient arterial chemicals and sundries
- Preserved tissue that is properly treated will not leaking

Bibliography and Credits


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