Introduction to Autopsy

What we do- Assuming no restrictions

- **External Exam**
  - All tubes, lines, external medical equipment removed***

- **Internal exam**
  - Y-incision from bilateral shoulders to sternum and from sternum to pubic bone
  - All major organs removed, including larynx, esophagus and tongue from the neck (this is done **without** any visible markings on the neck itself)
  - All organs examined grossly, representative sections taken for histologic examination depending on findings.
What we do- Assuming no restrictions

• Neurological exam
  • Incision from mastoid process to mastoid process, through vertex. Skin is reflected and skull is sawed through to open.
    • This technique allows for open casket as the posterior incision can be covered by hair or pillow, and the frontal skull bone that was incised is covered again by skin once brain is removed.
  • Brain is removed, fixed for 2 weeks, then examined grossly and histologically.
• Specific tests if warranted at the discretion of attending pathologist
  • Tissue for culture
  • Cytogenetics (fetal demise)

Fetal/Infant Autopsies

• Unrestricted autopsies are performed in the same manner as for adults
• The two most important/informative things for determining fetal cause of death
  1. The placenta
  2. Viable sample for cytogenetics (samples must be collected within 24hrs of demise under sterile conditions for best results)
Check a box where provided, and fill in all blank lines.

A box must be checked, or the consent is incomplete and will be sent back. Even if there are no restrictions, **you must check the box**.

If the "other" box is checked, it will need to be approved by an attending, either yours or ours so we don’t get an inappropriate request like “joints only”, or “no incisions”
I/We are requesting an autopsy to answer the following question(s):

This field is for any questions the family has. Sometimes the clinical and the family questions are not the same, so this is an opportunity for the family to communicate with us (pathology) what is important to them.

Absolutely everything on this page must be completed. Boxes checked, blanks filled in. TWO witnesses required. Anything incomplete and the form will be sent back, and autopsy delayed.
This hierarchy must be followed, and has legal implications if it is not. Just because the deceased's sister is at the hospital doesn't mean she can sign the consent if the patient has a living spouse or anyone higher on the list. The legal implications can fall back on you as the clinician.

For fetal loss, it is preferred that the MOM sign the consent.

Again, fill this out as best you can, to direct our efforts. We perform our own chart review prior to starting the autopsy, but this page can help us know what your clinical team thought in a more concise manner.

Only pages 2 and 3 of the consent are needed for fetal demise between 12-19 weeks.
Specific questions that you would like answered (example: "The patient developed sudden shortness of breath. Is there a pulmonary embolus?")

This box is for your questions as clinicians, and is particularly helpful to us when there is a specific question to be answered (however, we know this isn't always possible).

Simply writing "cause of death", is not helpful, as that is what we determine anyway by performing an autopsy. However, a specific question such as:
- Does the patient have interstitial lung disease?
- Is there a fungal infection in the brain or other organ?
- Was there a PE, bowel perforation, splenic rupture, etc...?
- ***Was the ET tube in the lung??***

Is far more helpful and will direct us to spend more time looking for those specific answers.

Give us an idea of where you think the problem is based on your expertise. It would be like consulting surgery and just saying "perform surgery".

Informational page only. Not required before performing autopsy.
Why this matters

• **Delays patient care**
  • Even though a patient dies, their care does not end.
  • Delays in paperwork, mean delays in starting an autopsy, and delays for grieving families trying to plan a funeral during a difficult time.
  • Delays in beginning autopsies can alter our results (body decomposes while we wait...).

• **Legal implications**
  • As with most things we do as physicians, there are legal documents involved and therefore liability, so we do our best to make sure everyone is covered...we aren’t just trying to pester you! (again, you wouldn’t start a surgery without a proper consent form!).

If all else fails, CALL US!

• We are happy to assist you with any problems you may have
• Call the pathology gross room (526-7568 or 686-7277) and ask for either:
  • Kellan Sweat (Morgue supervisor)
  • Pathology resident on autopsy service
• If it’s after hours, contact the on-call pathology resident
  • Pager: 688-2820
  • Direct call phone: 658-8313
  • (Both are promptly answered)
Direct Link to Consent pdf

• [http://pathology.uams.edu/education/residency/other-residency-files/](http://pathology.uams.edu/education/residency/other-residency-files/)