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Using Edemaco: When Judgement Supersedes Label Directions

by
Dennis Daulton

“Our mother is dying, she’s very obese, and she’s full of water. We’ve come here to make pre-arrangements.” When the family left the funeral home, my associate and I agreed that yes, their mother was probably terminally ill, and she was probably a large woman. But what did they know about edema, or someone being “full of water”?

Several weeks later the call came in. When we arrived at the large metropolitan hospital, the security guard looked at me and smiled, saying, “Good thing there are at least two of you. It took three of us to transfer her to the morgue.” When I got her back to the funeral home and unzipped the pouch, I could not believe how much edema she had. And was she big? I’d estimate she was under five feet tall but weighed about 375 pounds minimum.

Because medical techniques and medications have progressed so well in the past several years (and that’s good, because lives are being saved), the condition of bodies presents a much greater embalming challenge than we used to face. Up until the time we (Dodge) came out with Edemaco in 1995, the only fear I had as an embalmer was leakage from swollen or traumatized tissue. After working at Dodge for the past thirteen years, I’ve heard about all too many lawsuits against funeral homes because of improper embalming, especially suits concerning leaking bodies. The clothes and casket interior act as a wick. The result is trauma for the family. First the family becomes silent. Then a week after the funeral you get a call or letter from an attorney. The fight is on.

As a field tester of experimental chemicals for The Dodge Company, I had been given some Edemaco to test (prior to its commercial release) several weeks before the call in question came in. Testing in the laboratory had shown that the product would be successful in dehydrating, but would not cause wrinkling. We knew from that that Edemaco would do no harm. But we weren’t sure what concentration would be adequate for various degrees of edema. The family desperately wanted viewing. They needed to see her. And the funeral home needed to provide closure. I was desperate. If I had been told Kool-Aid would’ve worked, I might have tried it. (I’m kidding about that last comment, as I hope you realize.)

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In a two-gallon solution, I used two bottles of Introfiant, two bottles of Metaflow, one bottle of Rectifiant, and two bottles of Edemaco. I diluted this with warm water.

As we know, embalming techniques are as important as what is used, if not more important. (See “Those Facial Spots Aren’t Fluid Burns” in the June ’96 issue of *The Dodge Magazine*.) I raised the right carotid artery and jugular vein. Intermittent drainage via a drain tube was employed to force the chemical into the tissues. Because chemicals take the path of least resis-

tance, the use of the drain tube and the closing of that tube periodically (especially during the last gallon) is the best method to accomplish total distribution. While embalming the lady, I saw that fixation was happening very quickly. I was surprised, pleased, and relieved. But the job wasn’t done. However, I did have some hope now.

The body was dressed and casketed the next evening. She was dehydrated (appropriately) and firm with no leakage. Actually, she was like cement (dried cement) to the touch, but her features looked beautiful. I hate to use the word “cement,” but it is the only way I can express what occurred accurately. I believe the potential educational value of explaining this properly to other embalmers outweighs the very minimal risk that someone outside our field will have read this far and find the description indelicate.

I was also able to inspect the backside of the body when we used the lift to raise her off the body rests and into the over-sized casket. No leakage and firm tissue! The family was most pleased. Little did they know the anxiety this case produced for us. But they didn’t need to know. They only needed viewing. We need to adapt to the changing challenges in funeral service.

After this early, anxiety-provoking encounter with Edemaco, the next several calls were rather routine. That is, I encountered normal looking bodies except that they exhibited moderate edema in the hands and legs. While using a carotid injection and jugular

intermittent drainage, I added eight to sixteen ounces of Edemaco to the last (second) gallon. The total solution of the two gallons for these cases would consist of twenty-four to thirty-two ounces of arterial and co-injection each, along with sixteen ounces of a water corrective. I found that the edema was being reduced, and the tissues were firm.

A word of warning: Be sure to seal eyes and lips soon after injection. Otherwise, you'll wish you had.

By this time, I was becoming very pleased with the chemical. All my written reports were favorable. And, we were getting similar responses from other testers. Not only was the product eliminating edema, it was also drying areas where there was skin slip and weeping of tissue. A word of warning: Be sure to seal eyes and lips soon after injection. Otherwise, you'll wish you had.

The challenge of using the product in a waterless solution came next. I received a call from a funeral director where I do some trade work. He had a middle-aged female who died in a house fire. He simply said to me, "Well, she's back from the Medical Examiner's office, she's been posted, and her face is the best part. Her family wants to see her." Because he said her face was the least traumatized, I was somewhat relieved. But when I arrived at the funeral home and viewed the case, I was horrified. This was the extreme. After being around embalming rooms for 35 years, I still found this case shook my confidence in being able to provide what this family needed. But there was a spark of hope because of what I had already done with Edemaco.

Her face was mostly first-degree burns, although there was some second-degree burning, with weeping and skin slip. Her hair wasn't even singed. She may have placed a pillow over her face before the second floor and the bed she was on collapsed into the first floor, engulfing her in flames. The

remainder of her body was third-degree burns . . . black! When I removed the skin from her hands, it was like removing gloves, turning the tissue inside-out, fingernails and all. I've seen much trauma over the years, but this affected me.

From her picture, I could see that she had been a beautiful woman. I desperately needed to firm and dehydrate the tissue, even though I knew the hands could never be shown. I used a two-gallon solution to inject the arms, legs, and to do hypo work. The solution consisted of 32 ounces of Introfiant, 32 ounces of Metaflow, 32 ounces of Edemaco, and 16 ounces of Rectifiant. The remainder was warm water. Into the head only, I injected a mixture of equal parts of Introfiant, Rectifiant, and Edemaco (without water). To our knowledge, no one had previously used the product in a waterless mix. I knew that if I could get the tissue appropriately dehydrated, I might have luck using Perma Cosmetics.

The eyes and lips were sealed after injection, and I returned the next day to set up the case. The tissue was firm and dry. The features looked quite good, and I was pleased. The burned, charred odor was eliminated by spraying with Dis Spray and washing with Germasidol Soap. A Perma-Safe Unionall was placed on the body. Over the hands I used a pair of disposable latex gloves, followed by a pair of white gloves. The face did accept the Perma Cosmetics as a base, and a mixture of Kalon Pigments was used on the lips and as a highlight after the Perma Cosmetics had dried. For the lips and highlighting on this particular case, I used mostly Kalon Pigment Youthful with a dab of Rose. (Remember, when using Perma Cosmetics, dot on an area about the size of a quarter with a small pointed brush. Then work it into the tissue with a larger, dry brush.)

The funeral director called me after the family first viewed. Her mother said with great emotion, "Thank you. We expected her to be in terrible condition. She looks beautiful." When I had finished setting the case up, I was honestly surprised. This case was

successfully completed because the family wanted viewing, and because the owner of the funeral home wanted to give the family what they had requested more than he wanted the "easy fix" of telling them it couldn't be done. They probably never would have felt emotionally 100 percent certain she had really died unless they had seen the body. Without the drying effect of Edemaco (especially on the face, where it had been used without dilution by water), I doubt viewing would have been possible. One cannot measure the psychological healing provided this family. I believe it was phenomenal.

The directions for Edemaco in the catalog read, "For mild cases of edema, you may want to use 4 ounces with the last gallon of arterial solution which you inject. For moderate cases, perhaps 8 ounces of Edemaco in the last gallon may be about right. For severe cases, amounts up to and beyond 16 ounces per gallon in the last gallon may be required. The embalmer must use his/her own judgment and experience in selecting a proper concentration." Every case is different. Different embalming techniques must be employed. After reading this article, I hope you feel I've explained how the chemical can be used in three different circumstances . . . the common, the challenging, and the extreme case. I trust you will be comfortable in using various concentrations when these situations present themselves.

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I'll always remember the words of the mother whose daughter died in the house fire. Funeral service is all about compassion for the bereaved and respectfully caring for the deceased. How much better it was for the young woman's family, especially the mother, to see her and have closure. This is why funeral service has meant so much to me over the years.