Intermountain® Healthcare

Allograft Transplant

What is an allograft?

An allograft is tissue that is transplanted from one person to another. The prefix **allo** comes from a Greek word meaning "other." (If tissue is moved from one place to another in your own body, it is called an **auto**graft.) About 1,500,000 allografts are transplanted each year.

What are allografts used for?

Allografts are used in a variety of procedures that can save lives, repair limbs, relieve pain, or improve a patient's quality of life.

- Bone, tendons and ligaments can be used in orthopedics, neurosurgery, dental surgery and plastic surgery.
- Heart valves and blood vessels are used in heart surgery.
- Skin can be used to treat severe burns or used in abdominal surgery.
- Corneas can restore vision to a person whose cornea has been damaged or failed.
- Donated bone or tissue can also be used in products that are used during surgery, such as Demineralized Bone Matrix, a type of bone putty.

The Food and Drug Administration (FDA) has closely regulated the tissue donation process since 1993. The process is very safe.

Why do I need to use another person's tissue?

Sometimes, there's not enough of your own tissue to use in an operation. Synthetic (man-made) materials have different properties from human tissue and may not be right for some patients or purposes.

Talking with your doctor

Before you are scheduled for an allograft transplant, you will meet with your doctor to discuss it. The table below lists some potential benefits, risks and alternatives for allograft transplant, but others will apply in your unique situation. Talking with your doctor is the most important part of learning about allograft transplant. If you have questions, be sure to ask.

Potential benefits	Risks and potential complications	Alternatives
• The transplanted tissue can repair or replace bones, tendons, ligaments, heart valves, skin, or corneas. • Tissue is not taken from another part of your body, so there is no additional wound to heal.	• Even with antibiotics and careful sterile techniques, in any surgery there is a small risk of infection or reaction to anesthesia. • Infection from transplanted tissue is extremely rare. • Your doctor will discuss with you any risks for your specific type of allograft.	• In a few cases it may be possible to use your own tissue from another part of your body (autograft).

Where does the tissue come from?

Many people choose to donate their organs, eyes, and tissues in case of death. Most donors were otherwise healthy people who died in accidents or from a sudden illness such as a heart attack or stroke. Their family members gave permission for their tissues to be donated.

Tissues are removed from donors by trained professionals. Once the tissues are removed, they are cleaned and processed to make sure they are safe, and that they can be used in various procedures. Tissues are then sent to tissue banks for processing and distribution. The Food and Drug Administration (FDA) has strict rules for how tissues are removed, processed, and distributed to make sure they are not contaminated.

All tissues used at Intermountain Healthcare come from tissue banks registered with the FDA.

How do I know the tissue is safe?

The United States Public Health Services has a strict process to keep out tissues that could be unsafe. Before tissue is removed, all potential donors are screened for high risk behaviors and transmittable diseases. This screening includes:

- A complete physical exam and review of the donor's medical records.
- Medical and social histories. Someone who knew the donor well will answer questions similar to those one answers when donating blood.

If there are no risk factors, symptoms, or infections, the donor is tested for infectious diseases:

- Blood samples from all tissue donors are tested for HIV, hepatitis B, hepatitis C, and syphilis.

If any of these tests are positive, the donor's tissues will not be used.

What are the chances of getting an infection from transplanted tissue?

Infection from transplanted tissue is extremely rare. The FDA has closely regulated this field since 1993 and made continual improvements to all stages of the process. Studies show that the risk of transmitting HIV through allograft is less than 1 in 1.67 million.

What happens after the transplant?

Once the tissue is transplanted into your body, it slowly changes to match your own bone or tissue.

Your doctor can answer more questions about your specific type of allograft.

When should I contact my doctor?

If you have an allograft transplant, contact your doctor if you have:

- Redness or swelling near the area of your surgery.
- Any concerns about your transplant.

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