

Emaciation System and Guidelines

By Jack Adams, CFSP

Families don't know about embalming or what results can be achieved unless we communicate to them information about the condition of the body and that our staff tries hard to do their very best every time. I know some conscientious funeral directors who are very successful because they believe in the value of embalming. We live in a time when the economy is down and people want to see the value of every dollar they spend for every service rendered. How can some funeral directors be building their business while others are showing substantial decreases? In the case of the successful funeral directors that I know, it's all about the body. A well-embalmed, recognizable remains sets the tone and complements all the other personalized, good service gestures of the funeral. If you care enough to do your best with the body, that philosophy carries over to all the rest of your custom-made family services.

A viewing of any kind will be a more pleasant experience for the family if their loved one is recognizable with a pleasant appearance. A severe emaciation case could be turned into an opportunity to show the family that you are not only communicating with them, but that your team tries very hard to do their best with such difficult cases.

Emaciation or loss of weight can be moderate or extreme. Moderate weight loss can many times be treated by adding a humectant chemical to the solution to be injected and by doing some restorative feature building to important facial

areas that are now flat or dehydrated in appearance.

To me, extreme emaciation means an individual who has lost nearly half their body weight or, for example, the individual who weighed 150 pounds and now weighs 80 to 100 pounds. People describe such individuals as being "skin and bones." The face has lost all its identifying lines and markings, and bones are protruding that were never seen before. The eyes are so sunken that they are unable to close and a dried weather line is evident across the eye center. The effects of the disease has distorted the appearance of the individual and rendered them unrecognizable.

Photographs are helpful with all cases, especially for re-forming the mouth and identifiable features and lines of the face such as the nasolabial folds. Once you've established the expectations of the family regarding the emaciation case, you can follow a system.

EMACIATION SYSTEM

- Communicate with the family about the deceased's overall condition, their weight loss, the time frame of the weight loss, and their expectations regarding viewing. Would they like to be able to view for identification or do they really want to say goodbye to the loved one that they remember, an older, perhaps, but a healthy looking grandma? If they would prefer to have grandma resemble that picture of a healthy grandma, you can at least say you will do your best to make that happen. You have

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just received a personal challenge that could be turned into a great opportunity. You accept the challenge without guarantees, but be sure to ask for photos. Just by trying, you’re telling your family that you really care and you’re showing them that they made a good choice of funeral homes because your team tries harder.

- Evaluate the body condition. Most likely, there have been drugs or drug therapy involved that will make preservation difficult to achieve. How severe is the emaciation? What is the condition of tissue? Is it spongy? If so, it could be difficult to adequately preserve.
- Set the features. Take special care with the eyes, cheeks, nose, mouth, and nasolabial folds.

Setting features while treating the emaciated case is difficult and even more care than usual should be taken. You can’t just close a mouth and begin embalming such a case because in the end you often need to fill out or raise a cheek over an inch, and injecting enough Feature Builder to accomplish this would just stretch the skin and expand it, creating a similar appearance to a Botox overload. Even if you were able to restore the size of the face back to near normal, all the natural lines would be lost due to the skin being stretched. It would be similar to blowing up a balloon, leaving you with a face that didn’t at all resemble the living person.

- Form the upper lids. If the eyes are severely sunken, normal closure isn’t practical before embalming. The severely emaciated body will show a weather line on the eyelid because most likely the person was unable to close their eyes prior to death because they were so severely sunken. A temporary eye closure can be created by placing cotton covered with some Kalip Stay Cream under the upper eyelids. This gives a natural, raised form to the upper lid. The remaining eye restoration can be done following the arterial injection.
- If the nose is flattened or distorted, cotton or Inr-Seel can be placed in the nostrils to fill out the wings to restore a more natural shape.
- The mouth closure: Because of weight loss, I like to think of the mouth closure as also being temporary. This important mouth and cheek zone shouldn’t be embalmed in the “skin and bones” condition. If it is, it will probably be impossible to achieve a recognizable condition. The mouth and cheeks can initially be overfilled in the cheek area or corners of the mouth using Poze. This overfill can be manually forced under the sunken protruding cheek bones, now making it possible to form

some lines and create a foundation for a normal appearance. Without taking this step, one would need to use Feature Builder to raise the cheek area as much as 1 ½ inches.

- The head embalming solution: Because we are dealing with a “skin and bones” appearance, it is important to naturally plump up the tissue during the arterial injection. I would recommend a ½ gallon solution consisting of 8 oz. of Metasyn Accelerated, 8 oz. of Metaflow, 8 oz. of Rectifiant, 20 oz. of Restorative, and 20 oz. of warm water. This ½ gallon solution would be appropriate for the extreme emaciation case. Usually injecting a quart per each side of the head is adequate. Inject using pulsation starting with a rate of flow of 3 to 5 ounces per minute.
- Once you see that the chemical is distributing well, slowly increase the rate of flow (8 to 10 ounces per minute) to maintain an even plumping effect. This procedure can sometimes plump or evenly swell facial tissues ¼ inch to ½ inch. The creation of this ‘buffer zone’ is very important for restoring a natural appearance to the “skin and bones” case where sometimes the eyes are sunken as much as two inches. With the use of this type of solution for the head, when feature building this case, you will be able to raise the tissue easily when injecting Feature Builder naturally without the unnatural stretched out look. The unnatural stretched out look is the reason that you hear some embalmers say, “You can only raise the tissue so much.” This is true if you inject these cases with a standard solution. The bulking up of the facial tissue allows us to use the Feature Builder to accurately restore the identity that has left through disease process. This is the most important procedure in order to establish a good foundation for a successful extreme emaciation restoration.
- Following the injection, separate the connective tissue of the eyelids and raise the eye to proper levels using Inr-Seel or cotton covered with Kalip Stay Cream.

All emaciated cases, especially the severe ones, demand good communication with the family. What are their expectations? Sometimes we act on our own expectations or have little communication with the family because their wishes may force us out of our comfort zone. These severe cases are now common, but raising our skill levels and working a little out of the box are the sure ways to meet these challenges.

If you follow the system, you will at least have given the family a chance to say goodbye to a loved one they recognize rather than having a closed casket.

More about emaciation and eye restoration can be found in the following Dodge Magazine articles:

“The Eyes Have It”; January 2009

“Restoring Emaciated Remains: Parts 1-7”; March 1998 – June 1999



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