

# Associate prof praises organ surgery advance

By Christie Yeates  
Reporter

Jerry Wylie breathed a sigh of relief after his operation. Wylie is one of the first people to undergo a lung transplant in the United States, says his brother, Wayne Wylie, a Texas A&M health and physical education associate professor.

Jerry had culminating vibrosis, a rare lung disease, Wayne says. "By the time it was discovered, Jerry had already lost his right lung and the disease was eating up his left lung," Wayne says. "Several doctors told Jerry he was terminal and had no more than five years to live."

"I told my brother, 'Well, let's not sit around and make their diagnosis come true. Let's go down kicking and let's just see if we can find something.'"

On February 2, Wayne took Jerry to see a doctor in Houston. They were told that an experimental program was being developed that might benefit Jerry.

"In this program doctors were going to start transplanting lungs," Wayne says. "At that time, there had not been any lung transplants in the United States."

Wayne says the doctors told them seven out of nine lung transplants had been successful in Canada, so a ray of hope came to Jerry.

Organ transplantation has become a realistic answer for many people who experience organ failure of some kind, says Allison Treybig, administrative assistant at the Living Bank in Houston.

According to the American Council on Transplantation, there are 9,000 people waiting to receive kidneys, 5,000 people waiting to receive a heart or a liver, 75 people waiting to receive a heart and lung combination and 50 people waiting to receive a pancreas.

The survival rates are reportedly high for these transplants. Statistics from the council report that recipients from 96 percent of the kidney transplants, 95 percent of the cornea transplants, 80 percent to 83 percent of the heart transplants, 40 percent to 80 percent of the pancreas transplants and 65 percent to 70 percent of the liver transplants survive at least one year after the operation.

"Organ transplants are being performed all over the United States," Treybig says. "Each state has at least one major transplant hospital."

Wayne said Jerry, an oil-field worker, talked with his wife and children and decided to try for the lung transplant.

Because the surgery was still in experimental stages, it was risky, Wayne says. The surgeons could only remove the left lung, and the left lung was the only one working for Jerry, he says. It would have been good if the doctors could remove the right lung, the one totally lost to the disease, but they could only take the left one because it was easier to get into the left side, he says.

"Jerry had to opt to give up the better lung, the one sustaining life," Wylie says. "He knew that his right lung didn't work, so if the surgery didn't work, he would die."

Before he could be considered for a transplant, Jerry had to meet three requirements. He had to be off a certain medication, his heart had to pass certain strength tests and he had to guarantee payment, Wayne says.

Transplantation council data says the cost of transplants ranges from \$4,000 to \$7,000 for a cornea transplant to \$68,000 to \$238,000 for a liver transplant.

Becky Price, the referral coordinator for the Living Bank, says Medicare reimburses patients for kidney transplants and some heart transplants.

Jerry had a good insurance policy

*"He (Wylie's brother, Jerry) knew that his right lung didn't work, so if the surgery didn't work, he would die."*

— Wayne Wylie, A&M health and physical education associate professor

to help cover his medical costs, but some patients are not given transplants because they do not have the money, Wayne says.

"There's some cold-heartedness when the doctor looks at the patient and says, 'I'm sorry, I can't give you a transplant because you can't guarantee payment,'" he says. "It's cold."

After Jerry met the requirements, he was put on a nationwide computer network that searched for a donor, he says.

Ama Neel, a registered nurse and assistant supervisor of organ retrieval services for the Southwest Organ Bank in Galveston, says the computer network can be reached by telephoning a 1-800 number.

"All the people who need organ transplants in the United States are listed on the computer," Neel says. "Each person's age, blood type and weight is listed."

The nationwide hotline keeps doctors in touch with the nearest organ recovery system on a 24-hour-a-day basis, Neel says.

"When I have a donor I get on the phone and find out where in the country there is a need for that organ," she says.

Wayne says, "We were waiting for someone who matched Jerry's body size, body type, blood and chest cavity that had been killed. It was a bad thought to be waiting for someone to die."

"At the same time we reasoned that if someone was going to die, we couldn't bring him back to life. If medicine knows how to use his body parts and he's willing to donate them, let's take them."

Although everyone can donate certain tissues, not everyone that dies can donate his vital organs. Neel says the only people who can donate their vital organs are ones who are brain dead and are on a ventilator, a breathing machine.

"They are generally people who have been victims of catastrophic head injuries or motorcycle and car accidents," she says. "People that are brain dead because of drowning, stroke, cocaine or some other drug overdoses can also be donors."

Wayne says that on March 14 doctors told Jerry that he needed to move to Houston from his home in Breckenridge because more donors were becoming available.

Jerry was on the waiting list and anticipating being the first lung transplant recipient in the United States, he says.

"On two occasions we had false alarms," Wayne says. "The doctors called us and we went to the hospital only to find that a lung didn't come through."

On April 29 a donor, a young man killed in an automobile accident, was identified in Oklahoma City, he says.

Once someone has died, Neel says, the doctors and nurses in the hospital must decide whether or not the deceased meets the organ donor criteria. If the person who died is acceptable, the next of kin makes the decision as to whether or not organs can be donated, she says.

"If the decedent signed a donor card, I will give the next of kin the donor card," Neel says. "I still let the family make the decision. The donor card is a legal document; however, it is against the Southwest Organ Bank's policy to recover organs without next-of-kin consent."

After the young man's family in Oklahoma chose to donate his organs, a surgical team was sent to retrieve the organs, Wayne says. A surgeon and a coordinator decided which organs were in good enough condition to be taken and these organs were removed and quickly flown by jet to Houston.

"The young man that donated his lung to Jerry also donated a heart to a man in Oklahoma City that saved his life and a liver to a man in Houston that saved his life," Wayne says. "The young man and his family did a lot of good."

Treybig says one of the biggest controversies surrounding organ donation is the next-of-kin disapproving of the process.

"A person can sign everything they wants, but if the family says 'no,' unfortunately the medical profession can't recover any of the organs," she says.

Neel says there is a big hesitancy by health care professionals to ask the grieving families if they would like to donate their loved one's organs.

The Oklahoma hospital had staff prepared to talk to the young man's family and they approved of the donation.

After the organs arrived in Houston, Jerry entered surgery at 6:30 p.m. on April 27.

Jerry says, "When I went into surgery I was afraid I wouldn't see anyone again. I was confident that I was doing the right thing, but I was sure scared."

Jerry had a long recovery period and almost died several times after the surgery, Wayne says. Jerry was in intensive care for 22 days, was operated on a second time, and was in intensive care another six days, Wayne says.

"Cyclosporin, an anti-rejection drug, was the only thing that saved Jerry's life," Wayne says.

Treybig says the main problem with transplants is that the body will reject anything it considers foreign. Cyclosporin is designed to help counter that rejection.

Neel says since its introduction three years ago, the drug has caused a tremendous increase in the number of successful transplants.

Wayne says Jerry was the second lung transplant recipient in the United States. The first one, a man from Madisonville, beat him by 30 hours.

"It's amazing how everyone was waiting all this time and then in 30-hours time, we had the first and second lung transplants," he says.

Before his brother became seriously ill, organ transplantation hardly crossed Wayne's mind, but after Jerry's near-death experience, Wayne says he would be willing to give his organs to help others.

"It's an eerie thought — I don't want people cutting on me when I'm dead," Wayne says. "When I look at it realistically though, being a donor is one of the good things I can do. My brother is alive because of a donor."



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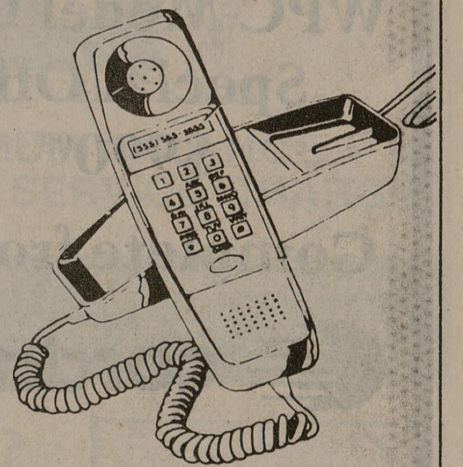
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