

Gift of Life



*Living organ donors know firsthand
how precious the gift of life really is.*

*By giving part of their very own bodies,
they enable someone else to live. Faced with
a loved one dying of a disease in which an
organ is needed, would you volunteer?*



Brad Cornelius of Jacksonville did so willingly for his mother, Sandra, who was diagnosed with a chronic autoimmune liver disease in 1993. “After a few months on the national transplant list, my doctors told me I would probably not receive a cadaveric liver,” she explains, “because my condition was not considered severe enough.” Although she was terminal, her liver levels did not indicate the seriousness of her disease, which prevented her from moving high enough on the list to receive a traditional transplant.

The idea of a living donor transplant came about almost by accident. While living in Virginia, Sandra’s daughter, Lea, saw a news report about a live-donor liver transplant. She called her family, excited about the prospect, and even volunteered. With two small children, Lea wasn’t the best candidate, but her brother, Brad, age 30 and single, stepped forward. “The decision really made itself,” he explains. “I mean this is my mom, so there was really no other decision to make.”

With her mother’s approval, Lea began e-mailing transplant centers around the country to see who could perform the surgery. Fortunately, Shands in Gainesville had started a program for live-donor transplants and was ready for their first procedure.

Live donor transplantation provides another option for people awaiting transplantation and increases the existing organ supply, which is far exceeded by the need for organs. In a live-donor liver transplant, a healthy person donates a portion or “lobe” of their liver. Criteria for a match include blood type, organ size and the general health of the donor. Remarkably, the liver, the only human organ that regenerates, will actually grow to near normal size in both the donor and the transplant recipient.

“At first, I was reluctant about Brad being the donor,” says Sandra. “I had resigned myself to the reality that I might not live for long and was at peace with it.” More nudging from her daughter encouraged her to consider it further. “She reminded me that I’d always lived my life trusting God and his

plans. Here was a door that had been opened, so why wouldn't I walk through it?" As the surgery date neared and she got to know the doctors at Shands, Sandra began to develop a sense of confidence about the procedure.

"Brad and I had an intense talk driving down to Gainesville before the surgery," says Sandra. "We were both strangely calm about the whole thing." The night before the transplant, 12 of their family members gathered to give Brad and Sandra their support and prayers.

The next day, December 15, 2000, mother and son were wheeled into adjoining hospital rooms and prepped for surgery. The procedure began with Brad, as the doctors removed 1 1/2 pounds (approximately 60 percent) of his liver, which was then transplanted into Sandra. After eight hours of surgery, the transplant was complete, and both Sandra and Brad were listed in good condition.

Five days later, Brad was well enough to leave the hospital and was back at work a month after surgery. Sandra's recovery was a bit more complicated, although she was back on her feet eight weeks after surgery. Both Brad's and Sandra's livers had regrown to almost normal size just weeks after the surgery.

"The long-term prognosis for Sandra and Brad is excellent," says Dr. Alan Reed, one of the four doctors who performed the surgery. "The Corneliuses were good candidates for a live-donor transplant because Brad was so young and healthy." Live organ donation helps to alleviate the quagmire of people who are waiting for organs and



Sandra & Brad Cornelius

also speeds the process of getting a much-needed organ for the patient, according to Dr. Reed.

Sandra and Brad say that their relationship hasn't changed much since the transplant. "We were close to begin with," says Sandra. "We have always been buddies." Brad says, "I knew this was something I was supposed to do. I have friends who would do anything they could to help a dying parent. Usually, they don't get that chance to help - I did."

Living organ donation is on the rise, although still a small percentage of the total number of transplants. Between 1999 and 2000, there was a 16.5 percent increase in living organ donation, the largest one-year increase ever, according to the U.S. Department of Health and Human Services. Of the 22,854 organ transplants performed in the United States last year, 5,600 were live-donor transplants. Kidney transplants are the most common type, with two out of every five made possible by a living donor.

"We see more success with live-donor transplants than cadaveric ones," explains Dr. Thomas Peters, director of the Jacksonville Transplant Center at Shands Jacksonville. On average, a live-donor kidney lasts about 20 years, whereas a cadaveric kidney lasts about half that time. Another benefit, says Dr. Peters, is that patients usually don't have to wait as long for a live donor, so they are healthier going into the surgery, increasing the odds of a smooth recovery.

How to be a Donor

There is a huge need for organ donors in the United States. There are currently 70,000 people on the waiting list. Thousands of people die every year due to a lack of donors.

You can become a donor by requesting the words "organ donor" be added to your driver's license through your local division of motor vehicles. Or call 1-800-535-4483 to receive a donor card. "The most important thing to do is to notify your family of your wishes to be a donor, since that decision usually falls to a family member," says Sandra Cornelius.

Just one donor can save or enhance the lives of more than 50 people, according to The Coalition on Donation. For more information about organ donation, visit the following websites: www.shareyourlife.org and www.unos.org.

Sandie Olesker donated one of her kidneys so that her husband, Mitch, could regain his health after battling renal failure due to Bartter's syndrome since the mid-1970s. The Ponte Vedra couple underwent the surgery in November 2000 at Johns Hopkins Hospital in Baltimore, Maryland.

Before the surgery, Mitch had become so ill that he was unable to work and spent most days lying on the couch shivering. "Even if it was 90 degrees outside, I was cold," he says. His blood pressure was very low, hovering at around 90/60. "I had to take a lot of pain medication and became severely depressed."

Through what the Oleskers refer to as a "comedy of errors," Sandie discovered that she and Mitch had the same blood type. During a routine physical, she asked the doctor to identify her blood type. After her blood was misplaced and then confused with other samples, she finally got a result worth the wait. Her blood type was O positive, making her an ideal donor for Mitch.

"Once I realized that I could be a donor for Mitch, I didn't give it a second thought," says Sandie. "I was dealing with his illness as much as he was and I just wanted him to be able to live a normal life." After undergoing a series of medical tests, she was given the green light, and the procedure was scheduled.

Sandie's surgery was performed laparoscopically, meaning that a laparoscope was used to remove the kidney.

Dispelling the Myths

Many people aren't donors because they are not sure how to go about it or they think it may cost their family money. Here are a few quick facts about organ donation (after death):

- Donation costs nothing to the donor's family or estate.
- Organ and tissue recovery takes place only after all efforts to save your life have been exhausted and death has been legally declared. The doctors working to save your life are entirely separate from the medical team involved in recovering organs and tissues.
- Donation does not disfigure the body or change the way it looks in a casket.
- All major religions approve of organ and tissue donation.
- A national system ensures the fair distribution of organs in the United States. The patients who will receive your organs and tissues will be identified based upon many factors, such as blood type, length of time on the waiting list, severity of illness and other medical criteria.
- Factors such as race, gender, age, income or celebrity status are not considered when determining who receives an organ.

Source: The Coalition on Donation



Sandie & Mitch Olesker

This is far less invasive than removing the organ through a large incision and usually requires less recovery time. Both Sandie and Mitch came through the surgery well, although initially Mitch had some problems with rejection, which were remedied through a change in medication. He was released from the hospital approximately 20 days after the surgery to join Sandie, who was released just five days after surgery.

"I began to feel better less than a week after getting out of the hospital, and every day I felt even stronger than the day before," he says. "It is amazing how many other things in the body are affected by the kidneys."

Mitch has a normal life expectancy and returned to work three months after the surgery. Although the transplant restored his body back to normal, his psyche is forever changed by the experience.

"My outlook on life has changed," he says. "I appreciate every little thing. Just going for a walk on the beach is a religious experience." He says that the days after the surgery reminded him of when their first-born was only months old, and they'd stand over the crib and watch her sleep, "in awe of what we had created together."

The couple's 23 year-old relationship, which already was rock solid, is even stronger now. "Sandie teases me that there might be a 'recall' on the kidney she gave me. You have to have a sense of humor," says Mitch.

"If it weren't for her, I wouldn't be here now," he says. "I can't believe how fortunate we are." ■