



Transplant News

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Editorial

Professor Russell Britz
Editor

A great edition of Transplant News. Advice to patients regarding fluid management after kidney transplantation is presented with specific emphasis on the care of an organ after receiving a transplant. Patient transplant stories of fears and concerns in all dimensions of life give a real indication of the problems and concerns experienced by patients about to enter this path. These will undoubtedly resonate with many patients waiting for an organ transplant.

Physicians seldom recognise or address the fears associated with organ transplant. Patients feeling alone and fearful of the unknown will be able to identify with the difficulties and uncertainties they experience and view their upcoming transplant with hope and positivity and look forward to a new

lease on life knowing that they have been experienced and overcome by others. Confidence and trust in their physicians wanting the best outcomes in living life is expressed.

Real data on views of South Africans regarding organ donation is provided by the ODF. This is a great forward step in knowing where to begin with an informative educational process to increase the local organ and tissue donation rates. The need for donation of tissue (cornea, bone, skin) after death, not requiring a heart beating donor following brain death, is highlighted.

Many people would like to help others after death and may not realise that this is possible for days after their passing. The number of people that can be helped is limited only by the number of organ and tissue donors!



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Maintaining fluid balance after a kidney transplant

Dr Sudesh Hariparshad
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Self-care after a kidney transplant is necessary to ensure that the kidney works well and for as long as possible.

There are many aspects of self-care which include:

- Maintaining fluid balance
- Adherence to medication
- Following dietary and exercise advice
- Monitoring symptoms
- Making decisions about when to seek medical care

As time progresses after surgery, most patients will settle into a routine of drinking fluids. Being encouraged to drink large quantities of fluid after many months or years of strict fluid restriction is a daunting experience and involves relearning.

Adequate amounts of fluids are necessary to ensure that the kidney will function optimally and flush medications from your system. Drinking enough will make you feel less hungry and prevent your skin from becoming dry.

Being aware of what you eat, as well as what you drink, can help prevent weight gain and improve blood sugar control. Pure water is an excellent beverage choice. Tea and coffee in moderation, without adding sugar or high fat cream or milk, are also acceptable choices. Certain herbal teas should be avoided due to potential interactions with your transplant medications. Check with your transplant team before drinking any herbal teas.

Soft drinks should generally be avoided or limited to sugar-free versions. Juices made from concentrate are very high in sugar and calories and should also be limited. A glass or two of freshly-squeezed juice daily can be used in place of concentrated juice.

Exercising is important to prevent heart disease. The amount of fluid consumed should be increased depending on how strenuously you exercise. One should avoid excessive exertion especially on hot days.

The transplant team will educate you as to how much fluid you should be consuming before discharge. The usual amount recommended for a well-functioning transplant is often 3-4 litres per day. The balance of fluid needs to include an extra half to three quarter litres daily to cover for insensible fluid losses which occurs with normal breathing and perspiration.

In a survey of patient's attitude to fluid balance, only one-third of patients reported drinking the around 3 litres of fluid each day. The rest did not adhere to any specific fluid intake recommendation.

The major barriers to fluid intake are:

- not feeling thirsty
- difficulty breaking the habit of limiting fluid intake formed while on dialysis
- feeling full
- limited access to fluids
- having to pass urine more frequently

Patients have devised creative strategies to reach appropriate hydration. These include:

Psychological strategies

- Remind yourself to drink and stay aware of the need to drink
- Monitor when you drink fluids to ensure that you drink enough
- Drink in response to daily routines
- Eat food that has a high water content in it, such as melon, jello, rice or salad
- Stop or reduce coffee or soda because of their caffeine content, which acts like a water pill
- Vary the types of fluid you consume to make drinking more enjoyable

Bodily strategies

Pay attention to your body's condition to assess when to drink

- Drink early on while you start to feel thirsty
- Look at your skin for a sign of dryness as a cue to drink

Tracking strategies

A common method patients use to ensure they drank the required amount was to track fluid intake.

- Measuring your fluid intake helps to foster attention to drinking
- Keeping a bottle in view as a reminder of how much to drink
- Track the number of times a drinking glass was used
- Mentally keep track of fluid consumed each day while tracking how much you urine you pass
- Watching the time to remember to drink

Environmental approaches

Devise environmental or external strategies to help you adhere to the fluid requirements. This includes modifying the environmental setting and relying on social supports.

- Intentionally keep fluids nearby at all times such as carrying water bottle with you
- Keep drinks near you in your house
- Invest in a water cooler at work

To maintain a balance in fluid it is essential that the amount of salt consumed is restricted. Salt retains more fluid in your body and elevates the blood pressure.

Strategies used to maintain a low-salt diet

- Not adding salt to food
- Reading labels for sodium content
- Not buying processed foods
- Not eating food known to have high salt content
- Rinsing canned foods to reduce salt levels
- Using herbs instead of salt to help flavour foods

Features of dehydration should be recognised especially if it is severe and prolonged which damages the kidney. It is often a cause for an increase in urea and creatinine levels in your blood results. Severe dehydration (and low blood pressure) can also cause acute kidney injury in which the kidney can temporarily shut down.

Features of dehydration

- Rapid weight loss
- Dizziness when standing up
- Fast pulse rate
- Fatigue, loss of strength, confusion
- Dry mouth and skin
- Low urine output with urine becoming darker in colour
- Constipation/abdominal pain

Conclusions

Many kidney recipients do not practice optimal self-care for fluid intake. Recipients become unclear what they were taught especially when education follows a 'one-size fits all' format. Keeping a scale and weighing yourself every morning assists your fluid balance. Your health care team are partners in guiding your fluid balance.

References on request.

More people than expected in marginalised communities know about organ donation

Bernice Blignaut
Awareness Strategy and Research Manager
Organ Donor Foundation



The Organ Donor Foundation launches the Uluntu Project

In many communities and cultures across South Africa, the understanding of organ and tissue donation and transplantation is still very much shaped by myths, fallacies and ignorance. It is also often the case that the first time one is introduced to the topic is after a loved one has passed on and consent is needed, making it an extremely difficult decision to make at the worst possible time.

Statistics also show that the need for organ and tissue transplants in marginalised communities is great; however, by comparison, very few individuals from marginalised communities are registered on the Organ Donor Foundation database as potential organ and tissue donors and the number of positive consents received in the past to donate organs and tissue has been very low.

The Organ Donor Foundation recently rolled out the Uluntu Project as a means to address these challenges and as a way to prime marginalised communities towards consent. In addition to raising awareness by imparting new knowledge, building on existing knowledge and dispelling myths and misconceptions around the topic of organ and tissue donation, the ODF at the very least wants to ensure that by the time a loved one is in hospital and there is a referral, that the individual would at least have heard about organ and tissue transplantation before.

The project was kick started late in 2016 with an awareness stand at the Gugulethu Mall and a series of baseline surveys

carried out in Cape Town central, Khayelitsha, Fish Hoek and at Groote Schuur Hospital. A small snap shot of the findings is that 65% of the respondents have heard of organ donation/transplantation before; however, despite having heard about it, 71% would be against donating their own organs in the event of their death and 70% would be against giving consent to donate a loved one's organs. A comparison between organ and tissue donations/transplantations revealed that only 24% of respondents was aware that a tissue donation/transplantation is possible or had heard about it before.

The most common reason cited explaining the reluctance to donate was that, 'I don't know enough about it so the idea scares me,' with the second most common being: 'My body must be buried intact when I die.' Other reasons that stood out were: 'I wouldn't want my organs to be given to a stranger and I wouldn't want a strangers organs in my body,' 'It sounds inappropriate to live with someone else's organs,' 'It's unnatural' and 'my family wouldn't want me to be skinned and have my eyes taken out.'

The reasons given illustrate how sorely awareness is needed and shows that knowledge creation on the topic of organ and tissue donation/transplantation can make a difference.

Future plans for this project include carrying out more baseline surveys to increase the sample and to use the findings to develop campaigns and mediums to communicate the most effective message to the communities. Therefore, the Organ Donor Foundation is committed to drive the Uluntu Project as a matter of urgency.

A parent's journey of their daughter's diagnosis of cystic fibrosis

Transplant Recipient's Parent (patient family names withheld)

Our daughter was diagnosed at the age of 3 after many health issues, including a week in hospital at 7 months for "failure to thrive" so I knew that there was something wrong. After one particular incident, when she was 3 years old, I took her to our paediatrician who said she was showing all the symptoms of cystic fibrosis (CF) and that we should have her tested. The doctor had given us some notes from a medical text book and as my husband and I read the symptoms we knew that the test result would be positive. At the time of her diagnosis the life expectancy of a CF child was 17 years. My initial feelings were fear and sadness and a great desire to do the best for her.

At the time of her diagnosis, the life expectancy of a CF child was 17 years. My initial feelings were fear and sadness and a great desire to do the best for her.

Cystic Fibrosis is genetic disease which affects many organs of the body. The gene which carries the disease is recessive so that for a child to present with the disease, both parents have to be carriers. It is also a progressive disease for which there is currently no cure. However in the years since our daughter was diagnosed great strides have been made with respect to treatment so that today the life expectancy is over 40 years.

The most common symptoms are recurrent chest infections, which lead to permanent lung damage, and an inability to digest food which leads to malnutrition (failure to thrive) and potential obstruction of the bowel. Most patients are diagnosed at birth, whilst others may have a delayed presentation. Eventually the patient will reach a stage where it becomes impossible to function without additional oxygen and adult cystics usually develop diabetes because the release of insulin by the pancreas is inhibited.

Upon diagnosis our daughter was immediately subjected to a treatment regime. She had to take enzymes to help digest her food and she received regular physiotherapy, aimed at preventing lung infections. As a result she immediately began to thrive, growing taller rapidly and gaining weight. There were regular visits to the cf clinic but for many years she led a "normal" life. However, unlike other children, when she developed a cold it invariably lead to a chest infection and she had to receive intravenous antibiotics.

When parenting a child with an illness and you set about complying with the treatment essential to their wellbeing. We battled to get her to take her enzymes which, initially, were decanted and must have been absolutely vile to swallow. Our daughter quickly learned to swallow the capsules!

To compound the challenge, we have two sons who were 7 ½ and 6 at the time she was diagnosed. They had already felt a little lost because of all the attention she had received since birth and they became resentful and even depressed. We had to normalise life. We decided she had to live life as though she was well. Consequently she started pre-primary at a school where she had been known since birth and where the teachers took great care of her. She made friends, in particular a little girl with whom she spent every waking moment and who is still her friend today.

Her primary school teachers were also informed of her condition and also took good care of her. I never felt overwhelmed by the situation. I have a sister who would take care of the children when I was at work and who administered her medicines. Family support is vital!

She had a fear of needles and would literally have to be held down for injections, blood tests, and drips. She had a wonderful pulmonologist who would be almost as distressed as she was after an encounter with a needle!

One of our biggest challenges has been with eating. The first presentation of her condition started with eating and the battle continues to this day. She just doesn't have an enormous appetite and eats very little. The sicker she got the less she wanted to eat and we reached a stage where serious consideration was given to inserting a feeding tube into her stomach (PEG). But she resisted this and when she realised at last that she had to gain weight to be considered for a transplant she put her mind to it and, with the help of food supplements, began to eat and gain weight.

The most trying time for us started when she became a teenager. She wanted to do all the things that other teenagers did and it led to a fair amount of conflict and anxiety. It was also during this time that she started quarterly intravenous treatments. After some conflict she was persuaded to have a port inserted which initially removed some of the stress of needles and gave her more independence. She had a portable pump which would be attached to the port and would allow the controlled flow of antibiotics during the course of a school day, and later through

lectures and even work. This portable pump also put her in control of her treatment to which she adhered strictly.

Because of the constant improvement in treatment patients are surviving into adulthood and I read an article which described a problem where adult patients who hadn't expected to live long had not made any provision for a career! We had always expected our sons to go to university and made no exception for our daughter. Unfortunately she chose a university 1000km from home! By this time, in my opinion, she was "wild" and I felt she would not take good care of herself on her own. I did not think she would come home alive. The whole family was involved in the discussion. Our sons felt that it was "her life" and if she wanted to go away she should be allowed to.

She is blessed with a loving and close knit family but she owes her survival and success to her own enormous determination and intelligence, her sense of humour, great spirit and the wonderful doctors, nursing staff and ancillary specialists who took such good care of her.

Thus started the most terrifying years of my life. She did neglect herself; she did what every healthy young woman does; visiting smoky night clubs, out late at night in all weathers. Sadly the consequences followed. She wrote many an exam from her hospital bed. Many flights to "supervise" her hospital stays. She studied Business Science (Finance) and went on to do articles and is now a CA.

There was never a question of remaining motivated. Life was just what it was and we got on with it.

There was never a question of motivating her. She just kept on going. Sometimes she wanted to change courses but this was when she was well into her degree and she just had to continue (again a philosophy I applied throughout their youth "finish what you start", you can do something else afterwards).

She has always had the most caring wonderful doctors. Throughout her childhood she has received tremendous care from the doctors at the Charlotte Maxeke. We moved with her specialist back to the Sandton Medi Clinic when he went into private practice. She remained with him well into adulthood and only moved to Milpark Hospital when it became clear that a transplant was the only hope of extending her life. And she wanted to live! There are a whole host of other doctors who have played a significant role in her current good health. The surgeon who performed the surgery; anaesthesiologist who literally saved her life; the nephrologist, and others no doubt who worked behind the scenes. The ICU staff and the hand-picked staff in section 7 at the Milpark were all exceptional, professional and empathetic.

The most challenging part came when we learnt how difficult her surgery had been and waiting out the various possible

complications as they occurred. The sense of helplessness as she hallucinated, convinced that the staff were trying to kill her or her fighting against the ventilator. The shock of seeing her immediately after surgery with banks of dispensers sending medicine through her body by many tubes, all the monitors that she was attached to. But she recovered within a month and shortly after being moved from ICU she was able to come home. Another challenge was creating a sterile environment at home. We have two dogs and three cats. These had to be placed in kennels/cattery at short notice for nearly 3 months. We called in carpet cleaners and curtains were dry cleaned. We had sterilising soap and masks at the front door and we were meticulous to the point of obsessive about sterilising our hands and work tops before preparing food.

To this day, now just short of 18 months since her surgery, family and friends advise her when they or their children are sick and it is her decision whether she keeps her dates.

There are still foods that she has to avoid and we never offer her "left-overs". She is independent and very sensible of the gift of new lungs and is now taking good care of herself. She is living life to the full. She is back at work and loving it and loving life.

It is difficult to give advice. Every of patient's experience is different; every surgery is different; people react differently to adversity. I don't believe I had anything to do with our daughter's current good health and happiness. She is blessed with a loving and close knit family but she owes her survival and success to her own enormous determination and intelligence, her sense of humour, great spirit and the wonderful doctors, nursing staff and ancillary specialists who took such good care of her.

She did receive treatment with a biokineticist who helped improve her lung function enormously. Unfortunately, now that she is working again, she has to rely on her self discipline and the local gym.

As far as food is concerned we give her anything she will eat provided it is not on the list of forbidden foods (there are not many).

She has seen a psychologist and psychiatrist from time to time. Despite her perseverance and sense of humour she has a lot to deal with and not surprisingly she is on antidepressants and sometimes she has to take a sleeping pill.

The fears continue even after a successful transplant. Fear of rejection, fear of developing pseudomonas in the lungs again and anxiety of how "long have I got".

But it is all worthwhile. I have NEVER seen my daughter so lively, active and happy. I still marvel that she can walk a shopping centre flat, try on endless garments when I think back to walking about with an oxygenator, exhausted after trying on one garment and abandoning a shopping "spree" shortly after beginning.

Tissue transplants play a vital role in improving quality of life

Sandra Venter
PRO – Centre for Tissue Engineering



“To leave a lasting legacy is probably one of the most deep-seated human desires. Hence, giving part of oneself through organ and tissue donation is a gift that never ceases to yield rewards. Unlike a gift voucher that eventually gets used up, this is a gift that becomes part of another person’s life.” This is the opinion of Cleo Ndhlovu, manager of the Tshwane University of Technology’s Centre for Tissue Engineering (CTE) in Pretoria.

Although there is little awareness about tissue donation, tissue transplants play a vital role in improving the quality of life for ordinary South Africans. Tissue refers to bone & tendons, cornea, skin and heart valves and provides healing opportunities for patients who suffer from skeletal conditions, repairing the sight of people who may otherwise suffer permanent blindness, saving the lives of burn victims and providing treatment options for people with congenital heart defects.

Donors come from all walks of life, but unfortunately only a small segment of the South African population are currently registered as donors. This may be due to cultural and religious factors, but sadly, a lack of information is still a big problem. “In addition to our own efforts to educate the public on the responsibility of becoming donors, tissue banks are now working even closer with the Organ Donor Foundation (ODF), to reach people of all communities and to provide them with information to understand the benefits of donation” says Cleo.

A new formal agreement for the promotion of tissue donation will allow for more integrated and centralised marketing and advertising campaigns to create awareness of the vital services tissue banks provide. In addition, the logistics of liaising with donor families, referring potential donors, as well as registering to become a donor, will be centralised in one database in future.

Need for a skin banking programme

The CTE is a human tissue bank that procures, processes and distributes human tissue for transplantation. Over the past five years, the CTE has been inundated with pleas from surgeons and burn units around the country to assist with the banking of skin for the treatment of burn victims. The majority of patients who require skin are state patients, who are more often than not the victims of shack and veld fires that frequently result in life threatening burns. “Although there are no financial advantages to be gained through skin procurement and distribution, the CTE and Bone SA felt morally obliged to make a financial commitment and take on the challenge to help these ordinary South Africans,” says Cleo.

Answering the call

The launch of the first skin banking programme in South Africa in April 2016 was a notable highlight for the CTE. The programme is aimed at alleviating the dire need for skin to treat burn victims and prevent the death of victims. These deaths occur not only because of the severity of the burns, but because there are no effective, affordable synthetic treatment options available to patients in state hospitals.

According to the Burn Society, there are 268 new serious burn cases reported every month, of which about 160 are children. The best solution to this problem is cadaveric human skin. Only a few strips from the very top layer of skin can be procured from organ and tissue donors, which can then be used very effectively on burn victims.

Although there are a number of transplant centres, as well as eye and tissue banks around South Africa, there has never been a successful long-term skin-banking program.

The treatment of burns with cadaveric skin has a number of advantages for the recipient. The treatment process is far less traumatic and painful than treatment with synthetic dressings, less scarring occurs and the cost saving is massive.

Call to register as organ and tissue donors

One of the biggest challenges in providing skin – and all other types of tissue - in adequate quantities is the shortage of organ and tissue donors. Every person in South Africa can make a difference, and the appeal goes out to all members of the public to make a decision in favour of donation after their death.

There is no cost involved for the donor and/or his family and tissue can be successfully retrieved even days after the death occurred.



To register as an organ and tissue donor please visit www.odf.org.za or call the toll-free number at: 0800 22 66 1

Support Groups are vital on any transplant Journey

Marilee Chananie

Simultaneous Pancreas and Kidney (SPK) transplant recipient and Organ Donor Awareness Activist



I often reflect on my own transplant journey and think about how much less anxious and difficult the journey would have been if I had been part of a social support group during each stage of the journey. I wish I had connected with other transplant recipients or awaiting transplant patients a lot sooner than I did. At the outset, I wasn't aware of any support groups close to home – my support groups emerged as my journey progressed.

I've read a few studies recently which support the hypothesis that social support pre- and post-transplant results in better patient compliance and ultimately longevity. So it would seem that having a good support network at each stage of the transplantation process - from diagnosis to pre-transplant work ups, transplant and hospitalisation itself, and post transplant including reintegration into the big bad world out there (which I fondly call germ-central), is as important as taking your immunosuppressive meds, getting enough exercise and eating a healthy diet.

As a patient, the moment you hear those words "YOU NEED A TRANSPLANT", your life changes. Fear, anxiety, depression, anger, resentment, anguish, despair... all of these emotions run havoc in your normal life. Each step of the journey brings more intense emotional impact to the patient. It's not only emotions though – normal work and life activities become more challenging as your health deteriorates too. Relationships with loved ones change. People don't always understand. You feel isolated and misunderstood. Friendships can wane or disappear; your marriage can take strain. It is easy to lose hope, give up and face the inevitable. Then WOW! You get "the call" and you get your transplant. But it isn't as simple as that. A whole new way of life begins with new routines and new rules and a whole lot of uncertainty – rejection, infection and medication side effects to name but a few.

I came home from the hospital to a passionate primary physician and equally dedicated husband but no other social support. I ended up feeling lost and isolated and misunderstood again. Trust me on this one, my marriage and friendships and social circle all suffered. Depression moved into my house and my former happy little self became a distant memory. Coping with healing, new meds, side effects, infections and many hospitalisations all had a very negative impact on my life. Until one stay in hospital about 4 months post transplant, a nurse referred another patient to me. Little did I know how Michael, who was in the process of being listed for a transplant of his own, would inspire me to turn around all my negativity and embrace a positive outlook that has seldom left me since. This beautiful soul looked up to me with

awe and encouraged me to share all the good stories about my journey, to share my experiences and knowledge and most of all, he encouraged me to support others because I fully understood each step of the journey and how it affect life. He said I gave him comfort to know I knew exactly how he felt.

Some support groups:

www.lovelifegiftlife.co.za

They have a link to their facebook support group for transplant and awaiting transplant patients. Also a really great website and organ donor awareness organisation deserving of a lot of support.

2nd Time Round KZN transplant support group

Email: 2ndtimeround02@gmail.com

People wanting to join the whatsapp group need to email their name, cell phone number and a few lines about what transplant they/their loved one had or is waiting for and where they stay (where in KZN). Cindy will then vet and add to the whatsapp group.

For this reason, I now remain positive and happy despite the occasional difficult time - and more importantly I am a member of various support groups for pre and post transplant patients via social media, whatsapp groups, transplant sports, support group meetings, blogs and even when they are available locally, seminars (PS we need these please!!). The journey doesn't have to be a lonely, terrifying and confusing one for any transplant patient and their family. Just having someone else to talk to who is also on that journey or who has years of their own post transplant stories and experiences to share provides comfort and support, particularly in the difficult initial stages of early post-transplant. The groups I belong to don't offer medical advice, I should stress this. They are purely social support groups but just as healing in many important ways, particularly in the sense of belonging and mutual understanding.

I hope that the transplant centres, transplant coordinators and clinics will join these groups too and will place more emphasis on and encourage patients to join regional and nation-wide support groups from the moment they are diagnosed. The details of support groups should be shared with patients and their families and participation should be encouraged. I know now what a truly positive impact it can have on the perspective of the patient, and ultimately, on the longevity of that patient as well.

Dedicated to "M" – a beautiful soul gone too soon.

Successful transplant stories

Patient story - patient's name withheld

Hello! I am a 68 years old retiree from Amanzimtoti, KZN. I received a heart transplant on the 22 January 2001, and have now had my new heart for 16 years! What a blessing. I thank God for a second chance in life.

I have got a great family, and have been married for 23 years. My first husband passed away of a heart attack and my husband's wife passed away of a stroke. I have 4 children and my husband has 3! So you must know, between us we have 14 beautiful grandchildren. Another blessing.

I do quilting and make porcelain dolls in my spare time, but with all my volunteer work I don't get to do it that often anymore. I love old people and volunteer where I can. I also help support patients and their families. They need it so much. I enjoy organising support group meetings for pre- and post-transplants patients. We are having so much fun. There will be one on 18 February. In addition, I am working on a tuesday morning at the church.



In 1994 I experienced pain and numbness in my right arm. After many sessions of physiotherapy, my face and legs began to swell. I had pain in my chest. My GP immediately sent me to a cardiologist. I was diagnosed with severe viral cardiomyopathy. My heart muscle had weakened and dilated, due to a virus - Cocksackie B virus. My heart muscle was irreversibly damaged. My cardiologist told my husband that I will need a transplant in a few years. Every time I had a setback I became weaker and weaker. I was so tired of being tired! In 1999 I had a stroke, and once again, my family and I had to face the reality that without a heart transplant my life would end.

I just want to go on living! I had such a wonderful friends and family support. I continued to help my husband with his

paperwork at home. But I did everything so slowly! I tried to help at the church, but most times I just sat and listened to the people. I tried to exercise in the swimming pool.

It was very hard sometimes. I would think I did not want the transplant. You do not want to believe you are so weak, but you are. To read a book or talk to someone was exhausting. I had to mentally get my mind right to accept the transplant and I prayed a lot. I was always so healthy before.

My family was a great help, especially my mom who was 80 years. Once I was crying, and told my husband I miss my mom. She flew down that afternoon from Pretoria to Durban. My friends were concerned and were there for me. The donor support group helped with my 100's of questions.

The call finally came on the 22nd of January 2001. Out of shock, I slammed the phone down when the hospital phoned. Thankfully, they phoned back! I knew I needed the heart and was going to get a second change of life, and I wanted the transplant, but it was still a huge shock!

I had to mentally prepare for the transplant for a year. I wrote letters to a magazine and told them my feelings. The lady there was so loving. It was very stressful and I remember having 4 seasons in one day - an emotional roller coaster!

After my transplant I never looked back. I live life to the fullest every day. My life improved 99%. Immediately after my operation I felt better. I remember the doctor telling me that I need to walk up stairs before I could leave the hospital, but I felt I could run them. My co-ordinator, the support group and doctors were fantastic.

This year will be the fifth year that I will represent South Africa in the World Transplant Games. The first time was in Thailand, then in Australia, Sweden, Durban. And this year we are going to Spain. I've got 2 silver medals and one bronze. I am doing the 3000-metre walk. Being in good health is what motivates me to train and compete at the games. I couldn't when I was sick. It is such a privilege to be able to compete and to be fit and healthy.

Look after yourself. Eat right and exercise. Take your medication on time. Speak to your support group if you need to. We've all been through the same operation.

Think of it as a second chance and stay positive.