



Wayne M.

Chapter 11

My Experience With Idiopathic Pulmonary Fibrosis and Lung Transplantation

by Wayne M.

This is dedicated to my wife, Judy, and to our family. Thank you for your support and help without which this would not have been possible. I love you. I apologize for all the worry I've put you through, but you must admit it's been exciting.

Many thanks to the University of Michigan Health System for asking me to share my story. I hope it's of benefit to newly diagnosed IPF patients.

In May, 2002 my wife Judy and I, on our way back to Michigan after spending the winter months in southwest Florida, stopped to visit with my mother and sister at their Florida home. While there I noticed my sister Betty's labored breathing. I questioned her about it and told her she should see a doctor. A couple of months later she told us that she had idiopathic pulmonary fibrosis (IPF) and that was the reason for her breathing difficulty. That was the first time I can recall ever hearing of IPF.

My wife and I had been dealing with helping her sisters with the care of their parents who had both been diagnosed with Non-Hodgkin's Lymphoma. Her father passed away in October 2001 and her mother passed in November 2002.

We went back to Michigan in December 2002 with plans of coming back to Fort Myers after the holidays. While back in Michigan I experienced some eye problems and the doctors told me not to travel until the problems were resolved or risk losing my sight.

That year my sister Betty went to an outdoor New Year's Eve celebration. A couple of days later she wasn't feeling well and quickly developed pneumonia. She was admitted to her community hospital in Florida. When she failed to respond to treatment, the doctors decided to induce a coma and treat her with steroids in the hope that her lungs would respond to the rest and the drugs. She was in the coma for about a month and couldn't respond when they tried to bring her out of it. She passed away just a few days short of her 70th birthday.

That was my introduction to idiopathic pulmonary fibrosis. After my sister's death, I did more research on IPF—something I now wish I had done earlier. I found it to be an incurable lung disease with a life expectancy of two to seven years after diagnosis. Further reading revealed that IPF was not hereditary. I was 62 years old when my sister passed away.

In 2004 I was diagnosed with and treated for prostate cancer. I chose a treatment that combined radioactive seed implants and brachytherapy. It's now 10 years post treatment, and I am clear of the disease.

Around 2008 I began experiencing a dry cough. I noticed it was more severe during the spring in Florida when the palm trees were pollinating and in the fall when the goldenrod blooms in Michigan. I attributed the cough to eye-drop medication I was taking for glaucoma along with an onset of allergies in my senior years. Ahh, denial! It will take you a long way. IPF, after all, is not hereditary.

About this same time I was experiencing shortness of breath upon mild exertion. I thought, boy, I was getting out of shape. I was experienced at denial now.

Not being a complete fool, I mentioned the cough and breathlessness to my internist when I took my annual physical in late 2010. He listened to my lungs and said they sounded fine, but to be sure he took chest x-rays. The x-rays were good, but did show a little something in the lower section of one lung. Nothing to be concerned about, just something that needed watching. He, too,

thought I might be out of shape. I was now 70 years old. I went on with my life as normal.

In the fall of 2011 we decided to expand our four-month winter stay to six months and left for Florida in late October. One afternoon after walking our little Bichon named Otis, I was talking to a neighbor in his yard. It began to rain, so Otis and I started off on a light jog for our house, thirty-five yards away. When I got to the back door, I was exhausted, bending over with my hands on my knees, trying to catch my breath. My thoughts were that this was more than being out of shape.

We went back to Michigan for the holidays, and I scheduled my annual physical. During my physical, I told the doctor something was wrong. He listened to my lungs, and like a year earlier said he couldn't hear anything abnormal, but said they would take x-rays again and compare them with those taken a year earlier. He said they would call me with the results. A few days before Christmas, the nurse called with the results of my physical. Everything looked normal, and I breathed a big sigh of relief. I was just out of shape after all. The next day the phone rang and I answered. It was my doctor. The nurse hadn't had the x-ray results when she called. The x-rays showed a distinct change from those taken a year earlier. The doctor wanted me to have a CT scan. I called for an appointment and asked for a time to coincide with my wife's physical in the same building. After taking my wife to her physical appointment, I slipped down to the next floor and had my CT scan so that I could be back to her doctor's office before she was finished. I said nothing to my wife about the x-ray results or the CT scan. A couple of days later, my doctor called with the results of the CT scan. It looked like pulmonary fibrosis. I decided I would tell no one. I wasn't going to spoil everyone's Christmas.

After returning to Florida, I called my doctor in Michigan and asked him to send the CT scan on a disk. After receiving it, I scheduled an appointment with a local pulmonologist. I scheduled the appointment for a day I knew my wife would be busy with another activity and out of the house. The doctor reviewed the disk, returned to the room and confirmed the IPF diagnosis. He took my vitals and

oxygen levels. He said he wanted me to take a small machine home to test my oxygen levels while sleeping. I scheduled a follow-up appointment. It was early March.

I took the machine and put it under my car seat, trying to figure out how I was going to pull this off without letting my wife know. We went out for an early dinner that afternoon. When we got home, I was out of the car and in the house first. My wife came in the house carrying the machine. It had slid slightly out from under the seat. "What is this?" she asked. I looked at her and said, "We need to talk."

I used the machine that night, and dropped it off at the doctor's office the next day. When I went back for my next appointment, Judy was with me. She has not missed one of my appointments since that day. That appointment was not pleasant. To summarize, there is no cure for IPF. The doctor would not prescribe anything for the disease, but would prescribe medications for the side effects when they came. There was nothing else to be done. During the discussion, a lung transplant was casually mentioned, but he gave me no direction on how I might go about pursuing one. As we left the office, I told Judy not to worry. I wasn't going to give up that easy. When we were at the house that evening, I took on the unpleasant job of calling our four children back in Michigan to tell them of the situation. It was a difficult task.

In the six weeks remaining in Florida, I developed a plan of action. I would go back to Michigan and find a pulmonary doctor affiliated with the University of Michigan. At another hospital in the area I found a U-M graduate and made an appointment. On my first couple of visits, they took my vital signs, put me through a six-minute walk, and reviewed my medical records. After discussing my case with me, he said that I needed to go to U-M and that he would write a letter of recommendation and ask for an appointment.

In early June 2012 I met with Dr. M. at University of Michigan Health System. Dr. M. explained what I could expect from IPF and that everyone is different in how the disease progresses. Some have a slow decline, some a rapid decline, and some bounce up and down

with the progression. We discussed my options. One option was a clinical trial. He called in Deborah D. to discuss what was involved with clinical trials. She said they had just filled the last opening for a trial starting up shortly. Dr. M. said that before any decisions could be made, I should have a lung biopsy since the CT scan did not provide a definitive diagnosis, which the insurance would require before clearing me for any further treatments. I asked that they schedule a lung biopsy. I still was not on supplemental oxygen and felt very good with normal activity.

A couple of weeks later I had a lung biopsy at U-M. The resulting diagnosis confirmed IPF. I went back for a follow-up appointment with Dr. M. We had a discussion about my options. I asked about a transplant. Dr. M. stated that in Michigan the cutoff for lung transplants is sixty-five years of age, but he thought I was a good candidate for a transplant because I looked younger than my age and was in good physical shape except for my fibrosis. He said that if I wanted to pursue a lung transplant, he would send letters of recommendation to the two closest hospitals (one in Ohio and one in Pennsylvania) that accepted older patients. I asked him to contact one of the hospitals. It was late August 2012 when Dr. M. said he thought I should use supplementary oxygen with exertion so that reduced oxygen levels would not damage other organs. I went on two liters of oxygen, which I used when walking or exercising.

In the fall of 2012, I received notification that my appointments in Ohio would take place in late November. I had a chest x-ray, a CT scan, pulmonary function test with a six-minute walk, met with the social worker, and met Dr. M. for the first time. His first remarks were, "You don't need a lung transplant - you don't look 72. You look more like you're in your mid-sixties." He explained that it was too early for me to consider a transplant. I should go as long as possible on my existing lungs, and after taking all the necessary tests, they would monitor my progression. When the time was right they would place my name before the transplant committee to determine if I was a good candidate for a transplant.

He also suggested that I start pulmonary rehab, which was required of all patients being considered for a lung transplant in order to keep

them as strong as possible. He issued me a script for pulmonary rehabilitation, which I started back in Michigan.

In the ensuing months I returned to Ohio five times for appointments. Each visit, at a minimum, consisted of a pulmonary function test and six-minute walk, chest x-ray, and an office visit with Dr. M. to review my status based on the most recent tests. In addition, during those visits I had a bone density test, allergy tests, acid reflux tests and several other tests necessary for the doctors to deem me transplant worthy. I also had multiple visits with other doctors on staff who I learned later were on the transplant committee. I also met with the social worker, I think to determine if I had the family support necessary for a transplant patient.

In addition, during that year, I was assigned a pre-transplant coordinator. I would be remiss not to mention Nurse Kim who was my coordinator and who was on the receiving end of many phone calls I made to ask questions that came up. One call in particular played a critical role in my health.

Back in Michigan, I had a current dental exam and verification by my dentist that my teeth and gums were in good health. Both of these were necessary for the transplant.

I noticed one thing during my many meetings with all of the pulmonary doctors. They always asked if I was experiencing any pain, to which I always answered, "No." In early June I began experiencing a feeling of pressure in my chest, when I exerted myself, like climbing a flight of four or five stairs. I thought this must be the pain the doctors were talking about. The feeling persisted for a few weeks. In June of 2013 I decided to call Nurse Kim, my transplant coordinator. I explained the sensation I was having. She said the next time I had that feeling I should go to emergency and be checked out.

The next day we went to a high school graduation party at a friend's house. It was in the country and they drove across the grass to the back of the house to drop me off. By this time my supplemental oxygen usage had progressed to eight liters with exertion, and I

wasn't moving quickly any longer. We stayed for three or four hours and then went back to our daughter and son-in-law's house, where we had stayed for several months. When climbing the five steps from the garage to the house, I felt the pressure in my chest. It wasn't severe, so I said I was going to lie on the bed and watch the Detroit Tiger's baseball game. While watching the game, I fell asleep.

A little over an hour later I woke up with that same feeling of pressure. This was the first time I had experienced this without exertion. I called my daughter, and told her, "I think I might be having a heart attack." I reached for a bottle of aspirin and took one. By this time I had been using an oxygen concentrator at home for a few months. I had used a number of different portable oxygen sources but was on liquid oxygen by this time. I asked for an oxygen tank and said, "Let's go to the hospital."

As soon as I arrived at the hospital, the emergency staff rushed me to a bed and began tests. Very quickly, they determined that I was having a heart attack. They took me in for a cardiac catheterization and determined that I had a blockage in the main artery right at the point it divides. I was told they call that location the widow maker and that 95% of patients who suffer a heart attack in that location don't make it to the hospital. This was on a Saturday night. They admitted me and attached an Impella assist device to my leg.

The next morning a surgeon came in and said they wanted to perform bypass surgery. I told him I had IPF and was trying to get on the transplant list at an Ohio medical center and they weren't doing anything until they cleared it with that group of doctors. Being a Sunday, the doctors weren't available, so he said they would wait until Monday morning,

On Monday morning, the surgeon returned and said that the transplant group in Ohio said "No" to the bypass surgery because I would probably be on a ventilator and they could not accept me for a transplant on a ventilator. A short time later a cardiac specialist came in and said they would like to insert drug-coated stents. My reply was for them to call Ohio for clearance. He returned a short time later and said Ohio's response was "No" to drug-coated stents. They

insisted on bare metal stents. With drug-coated stents I would be on an anticoagulant drug for a year, but with bare metal stents I would be on the drug for only six months. The transplant group would want me to be off that kind of drug for at least a month before the surgery. I said, “Okay, we go with the bare metal.” The procedure was scheduled for the next day.

There was a team of three cardiac doctors there to perform the procedure. In the prep room, with eleven family members present, one of the doctors came in to talk with us. He said that the location of the blockage would make it a very difficult procedure to place the stents and that my best option would be a bypass, or at a minimum drug-coated stents, if I insisted on stents.

I told him that I had confidence they could perform the procedure successfully, and that we were going with the bare metal stents. I was not going to do anything to jeopardize my chance to receive a lung transplant. My thinking was that without a transplant I probably didn't have more than six months remaining and I would take my chances with the stent procedure.

During the procedure a nurse walked by and asked my family what was going on in the catheterization lab. She had never seen three doctors sitting in on one procedure before. The doctors successfully inserted three stents. I left the hospital a week later with the declaration by the doctors that there was no damage to the heart.

My gratitude goes out to the group of doctors who performed the procedure that made it possible for me to continue my efforts to obtain a lung transplant. I should also mention how great the nursing staff was. I could not have been treated better.

I mentioned earlier that I started pulmonary rehab in early January, 2013. We were staying with my daughter in central Michigan and decided on rehab at a hospital in that area. When I started rehab, I was on two liters of oxygen while exercising.

By June I had completed phase one of pulmonary rehab and had progressed to phase two where I was exercising on my own in view

of the staff. After my heart attack, I returned for phase one cardiac rehab and continued there until late August.

During the eight months of rehab, my oxygen requirements steadily increased, indicating the progression of my disease. By the end of August I was requiring two oxygen tanks during exercise. One was with a cannula set on ten, and one was with a non-rebreather mask set on fifteen. On twenty-five liters I could walk fairly briskly. On eight liters I had great difficulty. I was declining fast with the IPF.

I returned to Ohio in mid-September. After reviewing my tests, Dr. M. said he thought it was time to present my case to the transplant selection committee. I should return to Michigan and await word. We decided to move from our daughter Cathy's house to our other daughter, Carrie's, house in southeast Michigan because it would be forty miles closer to the Ohio hospital and within the travel time that they requested us to be. The move required that I change rehab locations. I scheduled an appointment at a location in southeast Michigan. A week or two later I went to the rehab center to review my case with them. My first rehab appointment was set for late September.

My wife and I went to the rehab appointment. We parked about one hundred feet from the entrance. I was using my liquid oxygen tank set on eight liters. I walked less than twenty feet and I had to stop. I couldn't make it to the door. The attendant came and got me with a wheel chair. I did the six-minute walk with no problem, again on two tanks of oxygen combined for twenty-five liters of oxygen. With enough supplemental oxygen I still felt fairly strong. With eight or ten liters - the most available to me at home - I had to move very slowly.

In early October, I received word from Ohio that I had been chosen as a candidate for a lung transplant. We were elated.

On October 28, 2013, around 1:30 p.m., I received a call from Ohio. They had a lung for me. It had been a little less than four weeks since I was placed on the list. I placed the call on speaker so Judy could also hear. The caller went on to say I had a decision to make.

The donor had been an intravenous drug user and had shared needles with other drug users. The lung had been checked and was in pristine condition. It checked out clean for HIV, but if the donor had shared a needle with someone HIV positive within two weeks prior the HIV would not show up on the tests. It was my decision to say yes or no. I would remain on the list if I said no to this lung. I looked at Judy and said to the caller, "I'll take it," and Judy nodded her agreement.

By this time, I was thinking I would soon be bedridden and didn't think I would last more than a couple of months without the transplant. I asked if I should leave for Ohio. The answer was to wait since the lung had to be flown in. When they were about four hours from being ready, he would call. I should be prepared to leave when he called back. We let all the kids know and they all came over to await word.

Around 7:00 p.m. they called back. There were severe thunderstorms where the lung was, and no flights were allowed to depart. We waited. Around 10:00 p.m. he called back. The plane was in the air and I should depart for Ohio. Eight of us climbed into two vehicles and headed south on I-75. We arrived at the surgical center a little after 1:00 a.m. They took me in immediately to prepare for the surgery. After I was prepped, my family came in one last time before the surgery. They wheeled me into the operating room, greeted me, and started the IVs. It was Tuesday, the 29th of October.

The next thing I vaguely remember was waking up at 10:00 a.m. on Wednesday morning. I woke up in response to my wife, daughter, and a nurse calling my name. I don't think I was smiling, but I was having happy thoughts. I had successfully received a single right lung transplant and they told me everything had gone well.

I was heavily sedated for the pain. I was taking a long-lasting painkiller plus a six-hour painkiller which I could take as needed, plus a handy little button which would release a third medication when I pushed it, and I pushed it frequently. I later found out there was a limit to the frequency the button actually released medication. Nonetheless, that button and I became fast friends.

The medications can have side effects, one being hallucinations. One day I saw small lizards crawling over the floor and bed. Fortunately, I told myself that I was having hallucinations and didn't panic. One night I woke up during the night and saw a nurse sorting meds. I went back to sleep. In the morning, when I woke up, I thought I was in a drug house and that it was about to be raided by the police. I didn't see anyone around and was convinced they had all deserted me ahead of the raid. In addition, there was a small bathroom across from my bed. I could see an ambulance parked in the bathroom. I was close to trying to get out of the bed when my nurse came in and I came back to my senses. I didn't say anything.

I later told my family of those two incidents, and still get an occasional kidding over it. I was in transplant ICU for seven days and in the step-down unit three additional days. I have several ICU staff to thank for the great treatment while I was there, but because of the heavy medications, I guess, I can only remember the name of Tom, my day nurse on most days. At least, I hope that was his name. I keep intending to stop back in to thank them personally, but have not been able to accomplish it yet, but it's still on my to-do list.

I was in the step-down unit for three days before my release. Before my release I attended training sessions introducing me to my medications and telling me of my restrictions. I was also told to get on my feet and walk as much as I could. After my limited activity during the last month prior to my transplant, plus the eight days in bed, walking was a challenge. It was like my brain couldn't communicate with my feet and legs. I felt like a wounded duck. My legs weren't coordinated and my feet flopped. I improved and grew strong enough to walk with a walker, but best of all, no supplemental oxygen. After a few days, I discarded the walker.

With regard to my lifestyle restrictions, which are necessary because of my suppressed immune system, I should avoid crowds and wear a mask as needed. There are restrictions on the amount of tomatoes and bananas I can eat because they are high in potassium. No eating of grapefruit or pomegranates or their juices because they reduce the effectiveness of my meds. I can have only a limited intake of eggs, and they need to be pasteurized eggs. I can go fishing, but cannot

handle the bait or the fish. I can no longer mow or trim grass or do gardening and I should avoid watering or handling indoor plants. I could golf after a restricted time, but should avoid early morning rounds when the greens are mowed and when mold and mildew counts are high. I can walk Otis, but I am forbidden to pick up his poop with the plastic bag as before. No eating is allowed at buffets, and at family gatherings I must be the first to fill my plate.

I won't go into detail on the many medications. At first I had around twenty pills for breakfast, three more at noon, three at 6:00 p.m., and around nine more at 8:00 p.m. In addition, I took 10 ml. of a liquid antifungal medication along with four to six ounces of cola, which increases its effectiveness. Now, fifteen months after my transplant, some meds have been eliminated and others have had dosages reduced. I now take twelve to fourteen pills at 8:00 a.m., depending on the day of the week. I have five more at noon. (I've added two fiber tablets with doctor's approval.) I take three at 6:00 p.m., and six more at 8:00 p.m. I continue to take the liquid medication and cola at 10:00 p.m.

Some meds suppress my immune system, some fight infection and others are antifungal. A number are supplements, which fight the side effects of the other drugs. At first the sorting and filling of my weekly medications seemed overwhelming. But I quickly decided I had to develop a systematic approach that was less stressful. I took the list of meds and numbered them one through twenty-five. I then took the medication list and applied the corresponding number to the lid of each medication. I line up the bottles numerically and follow the list, applying the number of pills of each medication to the corresponding time and day of the week. Now on my medication fill-up day, I go to a quiet spot, discouraging any disruption. As I fill each medication slot, I take note of the medications that need to be refilled before my next fill-up day and contact the pharmacy for refills as needed. There might be better ways, but this is what works for me.

While the medications do their jobs as intended, they are not without side effects. At first, my blood sugar was above 300 and I was giving myself four shots of insulin daily. Now, I can control the blood

sugar fairly well with diet and exercise, and take insulin only two or three times per week. Tremors were fairly severe at the beginning. They are better now, but still exist, some days worse than others. I take blood pressure meds.

At times when standing up and walking I experience weakness and a rubbery feeling in my legs caused by the flow of blood pressure from my legs to my head. Again, this has gotten better over time. I tell you this because I don't want to leave the impression that everything runs smoothly all the time, but knowing what I know now, I would absolutely follow the same path to my lung transplant.

Dr. M. told me to be prepared to stay at one of the hotels near the campus for twelve weeks after my transplant. I went back for regular blood work, chest x-rays, and checkups. My recovery went extremely well. My wife and I were both elated and apprehensive when told at six weeks that I could return home to Michigan. I was told to resume pulmonary rehab and that I would have a five-pound weight restriction for six months after surgery. I was reminded of my activity limitations. I was also not to take any medications or supplements other than those on my prescription list and if another doctor prescribed anything I was to first get approval from the transplant doctors. I am to get an annual flu shot, but have been instructed not to take any vaccinations with a live virus. I would be returning to Ohio every three months for a chest x-ray, pulmonary function tests, and a bronchoscopy. Other tests would be performed as necessary.

I was issued a twelve-month prescription for blood work and several mailing boxes with blood vials and prepaid UPS packaging labels. I was to have my blood drawn every second Monday and was to mail the boxes along with the vials back to Ohio for analysis. I was told by Dr. M. to consider myself on a leash with him on the other end. If I received a tug on the leash, I was to return to Ohio immediately.

Fortunately, it was never necessary for him to pull on the leash, and other than my scheduled three-month appointments, I didn't return for lung transplant reasons. I did return for a dermatologist

appointment and for a couple of Mohs surgeries for skin cancers. Now, after a year, the three-month appointments are starting to be extended, eventually stretching out to annual appointments.

I was also told I should avoid direct sunlight, plus I should wear sunscreen and a broad-brimmed hat. I was informed that the immune suppressant drugs make me 60% more susceptible to skin cancer, and that 12% of transplant patients die from skin cancer. I am to see my dermatologist every six months. Each day, I had to take my blood sugar four times, my blood pressure twice, my temperature once, a breathing test twice, and record the results. The results are monitored on my visits to Ohio, and I was told to call my coordinator if there is a change in day-to-day test results. I still take the various tests, but after a year the frequency has been reduced.

I returned to Michigan and we were invited to stay at my daughter's house because of its proximity to pulmonary rehab. It was early December, 2013. I was 73 years old.

I contacted pulmonary rehab and was scheduled to begin my rehab in early January. I returned to rehab as scheduled, took a six-minute walk, and began my therapy under the supervision of a pulmonary therapist. I did so without the assistance of supplemental oxygen, which I had been off of since the eighth day after my transplant. What a feeling of freedom after dragging around the oxygen tanks and hoses for fourteen months!

I continued my rehab until late April, which was close to the six-month anniversary of my transplant. After returning to Ohio for my six-month appointment and obtaining their approval, I joined a local fitness club, chosen because they had multiple locations near wherever I might be staying.

By six months after surgery, counting the fourteen months on oxygen, it had been twenty months since I had done any strenuous activity other than my rehab. I felt good, but my upper body had atrophied to the point I hardly had any muscle remaining. I was determined to correct that. Since joining the club, I've been working out on a regular basis. My strength and stamina have slowly

improved. I won't be running any marathons, but I feel healthy and comfortable performing daily activities, except those prohibited by my doctors, of course. I have been fortunate that Judy and my family have willingly chipped in to complete those activities forbidden for me.

We spent most of this past summer at our home on Lake Missaukee for the first time in three years. I had my appointments in Ohio on January 6, 2015, then left for Florida with plans to stay until late April. My labs have been extended from every two weeks to four weeks. Life is returning to normal. I talk to my post-transplant coordinator a few days after my lab work to discuss the results, and any time I have a question or brilliant idea. I get replies ranging from okay to absolutely not.

I've been fortunate that I haven't experienced any rejection or infection since my transplant, something I was told occurs with 95% of transplant patients in the first year. I have been admitted three times to hospitals since my transplant. Once, three days after my release when I awoke with breathing difficulties. It turned out to be a mucus plug, which was removed while they performed a bronchoscopy. Once when I started to bleed in my new lung five days after a bronchoscopy, and once when I threw up and had a slight fever after waking up one morning. Each time I was released the next day after observation. Fevers are considered a sign of infection and are taken very seriously.

I attended a session with other patients, before being released after my transplant. The doctor explained immune suppression in the following way. He said to picture our new lungs as being tucked away in a small corner. The medications have put the immune system to sleep, and the goal is to keep it asleep. If we catch something or get a fever, the immune system will wake up to take care of the problem. Once awake, it will begin scanning the entire body, and will find the new lung, view it as a foreign object, and attack it.

It happens to most patients at some point, and I was told not to panic, that they could take care of it when it happens. I talked to one

patient who had returned to Cleveland for rejection. He was three years post-transplant. He had not experienced any issues, but the rejection was picked up in analyzing his monthly blood work. So, the lab work is important in maintaining our new lungs.

I am now 74 years old. I am told that 50% of lung transplant patients make it five years, but I have met patients who are going strong twenty years after transplant. I feel confident of a long and healthy future.

I've tried to give an honest portrayal of my experiences and should point out that every transplant patient is different and may have experiences different than mine. I view my transplant as a miracle, but it has required some lifestyle changes and regimentation in our daily life.

I have so many to thank for this gift I have received. I tried to include as many as possible and apologize to those I have omitted. I obviously have great respect for the medical professionals at the Ohio hospital, but need to also acknowledge those at the Michigan hospital that performed my stent procedure, and Drs. M. and D. at U-M for their roles in guiding me to the Ohio hospital where I received my lung transplant.

I give my love and gratitude to my wife Judy, and to our children; Cathy, Carrie, Michael, and Gregory; and to their spouses for their patience and support, and to my grandchildren who all contributed to making this possible.

Most of all I would like to offer my condolences and best wishes to the family of the unknown individual whose lung now keeps me alive. Without your approval to donate your loved one's organs, none of this would have been possible. Thank you so very much for making your decision, which I know must have been difficult. I offer a short prayer every day, giving thanks for this blessing I've received and for your loved one. I'm going to supply a copy of this writing to the staff and ask that they forward it to you. God bless you.

Finally, I put out an appeal to anyone who reads my story to consider signing up as an organ donor. I have, and I think everyone in my family has. I don't know how to substantiate this statistic, but I have read that only two percent of patients in need of a lung transplant actually receive one. I don't know all the reasons for this, but a major reason is the shortage of organ donors. Please consider giving this great gift. God bless you all.

January 29, 2015 (my 15 month anniversary)