

News From The Northland

Volume 22, Number 1

January - March 2015



www.HOLSG.org

The December 6th meeting (The Christmas Luncheon) was a great success. Forty three attendees enjoyed the Prime Rib Soup Buffet. The North Shore sounds provided the entertainment with songs of Christmas and several well known Broadway Musicals. The gifts for the Susy/Laila Sale overflowed the four tables set up for the sale, and the quality of the donations was excellent. If you missed it this year mark it on your calendar for the next year on December 5, 2015.

Tuesday, January 13th 7:00 PM Open Meeting:

Open discussion for issues, topics, questions, or concerns that need to be addressed. Our meetings are set up to have a program every other month, and the next month to be an open meeting. This gives us an opportunity to share, ask questions, or discuss situations, news, or upcoming events.

Tuesday, February 10th: 7:00 PM : Speaker, Sarah Wells

Ms. Wells is associated with Harbor City Psychological Association. The subject will address how to cope with chronic illness, stress and life style changes.

Tuesday, March 10th 7:00 PM: Open Meeting

Open discussion for issues, topics, questions, or concerns that need to be addressed. Our meetings are set up to have a program every other month, and the next month to be an open meeting. This gives us an opportunity to share, ask questions, or discuss situations, news, or upcoming events.

Meeting at Miller-Dwan Medical Center

502 E 2nd Street Duluth, MN

7:00 to 9:00 P.M.

Classroom 2 & 3 - Lobby Level

Providing a loving, caring , educational network of support for those waiting or having received an organ/tissue transplant and their families. Web Site: www.HOLSG.org

“News & Notes”

Happy Birthday and Best Wishes:

Congratulations On Another Year!!!

Marlene Anderson	Liver	1/5/2004
David Seim	Kidney	1/8/1996
John Cope	Liver	1/14/2003
Lynn Gressman	Liver	1/15/2003
Mike Albers	Liver	1/29/1993
Karla Hanson	Kid / Pan	2/2/1977
Dick Huhta	Kidney	2/8/1996
Dennis Trump	Heart	2/22/1990
Beth Bartlett	Heart	2/24/1994
Thomas Peterson	Heart	3/4/1999
Gregg Lind	Islet Cells	3/5/2005
Lois Vidmar	Liver	3/8/2006
Heidi Ash	Heart	3/9/2000
Dick Albert	Heart	3/14/1995
Jeff Brett	Lung / Kid	3/15/2002
Judy Watzak	Liver	3/16/2009
Tyler Jersett	Lung	3/18/2013
James Suchan	Kidney	3/26/2012
Glenn Peterson	Heart/Kid	3/23/2003

Donations:

Thank you very much for the Generous Donations: Carol Weiberg, Bob and Katie Pfeffer, and Char Klenz.

Presentations:

September 14; Kathi Hein, New Life Lutheran Church
 October 6; Tom Saburn, Drivers Ed Denfeld
 October 26; Beth Sandstrom and Tom Saburn Pine Hill Lutheran Church
 December 8; Tom Saburn and Beth Sandstrom, Drivers Ed, Cloquet
 December 15; Tom Saburn, St. Lukes Hos.
 December 18, Tom Saburn, Hearing Impaired Group in Duluth

Cares and Prayers:

Jean Specht-recovering from various health issues.

Katie Pfeffer- recovering from a severe stomach virus.

Marion Arras- transitioning to a new living environment.



Transplant Patients Seek Immune Match:

Doctors are trying to eliminate the need for anti-rejection drugs. Lindsey Porter's kidneys were failing rapidly when a friend offered to donate one of his kidneys. Would he donate part of his immune system too? As we know, every day for the rest of their lives transplant recipients must swallow a handful of pills to keep their bodies from rejecting a donated organ. The Chicago woman hoped to avoid those problematic drugs, enrolling in a study to try to trick her immune system into accepting a foreign kidney. The key: create a sort of twin immunity, by transplanting some of the kidney donor's immune cells along with the new organ. How does it work? Doctors cull immune system producing stem cells and other cells from the donor's bloodstream. They blast transplant patients with radiation and medications to wipe out part of their own bone marrow, far more grueling than a regular kidney transplant. That makes room for the donated cells to squeeze in and take root, creating a sort of hybrid immunity that scientists call chimerism. In pilot studies of a few dozen patients, Massachusetts General Hospital, Stanford, Northwestern, and the University of Louisiana all have reported success weaning many, but not all, of their participants off anti-rejection drugs. These experiments are a big gamble. If the technique fails, patients could lose their new kidney and possibly their lives. It should be stressed here that no one should try quitting anti-rejection drugs on their own!! However, Lindsey Porter was able to quit her drugs a year after her transplant. Stanford University is testing a different transplant method. They hosted a reunion for a about a dozen kidney recipients who have been drug free for up to three years.

.An Unlikely Cure For Patients Suffering From A Deadly Intestinal Disease: C Diff

What is Clostridium Difficile (C Diff)? It is a bacteria that causes diarrhea and a more serious condition by producing a toxin after antibiotics have killed off other organisms in the stomach. It is very contagious and is spread by contact with contaminated surfaces and unwashed hands. Hospitals and doctor's offices are a common place to contract the disease. Usually people who have recently received long term, multiple antibiotics are very susceptible to the disease. Once infected it is very difficult to cure and may be life threatening. Contracting the disease often results in hospitalization. The disease can be so severe that colon removal and resection is necessary if the patient is deemed strong enough to survive surgery. Each year C.Diff causes 250,000 infections requiring hospitalization and 14,000 deaths. A new procedure using fecal transplants has had great success. A fecal transplant uses the healthy bacteria from a normal stool to reseed a weakened intestine so it can fight off the infections naturally. Despite the "yuck" factor, fecal transplants have had a miraculous effect in curing people who have debilitating C.Diff. The original process involved giving the transplants via colonoscopies. However recent procedures involve freezing the fecal material and giving it through the nose, or in a capsule, by swallowing it with water. The success rate is about 90%. The cost of this treatment is about \$1500 compared to antibiotics and hospitalization which costs an average of \$250,000.

Hybrid Hearing Aid Enhances Hearing:

This past spring patients started receiving a hybrid cochlear implant, a combination hearing aid and cochlear implant that Cleveland Clinic audiologist Sarah Sydlowski calls a game changer. Traditional cochlear implants are typically used on those who have severe or complete hearing loss. Instead, the device is surgically implanted in those who can still hear low pitched sounds but whose hearing severely drops off at higher pitches. The hybrid implant treats sensorial hearing loss-the most common form, which occurs when the inner ear has been damaged by aging, heredity, illness, or loud noise. Most of these people do not benefit from conventional hearing aids. The hybrid device functions as both a hearing aid and a cochlear implant. Soon after receiving the device people can assume a normal life of hearing.

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NEWS FROM THE NORTHLAND

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