

News From The Northland

Volume 24, Number 3

July—September 2017



www.HOLSG.org

Tuesday, July 11th: 7:00 PM : Speaker: Mark Albee — Mental Behavioral Health Specialist

Mr. Albee is from Essentia Health and will speak on the different aspects of stress, and how to deal with mental stress.

Saturday August 5th Summer Luncheon 11:30-2:30

Come join us for our annual summer luncheon to be held at Ace's on 29th, 2827 Oakes Ave in Superior, WI. We will gather at 11:30 and expect to eat about 12:30, ordering from a menu with a variety of options available. We will hold our Susie/Laila Sale which is a fund raiser for our group. This gives folks a chance to meet and have good conversation, and take home the treasures won from the Susie/Laila sale. Empty out your attic and come join us on Saturday, August 6th. **Please RSVP to Glenn at glennpete5@msn.com or 218-879-5758 by July 28, 2017.**

Tuesday September 12th: 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.headofthelakesorgantransplantsupportgroup.org

“News & Notes”

News and Presentations:

April 12: Tom Saburn, WDSE Presentation
 June 15: Glenn Peterson, Denfeld Drivers Ed.
 Thank you Leta Sisto for the generous donations:
 Thank You For The Generous Donations In
 Memory Of Jim Hendy– Mary Lou Sixberry, Joyce
 and Anthony Nigro, Mary Ann Anderson, Barbara
 Moser, John Nash, and Elaine Hendy.

Duluth Heart Walk: September 30, 2017

This years heart walk is to take place at Endion
 Station, 200 Lake Place Drive in Duluth.
 If you would like to Join a team, or donate to
 raise funds for heart or stroke research please
 contact Kathleen Hein at 218-628-1200.

Cares and



Prayers:

To The Families of
 Robbie Christman, who passed away on Janu-
 ary 4, 2017
 Jim Hendy, who passed away on April 2, 2017
 Katie Pfeffer– Recovering from surgery
 Jessica Winkels-Hagerl—Recovering from liver
 rejection

Happy Birthday and Best Wishes- This Issue:

Marge Stenstrom	Liver	7/3/1997
Travis Hanson	Kidney	7/10/1999
Jackson Beattie	Kidney	7/12/2012
Darrell Sampson	Kidney	7/18/1990
Janet Moran	Kidney	7/19/2000
Mary Manderschei	Kidney	7/25/2004
Arlee Wilkes	Kidney	7/25/2008
Dwight Morrison	Heart	7/28/2004
Leta Sisto	Kidney	7/31/1997
Heather Krisiak	Heart	8/1/2013
Tom Griffin	Liver	8/11/2002
Jack Altonen	Kidney	8/11/2004
Zach Crosby	Heart	8/12/2014
Tom Saburn	Heart	8/13/2004
Shirley Kuberka	Heart	8/27/2004
Judy Lovedahl	Kidney	9/2/1986
Harvey Genedek	Heart	9/3/1991
Jim Wester	Kidney	9/5/2006
Leroy Evans	Kidney	9/16/1999
Bill Fronckiewic	Liver	9/28/2002
Christy Buetow	Heart	9/28/2008

NEWS FROM THE NORTHLAND

Mayo Clinic Performs First Face Transplant-

Last October I reported that the worlds first face transplant had been performed in France with questionable results. The doctor who performed the transplant actually suggested that no new face transplants should be attempted until more information could be gathered about the after-affects of the surgery. The Mayo Clinic performed their first face transplant in June 2016. the patient, Andy, was a young man who had suffered depression as a youth and in 2006 decided to end his life with a hunting rifle. As it turned out Andy survived but destroyed the lower half of his face. In 2011 the Mayo Clinic doctors who had been working with Andy introduced Andy to the potential possibility of a face transplant. Preparation for transplant began. It involved psychiatry, psychology, social work, and nutrition. Surgically they would have to develop a lot more expertise. A face transplant involves eyelid surgery, jaw surgery, facial nerve surgery, aesthetic surgery as well as reconstructive microsurgery. It also included plastic surgery, and an ophthalmologist. Post operative care included dentistry, transplant medicine, dermatology, critical care, anesthesiology, radiology, tissue typing, and immunology. If that's not enough then there is neurology, nursing, social work, speech and language therapy, and rehabilitation.

To prepare for surgery the doctors spent 50 weekends in the human anatomy lab. The group worked with engineers making models that allowed the surgeons to perform the cuts virtually, meaning they could make the bone cuts on a computer, developing the guides needed to perform the operation. After three years of practice they felt they were ready. In June of 2016 a donor became available. The donor was a 21 year old man who fatally shot himself. Amazingly enough, all the team members including the engineers of the computer models were available at the time. As they had practiced, two simultaneously operations began. One to procure the face of the donor, and one to prepare the

face of the recipient, Andy. The Mayo Clinic team consisted of seven surgeons and 40 operating room staff members. The team transplanted the entire lower face, including the nose, jawbones, teeth, cheekbones and all skin from ear to ear and down below the chin. Except for the tongue, everything below the eyes was transplanted. A major aspect of the surgery was identifying which nerves control which functions; smile, eyelid closure, lips, etc., and connecting them properly. The fifty-six hour surgery began on a Friday and was completed Sunday.



A Strategy For Stopping Organ Rejection: The effectiveness of immunosuppression drugs is governed by a number of factors, but a major contributor is an individual's genome in the DNA Spiral. The genes that make up each person's genome direct how a drug is metabolized and how it stimulates the immune system to accept a transplant. While these drugs help a transplanted organ continue to function, they tax the rest of the body with many side effects. Studies are under way to tailor the drugs to an individual's genome. The initial focus is on immunosuppression therapies for 250 kidney transplant recipients. People in the study will have genomic testing at five intervals throughout the first preoperative year. The idea is to tailor each individual's medicine to their genomic code to avoid rejection and minimize the damage to the rest of the body. Another study in progress is to use stem cells in solving the problem of chronic rejection experienced in lung transplant patients. Stem cells which are adapted to lung cells are infused through IV and circulated to the lungs. The treatment may have potential to improve lung function or slowing the progressive decline in function that occurs with chronic organ rejection.

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- Mayo Clinic Performs First Face Transplant
- A Strategy For Stopping Organ Rejection