

# HOUSTON CHRONICLE

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## Chain of kidney transplants changes lives



J. Patric Schneider, Freelance

Danny Walker, left, donated a kidney to someone else, in a chain of operations that got his brother Jimmy, right, a new one. Transplant specialist Dr. Mark J. Hobeika did their surgeries.

By Kyrie O'Connor

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Dr. Mark Hobeika likes to play old-school New York hip-hop and classic soul in the operating room, but not today. Never with a living organ donor. The operating room is quiet.

Hobeika, a 36-year-old transplant surgeon at Memorial Hermann Hospital, and his surgical team are ready. A phone call with transplant teams in Charlotte, N.C., and Minneapolis confirms that they are ready, too. Nobody has backed out. No flights have been canceled.

That 7 a.m. phone call sets in motion a series of events in the three cities on Feb. 4 that will, if all goes well, end this day with three patients living with one brand-new functioning kidney and three living donors lighter by the weight of one kidney.

But the donor-recipient pairs in each city are incompatible. So the Houston kidney will be flown to Charlotte, the Charlotte kidney will fly to Minneapolis and the Minneapolis kidney will travel to Houston.

The three-way chain isn't unprecedented - in 2012, Houston Methodist Hospital was one link in a chain forged with 30 donors and 30 recipients - but multiple pairings still are relatively rare and logistically complex. Altogether in 2013, 516 of these paired operations took place out of about 15,000 kidney transplants, according to the National Kidney Foundation.

At the center of this particular transplant are two brothers from College Station. On an operating table awaiting surgery is Danny Walker, a lanky, soft-spoken 49-year-old electrician with Texas-impeccable manners. He had hoped to give an organ to his brother, Jimmy, 53, but they weren't a good match. Now his kidney will go to a stranger, and another stranger will send a kidney to Jimmy Walker. Jimmy has a long history of high blood pressure and a more recent history of diabetes, both of which probably contributed to his kidney failure.

### *Taking care of Jimmy*

But for all the gears and flywheels, any kidney-transplant story is a tale of love and altruism. No one ever really has to give up a kidney.

Take Danny Walker. His brother Jimmy was born with Williams syndrome, a rare genetic condition that leaves its bearers with certain distinctive physical features, developmental

disabilities and extroverted personalities. Danny and his mother, Mary Velleca, take care of Jimmy. For the past few years they, along with other family members, have driven Jimmy to kidney dialysis three times a week, for three hours each. It has drained Jimmy physically and exhausted the family. Dialysis is a rough way to live.

Danny is extraordinarily close to his older brother and is always watching out for him. He is utterly baffled that anyone thinks what he is doing is extraordinary. "I'm just trying to take care of my brother," he says.

### ***Brothers tested***

The brothers were tested last September, and in October were told a suitable match was found for Jimmy. "I've been telling my brother it means he won't be stuck by needles three times a week," Danny says before the surgery. It also will mean they can resume being active in the Aggie Bombers, a Special Olympics group for intellectually disabled adults. Jimmy would like to win some more gold trophies in his specialties: bowling, bocce and track and field.

But first, Danny's surgery.

Hobeika uses a laparoscopic approach - tiny incisions and a camera - to separate the kidney from its internal moorings and extracts the organ through a mini-version of a cesarean section. It is plumpish, pink and bean-shaped and, at about 4 inches by 2½ inches, the size of an Idaho potato.

Kidneys serve several functions in the body, chief of which is filtering impurities and waste from the blood and pouring them through the ureter into the bladder for excretion. It's an oddity of the human body that we have two; we live just fine with one.

Susan Lau and Jocelyn Cooper, donation recovery specialists from LifeGift, a not-for-profit organization that procures organs and tissues for much of Texas, make sure Danny's donor kidney is properly packed in ice and placed in a corrugated box. A courier service takes the organ to Bush Intercontinental, where it will be placed on a commercial flight.

### ***Kidney on new path***

The kidney ends its journey - or, rather, begins a new one - at Carolinas HealthCare System in Charlotte, where it is placed into the body of Abraham Spencer, 65. A kidney from his daughter, Angenique Spencer Walwyn, 38, makes its way to Minneapolis and its recipient. A healthy

Minnesota kidney takes a flight to Houston. (The Minneapolis donor and recipient do not want to be identified.)

Like Danny Walker, Walwyn is doing this for love. She lives in Pittsburgh and runs a shipping company with her husband. She has a 6-year-old stepson, a 2-year-old son and a 5-month-old foster child they'd love to adopt. But even with all her obligations and the knowledge that she couldn't donate directly to her father, she never wavered from wanting to help him.

Since the first of these multiple-donor transplants in 2001 at Johns Hopkins in Maryland, they have become a small but essential way to pair a kidney donor who is not a good match with the chosen recipient to another kidney-disease sufferer who is a good match.

A donor and recipient may not be right for each other because of blood type (an A can't give to an O, for example) or because the recipient has developed certain antibodies in the blood. Those antibodies form because of several possible causes: blood transfusions, previous transplant or pregnancies.

For Memorial Hermann, these Cinderella-slipper matches are done by the United Network for Organ Sharing, a not-for-profit organization based in Richmond, Va., which contracts with the U.S. government to oversee the organ transplant system. The waiting list, currently 400, and databank are managed by the Organ Procurement and Transplantation Network.

**Young but experienced**

Hobeika may be young, but he's not green. In his training at the University of California at San Francisco, he transplanted 150 kidneys: the level of experience at which complications are reduced to a statistical minimum.

Since arriving 18 months ago in Houston with his wife and young son, Hobeika has performed another 50 or so. This is Hobeika's first chain transplant since his move.

A native of Blacksburg, Va., and son of a Lebanese immigrant and a Bostonian, he spent nine years in training after med school, plus the 18 months on the job in Houston, to arrive at this moment. His only hobby, he says - all he has time for - is watching "Sesame Street" with his son. He claims not to know what kind of car he drives. He's that busy. Everyone around him is that busy; they don't give it much thought. It's what they need to do to care for the patients.

It's Tuesday evening and the sun is gone. Danny is recovering from his three-hour operation.

His brother's new kidney landed at Bush just 90 minutes ago, but it's already at the hospital. Hobeika sets about the relatively straightforward task of putting the new kidney into Jimmy's body over a little less than two hours. (The old kidneys, toward the back under the ribs, stay. It's less trouble that way. The new kidney goes in the front, low and next to the pubic bone. A layman will be surprised to know that exactly where the new kidney goes is not very important.)

Hobeika connects the renal artery and renal vein to existing blood vessels and blood starts to flow through the organ. As soon as the surgeon hooks up the ureter, which drains urine from the kidney, to the bladder, the kidney begins to work. Like a champ. "I didn't know if it was a kidney or a fire hydrant," Hobeika says. This operation, like the one in Charlotte, goes smoothly.

Hobeika described it as a busy day with "lots of transplants." Recalling that day, he said: "We had all hands on deck in the operating room and ran two rooms all day. We did two deceased donor kidney transplants during the delay between Daniel's operation and Jimmy's operation." And while he was doing Jimmy's operation, his partner, Dr. Wasim Dar, traveled to recover a liver from a deceased donor. "We followed Jimmy's operation with that liver transplant," Hobeika said.

### ***Transform his life***

Jimmy's new kidney has the potential to transform his life and that of all those around him.

He will get to eat some foods he's missed on the strict dialysis diet. Jimmy says steak; his mother says chocolate. He'll also get to travel, which he loves, maybe to visit his dad in Alabama.

Here is how Hobeika explains it: "From a personal-health perspective, transplants live longer and live better" than those on dialysis. "I tell patients the transplant is the investment period, and after that comes the payoff."

Six days after surgery, Danny is still pretty sore, but Jimmy is "almost back to his old self," says Danny. Though he will have to take anti-rejection drugs for the rest of his life, Jimmy can live just fine. The kidney probably will last for decades. "He has his spirit back. It's a great blessing for him."