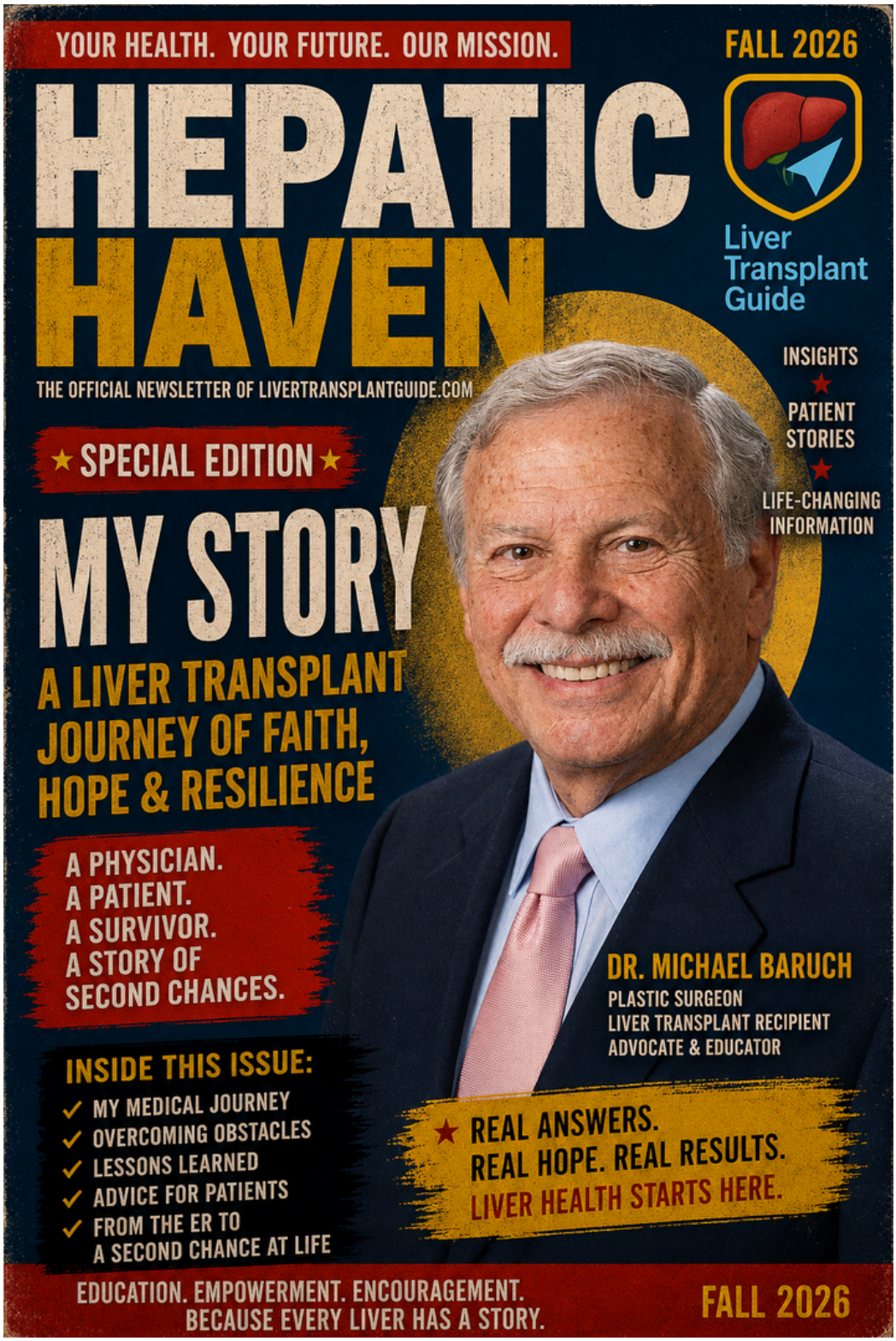
Hepatic Haven



My Liver Transplant Journey: A Second Chance at Life
From Physician to Patient: One Doctor's Journey

Through End-Stage Liver Disease, Liver Transplantation, and Recovery

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A Personal Story of Faith, Hope, Perseverance, and the Gift of Life

A physician's perspective from both sides of the hospital bed—sharing the realities of chronic liver disease, the challenges of transplantation, the road to recovery, and the profound gratitude that comes with receiving a second chance at life.

From disease to renewal—the gift of organ donation made every tomorrow possible.

Editorial

From the Editor
Every Scar Tells a Story

There are moments in life that forever change who we are. For me, that moment came on February 23, 2021, when I received the phone call that every liver transplant candidate hopes for—the call that a donor liver had become available. In an instant, years of uncertainty, fear, and declining health gave way to hope. I entered the hospital as a physician who understood the science of transplantation, but I emerged weeks later with a far deeper appreciation of what it truly means to become a patient.

For many years I practiced plastic surgery, caring for patients through some of the most challenging moments of their lives. I believed I understood illness, recovery, and the healing process. Yet nothing could have prepared me for experiencing end-stage liver disease firsthand. The progression from nonalcoholic fatty liver disease to cirrhosis, the frightening episodes of hepatic encephalopathy, the emotional strain of waiting for an organ, the physical hardships following transplantation, and the long road to recovery transformed not only my health but also my perspective on medicine, compassion, and the resilience of the human spirit.

I decided to write this issue of Hepatic Haven because patient stories have extraordinary power. Medical textbooks teach diseases. Scientific journals explain treatments. Clinical guidelines establish standards of care. But only patients can describe what it feels like to lose independence, to wonder whether tomorrow will come, to place complete trust in a team of strangers, and ultimately to receive the priceless gift of another person's generosity. These experiences cannot be measured by laboratory values or imaging studies alone. They remind us that every diagnosis represents a human life, a family, and a future.

Throughout these pages, I invite you to walk beside me—from my earliest diagnosis and gradual decline, through the transplant evaluation process, the unforgettable journey to surgery, the unexpected complications that followed, and the remarkable recovery made possible by dedicated healthcare professionals, loving family members, faithful friends, and the selfless decision of an organ donor and that donor's family.

Whether you are a transplant candidate, a caregiver, a healthcare professional, or simply someone seeking to better understand liver transplantation, I hope you will find more than information in this issue. I hope you will find reassurance during difficult moments, practical guidance when questions arise, and confidence that even the most daunting obstacles can be overcome.

My journey is unique, but the lessons are universal: medicine saves lives, compassion heals hearts, and hope remains one of the most powerful therapies we can offer. If sharing my experience helps even one patient face transplantation with greater understanding and less fear, then every page that follows will have fulfilled its purpose.

Welcome to my story—and to the extraordinary gift of a second chance at life.

Living Proof of a Second Chance

Sandra and Snowball — my quiet companions through the longest journey of my life.

Today I stand here like a ship that has survived a hurricane and finally reached calm waters—scarred, humbled, grateful, and profoundly alive. My journey through liver disease and transplantation changed every part of my life. It taught me that good health is never guaranteed, that tomorrow is a gift rather than a promise, and that hope can shine even in life's darkest moments.

This memoir is the map of that voyage: how a "silent killer" quietly damaged my liver for years, how I failed to recognize the warning signs soon enough, and how the extraordinary gift of organ donation, the skill of a remarkable transplant team, and the unwavering support of family and friends gave me a second chance at life.

My purpose in sharing this story is simple. If you are living with liver disease, waiting for a transplant, recovering from surgery, or caring for someone you love, I hope these pages offer more than information. I hope they provide reassurance, encouragement, and the confidence that even the longest and most difficult journey can lead to healing. No patient should ever feel alone, and if my experiences help ease another person's fears, then every challenge I endured will have served a greater purpose.

Throughout this journey, two quiet companions remained by my side: my wife, Sandra, and our beloved dog, Snowball. Their unconditional love reminded me every day that this battle was never defined solely by laboratory values, scans, medications, or operations. It was about preserving precious moments with the people who matter most and finding joy in ordinary days that had once seemed beyond reach.

Today I see every sunrise differently. I live with profound gratitude for my donor and that donor's family, whose selfless gift made my future possible. Their generosity transformed tragedy into hope and allowed me to continue serving others through education and advocacy. My story is ultimately one of faith, perseverance, compassionate medicine, and the extraordinary miracle of a second chance at life.

2004 Warning – A Silent Adversary

Looking back over the course of my life, I can now see that the warning signs were present long before I appreciated their significance. Like many physicians, I spent my career caring for others while assuming that my own health would somehow take care of itself. Medicine was my profession, but food was one of life's greatest pleasures. I grew up enjoying the hearty cuisine of my Eastern European heritage—comfort foods rich in gravies, potatoes, breads, and meats. Every family gathering revolved around generous meals, and every celebration seemed incomplete without a table overflowing with traditional dishes. I never imagined that those lifelong habits, combined with genetics and other metabolic factors, would quietly set the stage for a life-threatening illness.

In the summer of 2004, that illusion was challenged for the first time.

I found myself sitting in the office of Dr. Ronald Weiss, an internist well known for emphasizing nutrition and lifestyle medicine. The appointment felt routine at first, but it would become one of the most important conversations of my life. My laboratory studies revealed an elevated lactic dehydrogenase (LDH) level along with evidence of fatty liver infiltration. Although LDH is not specific for liver disease, it suggested that something was wrong. Additional testing confirmed what I had never expected to hear: fat was accumulating within my liver.

Dr. Ronald Weiss — the holistic physician who first warned me in 2004.His single sheet of plant-based guidance was a quiet lifeline I folded up and tucked away, like a fire escape map I hoped I'd never need.

Today we know this condition as metabolic dysfunction-associated steatotic liver disease (MASLD), formerly called nonalcoholic fatty liver disease (NAFLD). At the time, public awareness was limited, and many patients—including physicians—did not fully appreciate its potential consequences. Because the disease is usually painless and produces few symptoms in its early stages, it has often been called a "silent" disease. Unfortunately, silent does not mean harmless.

Dr. Weiss did not begin our discussion by prescribing medication. Instead, he prescribed something much more challenging: a complete change in lifestyle. He recommended adopting a whole-food, plant-based diet, reducing processed foods, and allowing nutrition to become the primary form of treatment. His message was remarkably simple.

"Change your lifestyle, and your body has an opportunity to heal."

Looking back, it was extraordinary advice. Unfortunately, I was not ready to hear it.

At that point in my life, I was consuming well over 10,000 calories each day. Although I was active professionally, my eating habits reflected years of excess rather than moderation. The thought of replacing steaks, pork chops, deli meats, butter, and traditional comfort foods with vegetables, beans, whole grains, and fresh fruit seemed almost unimaginable. It felt less like a dietary adjustment and more like abandoning an important part of my identity.

Dr. Weiss also encouraged me to watch the documentary Forks Over Knives, which presented compelling scientific evidence supporting the benefits of plant-based nutrition in preventing and even reversing many chronic diseases. He hoped the film would reinforce his recommendations and motivate me to make meaningful changes.

I never watched it.

That decision still stands out as one of the greatest missed opportunities of my life.

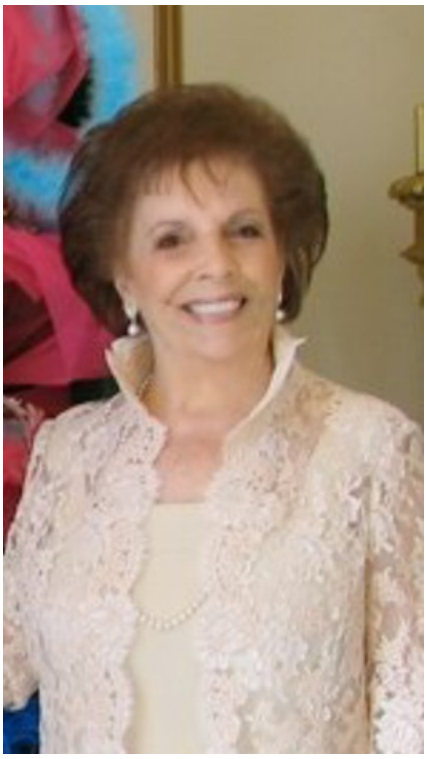
One of the most dangerous aspects of chronic disease is that it often progresses quietly. I continued working as a busy plastic surgeon. I felt reasonably well. My weight remained relatively stable, and my body mass index never reached the levels many people associate with severe liver disease. Outwardly, there was little reason for concern.

Inside my body, however, a different story was unfolding.

My liver continued to accumulate damage while my laboratory abnormalities persisted. The elevated LDH became one of several subtle signals that something was wrong. Each abnormal result represented another opportunity to change direction, yet I convinced myself that there would always be time later. Like many patients, I underestimated the power of gradual disease progression. I believed I was simply postponing lifestyle changes. In reality, I was allowing irreversible damage to accumulate one day at a time.

Years passed with surprisingly little disruption to my daily life. I remained focused on my surgical practice, family responsibilities, and professional commitments. Because I continued functioning at a high level, it was easy to believe that the problem was not particularly serious. The absence of symptoms became falsely reassuring.

Diabetes – The Numbers Don't Lie



Beatrice — my mother-in-law and quiet guardian during my darkest days.

As a physician, I had spent years diagnosing and treating diabetes in my patients. I understood the laboratory values, the complications, and the importance of early intervention. Yet like many healthcare professionals, I never imagined that I would someday become one of those patients myself. Diabetes was something I managed for others—not a diagnosis I expected to carry.

The warning signs appeared gradually, almost imperceptibly at first. While working in the urgent care center, where every day was filled with treating injuries, infections, and medical emergencies, I began to notice subtle changes in my own health. I was constantly fatigued, thirsty more often than usual, and my energy seemed to disappear as the day progressed. The most obvious change, however, was one I barely recognized myself.

My walk had slowed.

For years I had moved quickly through the halls, always in motion, always heading toward the next patient. Now my stride had become deliberate and sluggish. The nurses who worked beside me noticed the difference long before I did. They saw a physician who no longer moved with his usual confidence and urgency. Their observations prompted me to do something physicians are often reluctant to do—I scheduled an appointment to become the patient.

The laboratory results were impossible to ignore.

My blood glucose measured 347 mg/dL.

"There must be some mistake," I remember saying. Surely the laboratory had mixed up the sample. Surely this number belonged to someone else. But medicine is built on evidence, and the evidence was staring back at me.

Evelyn, our urgent care director, wisely ordered another important test—a hemoglobin A1C, which reflects average blood glucose levels over approximately three months. When the result returned, it was even more sobering 13.7%.

A normal A1C is less than 5.7%, while a value of 6.5% or greater is diagnostic of diabetes. My result was more than double that threshold, indicating that my blood sugar had been dangerously elevated for months. Suddenly, everything made sense. The fatigue, the slowing gait, the declining stamina—they were not simply consequences of getting older. They were unmistakable signs of uncontrolled diabetes.

The diagnosis demanded immediate action.

My physician and I developed an aggressive treatment plan centered on lifestyle modification and medication. I adopted a strict low-carbohydrate, low-sugar diet and began taking Metformin and Prandin (repaglinide) to improve glucose control. I committed myself to monitoring my blood sugar and following the recommendations I had so often given to my own patients.

The results were remarkable.

Within three months, my fasting blood glucose had fallen to approximately 100 mg/dL, and my A1C returned to 5.7%, essentially within the normal range. It was an extraordinary turnaround and proof that diabetes, particularly in its early stages, can often be dramatically improved through disciplined lifestyle changes combined with appropriate medical therapy.

Unfortunately, success can sometimes create its own danger.

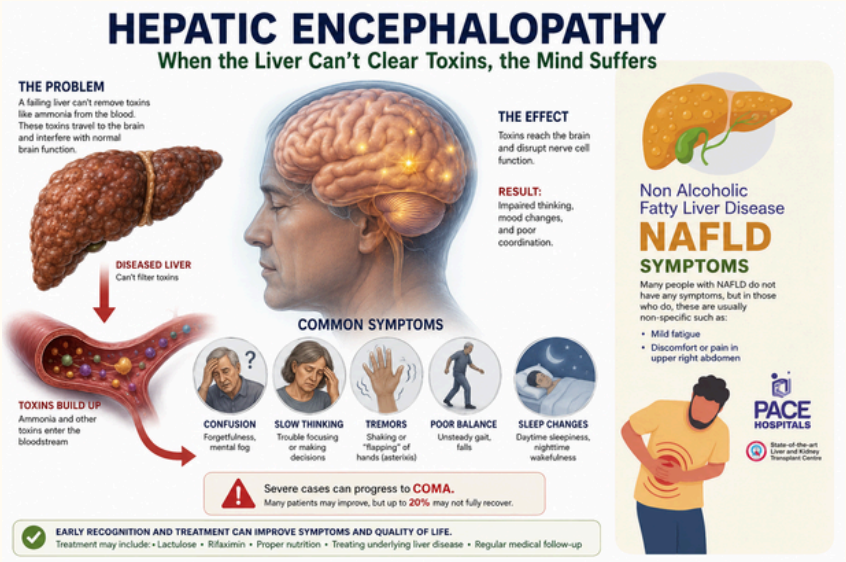
Feeling better, I gradually relaxed my vigilance. The strict dietary discipline that had produced such excellent results slowly gave way to familiar habits. Small exceptions became frequent exceptions, and before long the numbers began climbing once again. Diabetes had not disappeared; it had simply been controlled. I had mistaken temporary success for permanent victory.

Recognizing that my diabetes required more specialized management, I sought the care of an endocrinologist. Additional therapies were introduced, including both long-acting and rapid-acting insulin, to regain control of my blood glucose. What had begun as a frightening laboratory result evolved into a daily commitment involving glucose monitoring, medication adjustments, careful meal planning, and continual attention to my health.

Looking back, I now understand that diabetes was more than an isolated diagnosis. It was another manifestation of the metabolic disease process that was quietly affecting my entire body, including my liver. Along with fatty liver disease, diabetes became part of a complex medical picture that would eventually progress to cirrhosis and liver failure.

Today, I view those laboratory values differently. They were not simply numbers on a report—they were my body's plea for help. Diabetes taught me that objective data can reveal dangers long before symptoms become overwhelming. The numbers did not lie. The challenge was finding the wisdom to listen before the consequences became irreversible.

Through these rises and falls, my mother-in-law Beatrice quietly held the other end of the rope. She was one of those steady souls who rarely ask for the spotlight but keep the whole tent from collapsing.



Encephalopathy – When the Mind Begins to Drift

By 2018, I knew something was changing, but I struggled to identify exactly what it was. At first, I blamed the long hours, the demanding schedule, and the inevitable fatigue that accompanies a busy medical practice. Like many physicians, I convinced myself that exhaustion explained everything. Yet what I was experiencing went far beyond ordinary burnout. It was as though a dense fog had begun to settle over my mind—subtle at first, but gradually becoming so thick that it obscured my ability to think, concentrate, and function with the confidence I had always taken for granted.

The culprit was hepatic encephalopathy, one of the most challenging complications of advanced liver disease.

A healthy liver performs countless tasks, one of its most important being the removal of toxins from the bloodstream. When the liver begins to fail, substances such as ammonia and other metabolic byproducts accumulate instead of being eliminated. These toxins travel through the bloodstream to the brain, interfering with normal brain function. The result is a spectrum of neurological symptoms that may begin with subtle personality changes and progress to confusion, impaired judgment, poor coordination, and even coma. Hepatic encephalopathy is not simply forgetfulness—it is a profound disruption of how the brain functions.

In retrospect, the warning signs had been present for months.

My work continued to revolve around unpredictable hours, late-night emergencies, and chronic sleep deprivation. I had become accustomed to functioning on limited rest, so when I noticed that my thinking seemed slower, I attributed it to fatigue. Typing became more difficult. Words did not come as easily during conversations. My speech occasionally felt hesitant, as though I were searching through thick mud for thoughts that had once arrived effortlessly. Even simple decisions required more concentration than they should have.

As a physician, these changes were particularly frightening.

I found myself wondering whether I was developing early Alzheimer's disease or another form of dementia. The thought was terrifying. Throughout my career, I had relied upon quick thinking, precise judgment, and an exceptional memory. Now I questioned abilities that had defined my professional identity for decades.

To compensate, I developed countless strategies to conceal my cognitive difficulties. I relied on mnemonic devices, alphabet games, written reminders, and mental checklists to accomplish tasks that had once required no conscious effort. These techniques became temporary scaffolding supporting a structure whose foundation was quietly weakening. They allowed me to function, but they did not address the underlying problem.

Then everything changed.

One day I fell.

Then I fell again.

By the end of the day, I had fallen five separate times.

These were not minor stumbles or awkward missteps. Each fall ended against the unforgiving steel of a parked Jeep in my condominium's garage. With every impact, my confidence eroded. By the final fall, I had sustained a laceration above my eyebrow, multiple bruises, and something even more painful—the realization that I could no longer trust my own body.

For the first time, I understood that this was no longer simply fatigue.

In those frightening moments, my iPhone became my lifeline. I called building security, grateful for technology that connected me to help when I could no longer rely on myself. Soon afterward, Sandra arrived, just as she has done throughout every chapter of our lives together. Calm, compassionate, and unwavering, she once again became my strength when my own strength had failed.

I was admitted to the hospital for five days.

The hospitalization became a whirlwind of blood tests, neurological evaluations, imaging studies, and consultations. Every physician searched for an explanation while I struggled to understand what was happening to my own body. During that admission, I experienced yet another fall—this time in the hospital bathroom. It was impossible to dismiss the seriousness of my condition any longer.

My liver and my brain were sending the same unmistakable message.

Looking back, I now recognize those hospital days as a pivotal turning point. Although the experience was frightening, it also set into motion a series of events that ultimately saved my life. Sandra and my sister-in-law, Beatrice, strongly encouraged me to seek care at a major transplant center, where specialists in advanced liver disease could evaluate the true extent of my illness. Their persistence changed the course of my future.

Today, hepatic encephalopathy remains one of the least understood complications of liver disease among patients and families. Because its earliest symptoms often resemble stress, aging, depression, or simple forgetfulness, it is frequently overlooked until the disease has progressed significantly. My experience taught me that changes in thinking, balance, personality, or memory should never be ignored in someone with advanced liver disease.

Those falls were not random accidents.

They were my brain's desperate cry for help—and my liver's final warning that it could no longer do the job it had performed faithfully for decades

Dr. Jean Emond — world-renowned transplant surgeon delivering the hard truth.

Dr. Lorna Dove — hepatologist who guided my journey toward transplant.

Dr. Tomoaki Kato — transplant surgeon, COVID survivor, and marathon finisher.

No Liver Left – NASH and the Hard Truth

March 2020 marked one of the defining moments of my life. Until then, despite years of warning signs, I still believed there would be another medication, another diet, or another adjustment that would allow me to continue practicing medicine while postponing the inevitable. Deep inside, I still thought of myself as a plastic surgeon who happened to have liver disease—not as a patient facing liver failure.

That illusion disappeared the day I met Dr. Lorna Dove, my hepatologist, and Dr. Jean Emond, one of the world's leading liver transplant surgeons at NewYork-Presbyterian/Columbia University Irving Medical Center.

The examination room itself was unremarkable. Like thousands of others, it contained an examination table, a desk, a computer monitor, and the familiar scent of disinfectant. Yet within those ordinary walls, my future changed forever.

After reviewing my medical history, laboratory studies, and imaging, Dr. Emond performed a careful examination of my abdomen. He paused for a moment before looking directly at me.

"You have no liver left."

Those five words remain etched in my memory.

As a physician, I understood exactly what he meant. My liver had not literally disappeared. Instead, years of progressive inflammation had transformed what should have been a soft, healthy organ into one that was extensively scarred and barely functioning. The healthy liver tissue that had sustained me for decades had largely been replaced by fibrosis and cirrhosis.

There was simply very little functional liver remaining.

Dr. Dove and Dr. Emond explained that my liver disease had progressed to nonalcoholic steatohepatitis (NASH), the aggressive inflammatory form of fatty liver disease. Today this condition is more commonly referred to as metabolic dysfunction-associated steatohepatitis (MASH), reflecting our growing understanding that obesity, insulin resistance, diabetes, and metabolic syndrome are the primary drivers of the disease.

The explanation was surprisingly straightforward.

Over many years, excess fat accumulated within my liver. The fat triggered chronic inflammation. That inflammation produced scarring, and the scarring gradually replaced healthy liver tissue. Unlike many organs, the liver possesses an extraordinary ability to regenerate, but even that remarkable capacity has limits. Eventually, the damage reached a point where regeneration could no longer keep pace with destruction.

The process had taken years.

The consequences had finally caught up with me.

What struck me most was how quietly it had happened. I had rarely experienced significant liver pain. I had continued working, teaching, and operating while my liver slowly failed beneath the surface. The disease had progressed almost invisibly until hepatic encephalopathy, diabetes, and worsening cirrhosis made it impossible to ignore.

The conversation soon shifted from diagnosis to reality.

There was no medication capable of restoring my liver.

No operation could repair the extensive scarring.

No miracle treatment existed.

There was only one definitive therapy.

A liver transplant.

The transplant education materials they handed me felt overwhelming. Booklets, consent forms, laboratory requirements, consultations, imaging studies, psychological evaluations, nutritional counseling, financial planning—it seemed less like preparing for a medical procedure and more like enrolling in an entirely new life. Every page introduced unfamiliar terminology and new responsibilities. For the first time, I realized that transplantation is not simply an operation. It is a lifelong commitment requiring discipline, education, and trust.

Then came another difficult conversation.

Both physicians advised me to stop driving.

Just as importantly, they told me I needed to stop operating.

Those recommendations may sound straightforward, but for me they represented the loss of an identity I had spent more than three decades building. Surgery was not merely my profession—it was my calling. My hands had reconstructed faces, repaired injuries, restored function, and helped thousands of patients regain confidence after illness or trauma. Now I was being told that the very cognitive changes caused by liver failure made it unsafe for me to continue practicing.

It felt as though someone had quietly taken away the paintbrush while I was still standing before an unfinished masterpiece.

Emotionally, it was one of the most difficult decisions I have ever faced.

Yet Dr. Dove and Dr. Emond spoke with compassion as well as honesty. Their message was clear: if I hoped to return to a meaningful life, I first had to survive. Saving my own life had to become my full-time job.

As I entered the transplant program, another remarkable physician became part of my story—Dr. Tomoaki Kato, one of the world's foremost transplant surgeons. During the COVID-19 pandemic, Dr. Kato faced his own life-threatening battle with the virus. He recovered and later accomplished something extraordinary by completing the New York City Marathon, a testament to perseverance, resilience, and determination.

Knowing that physicians such as Dr. Dove, Dr. Emond, and Dr. Kato would guide my care gave me tremendous confidence. I was placing my life in the hands of individuals who had devoted their careers to giving patients a second chance.

Walking out of Columbia that day, I knew life would never be the same. My career had paused. My future was uncertain. But for the first time since my diagnosis years earlier, I also had something I desperately needed—a clear path forward.

The liver I had been born with was failing.

The hope of another life had just begun.

Michelle — willing to give part of her liver in an extraordinary act of friendship.

Stella — relentless advocate in the battle against encephalopathy.

Aimee — guide and leader in the pre-transplant support journey.

COVID & Listing – Two Invisible Enemies

As my liver disease accelerated, the world was suddenly confronted with a crisis of its own. In early 2020, the COVID-19 pandemic swept across the globe, disrupting every aspect of daily life. Hospitals filled beyond capacity, elective surgeries were postponed, businesses closed, and uncertainty became the new normal. While millions feared an invisible virus, I found myself fighting two invisible enemies simultaneously—COVID-19 and progressive liver failure.

My Model for End-Stage Liver Disease (MELD) score had climbed to 13, an unmistakable sign that my liver function was deteriorating. The MELD score is more than just a number; it is the primary tool used to estimate the severity of chronic liver disease and determine priority for liver transplantation. Every increase represents a decline in liver function and brings a patient one step closer to the need for a lifesaving transplant. Unfortunately, timing could not have been worse.

As the nation shut down, so did my professional life. My medical practice closed almost overnight. The operating room, where I had spent decades caring for patients, fell silent. Revenue disappeared, but mortgages, insurance premiums, office expenses, and everyday financial obligations continued to arrive with unwavering regularity. Like countless Americans during the pandemic, I faced enormous uncertainty about both my health and my livelihood.

Yet while the world seemed to pause, my liver disease refused to wait.

Without optimal treatment, my hepatic encephalopathy became increasingly severe. My thoughts often felt fragmented, as though I were listening to several radio stations broadcasting simultaneously. Concentration became difficult. Words occasionally escaped me. Tasks that had once required little effort suddenly demanded enormous concentration. There were moments when even writing my own name seemed strangely unfamiliar.

One of the most significant challenges involved obtaining Xifaxan® (rifaximin), a medication that, together with lactulose, forms the cornerstone of therapy for hepatic encephalopathy. Unfortunately, rifaximin is extraordinarily expensive, placing it beyond the financial reach of many patients without insurance assistance.

During this difficult period, I was fortunate to meet two remarkable individuals.

Stella, together with Myra in the NewYork-Presbyterian pharmacy department, worked tirelessly to secure access to my medication by obtaining it through a Canadian pharmacy at a dramatically reduced cost. Their efforts represented far more than financial assistance. They gave me access to treatment that helped restore my ability to think clearly and function independently.

The improvement was almost immediate.

Within a day of combining lactulose and rifaximin, the mental fog that had clouded my thinking began to lift. My concentration improved. My balance became steadier. It felt as though someone had opened the windows in a room that had slowly become deprived of fresh air. Although the medications did not cure my liver disease, they dramatically improved my quality of life and allowed me to continue functioning while awaiting transplantation.

Meanwhile, my transplant evaluation continued despite the unprecedented challenges posed by the pandemic.

The workup was comprehensive and meticulous. Every organ system had to be evaluated to determine whether I was healthy enough to undergo one of the most complex operations in modern medicine. Blood tests were repeated regularly. CT scans, ultrasounds, echocardiograms, pulmonary function testing, arterial blood gases, upper endoscopy, colonoscopy, cardiac evaluations, consultations with nutritionists, psychologists, social workers, financial coordinators, and transplant specialists became part of my new routine.

Throughout this process, my MELD score fluctuated unpredictably. At one point it briefly fell to 8, offering a glimmer of optimism. Soon afterward, however, worsening hepatic encephalopathy and declining liver function pushed it back to 13, reminding me that the disease continued to progress despite temporary improvements.

The emotional burden was equally challenging.

I struggled with the realization that my survival would ultimately depend upon the death of another individual or the extraordinary sacrifice of a living donor. The concept was difficult to reconcile. Gratitude and guilt often existed side by side, emotions shared by many transplant candidates but rarely discussed openly.

Financial concerns added another layer of anxiety. Fortunately, Maggie, my transplant financial coordinator, became an invaluable guide through the complex world of insurance approvals, coverage, and transplant-related expenses. She spoke with remarkable honesty and compassion, reminding me that this was not an elective procedure—it was lifesaving treatment.

She also encouraged me to participate in a pre-transplant support group led by Aimee. Those meetings introduced me to other patients and families traveling the same uncertain road. Although every story was different, we all shared the same mixture of fear, hope, anticipation, and gratitude. The support group reminded me that no one walks the transplant journey alone.

Then came one of the most emotional moments of my entire experience.

A close friend, Michelle, volunteered to become a living liver donor.

Her willingness to undergo major surgery on my behalf left me speechless. It represented one of the purest acts of generosity I have ever witnessed. Ultimately, after careful evaluation, her liver anatomy was determined to be unsuitable because the portion that could safely be donated would have been too small for my needs. Although disappointed that transplantation was not possible, I also felt enormous relief knowing she would not face unnecessary surgical risk.

Her offer remains one of the greatest gifts I have ever received.

Finally, in July 2020, I received the news I had been waiting months to hear.

I had officially been placed on the liver transplant waiting list.

It was a milestone filled with conflicting emotions. Relief that I had qualified. Gratitude that there was still hope. Anxiety over how long I might wait. And a profound awareness that somewhere, someday, another family's unimaginable loss might become my opportunity to live.

Looking back, I realize that the transplant process extends far beyond surgeons and operating rooms. It is sustained by an extraordinary network of hepatologists, transplant coordinators, pharmacists, nurses, financial counselors, social workers, psychologists, living donors, deceased donor families, and countless others working together toward a single goal.

Every member of that team became part of my story.

Together, they carried me through one of the darkest periods of my life and kept hope alive until the day the telephone finally rang.

Transplant Night – The Call

By January 2021, I understood that I was no longer waiting indefinitely—I was waiting for a single moment that would determine the rest of my life.

Every clinic visit carried a new sense of urgency. During one appointment, Dr. Jean Emond spoke candidly about the reality of my situation. At 68 years old, I was approaching an age where liver transplantation becomes increasingly complex. Although chronological age alone is not an absolute barrier to transplantation, advancing age brings additional medical considerations, and transplant programs must carefully weigh both risks and potential benefits.

Dr. Emond mentioned that the oldest successful liver transplant recipient he personally knew was 75 years old. His comment was neither discouraging nor reassuring—it was simply factual. For me, however, it underscored an uncomfortable truth.

Time was no longer my ally.

Then he asked a question that, despite its simplicity, carried enormous weight.

"Do you want the transplant?"

There was no hesitation.

Absolutely.

I wanted more than survival. I wanted more time with my wife, Sandra. I wanted to continue teaching young physicians, helping patients, building LiverTransplantGuide.com, and sharing what I had learned through my own journey. Most of all, I wanted the opportunity to correct the mistakes I had made by ignoring the early warning signs of liver disease. If I were fortunate enough to receive another chance, I promised myself I would never take it for granted.

Several weeks later, hope arrived unexpectedly.

The transplant center notified me that a potential donor liver had become available.

Almost immediately, I experienced emotions that every transplant candidate knows well—excitement, fear, gratitude, disbelief, and cautious optimism. I began preparing mentally for surgery, imagining that this might finally be the day my waiting would end.

Then came the second phone call.

The donor organ was no longer available.

The disappointment was profound. After months of waiting, allowing myself to believe that transplantation was finally within reach made the loss especially painful. It felt as though someone had opened a door to freedom only to close it moments later.

Fortunately, I remembered something I had learned during one of Aimee's pre-transplant support group meetings.

Several transplant recipients had shared a comforting observation.

"Once you receive your first call, the real one usually isn't far behind."

Those words became my source of hope.

Just a short time later, on the evening of February 23, 2021, hope became reality.

It was close to midnight when my telephone rang.

Even before answering, I sensed that this call was different.

A transplant coordinator from NewYork-Presbyterian/Columbia University Irving Medical Center was on the other end of the line.

A donor liver had become available.

I was instructed to come immediately to the hospital's admitting office.

Years of waiting had suddenly been compressed into a single conversation lasting only a few minutes.

Sandra and I quickly gathered the hospital bag we had packed months earlier. Every transplant candidate knows that this moment can come without warning, whether during the day, in the middle of the night, on holidays, or while traveling. We had rehearsed this scenario countless times, yet when the moment finally arrived, it still felt surreal.

The drive to Manhattan usually took only about 15 minutes, but that night every mile seemed suspended between two different lives.

Behind me lay years of progressive liver disease, diabetes, hepatic encephalopathy, uncertainty, and fear.

Ahead of me stood the possibility of a future I had almost stopped believing was possible.

During that drive, my emotions shifted continuously. I felt excitement, anxiety, gratitude, humility, and an overwhelming awareness that somewhere another family was experiencing unimaginable loss. Their tragedy had created the possibility of my survival—a reality that every transplant recipient carries forever.

When I arrived at Columbia, I made a conscious decision.

I would walk through the hospital doors on my own.

Regardless of whether the donor liver met standard or extended donor criteria, regardless of the risks involved, I was ready. Months of evaluations, consultations, laboratory tests, imaging studies, procedures, and waiting had prepared me for this single moment.

There would be no turning back.

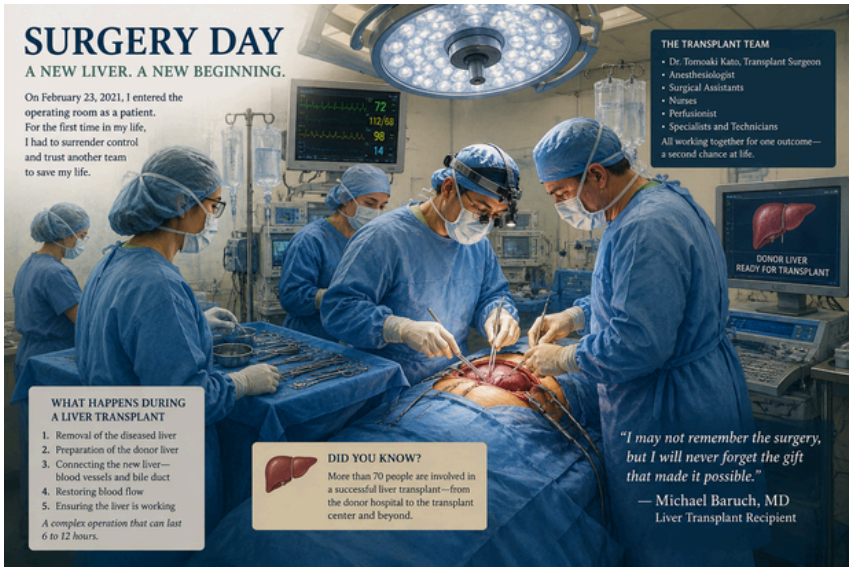
As I completed the admission process, I had no way of knowing what lay ahead. I could not foresee the postoperative bleeding, dialysis, infections, prolonged hospitalization, or months of rehabilitation that would follow. Nor did I yet know the remarkable physicians—including hematologists, nephrologists, internists, intensivists, infectious disease specialists, nurses, therapists, and countless others—who would become essential members of my recovery.

That night, however, none of those future challenges occupied my thoughts.

There was only one overwhelming emotion.

For the first time in many years, I truly believed I had been given a chance to live.

The call every transplant patient dreams about had finally come. It was no longer the beginning of the end of my liver disease—it was the beginning of a remarkable new life.



Surgery Day — Crossing the Threshold

For years, the operating room had been familiar territory to me. I had walked through those doors as a surgeon, scrubbed my hands, put on a gown and gloves, and stood over the operating table knowing that another human being had entrusted me with something precious.

On February 23, 2021, the roles were reversed.

This time, I was the patient on the operating table.

The call had come near midnight. A donor liver was available, and I had been instructed to come to NewYork-Presbyterian. After years of fatty liver disease, diabetes, hepatic encephalopathy, cirrhosis, transplant evaluation and waiting, the theoretical had suddenly become real. There was no longer a transplant somewhere in my future.

My transplant was happening now.

As a surgeon, I understood what lay ahead technically. Liver transplantation is not simply the removal of one organ and replacement with another. It is a major operation requiring extraordinary coordination among transplant surgeons, anesthesiologists, nurses, technicians and the many other professionals supporting them.

But knowing the medicine and experiencing it are entirely different things.

I had spent decades being the person responsible for the patient. Now I had to surrender that responsibility completely. I could not operate on myself. I could not control what would happen after anesthesia began. I could not stand at the table and solve a problem if one arose.

I had to do something that surgeons sometimes find remarkably difficult:

I had to trust.

There was also another reality that could never be separated from that day. Somewhere, another family had suffered an unimaginable loss. Their decision—or the decision of their loved one—to donate an organ had created the possibility that I might live.

My greatest hope had arrived intertwined with another family's grief.

That contradiction is at the heart of transplantation. There is joy, but it is never uncomplicated joy. There is gratitude, but behind that gratitude is the knowledge that another human life has ended.

I did not know my donor, but my donor was about to become permanently connected to my life.

The Operation I Cannot Remember

There is an irony in writing about my liver transplant operation: I remember almost none of it.

My memories of the first six weeks following transplantation are fragmented. Stress, medications, renal failure, anemia and the complications that followed left large portions of that period hidden behind a curtain.

For a long time, I even believed that Dr. Jean Emond had performed my transplant.

Only later did I learn that the surgeon who had actually placed the new liver inside me was Dr. Tomoaki Kato.

That discovery carried special meaning for me. I knew of Dr. Kato's own battle with COVID and his remarkable recovery. The surgeon who had himself confronted serious illness had now performed the operation that gave me another chance at life.

While I slept under anesthesia, an extraordinary transformation occurred.

The diseased liver that had accompanied me throughout my life—the liver that had silently accumulated fat, progressed to NASH and cirrhosis, contributed to encephalopathy and ultimately threatened my life—was gone.

In its place was a donated liver.

A functioning organ from another human being was now sustaining my life.

I entered the operating room with end-stage liver disease.

I emerged a liver transplant recipient.

But the operation was not the end of the battle.

It was the opening act.

Ahead were postoperative bleeding and returns to the operating room. My kidneys would fail badly enough to require dialysis. Pneumonia and septicemia would follow. Abdominal fluid collections, severe fluid retention and orthostatic hypotension would complicate recovery. My weight would climb from approximately 186 pounds to 230 pounds from fluid before eventually falling to 149 pounds. My mind would struggle through weeks of confusion and disturbed sleep.

On surgery day, however, none of that was known to me.

There was only the operating room, an extraordinary surgical team, a donor liver—and the possibility of tomorrow.

For more than thirty years, I had entered operating rooms hoping to give my patients better lives.

On February 23, 2021, I entered one hoping that someone could give mine back to me.

And they did.

That day I surrendered the control I had carried throughout my surgical career and placed my life in the hands of another surgical team—and in the extraordinary gift of a donor I would never meet.

ICU Recovery — Between Two Worlds

When I awoke after my liver transplant, I had crossed a threshold. The diseased liver that had carried me to the edge of death was gone, and a donor liver was now sustaining my life.

But receiving a new liver did not mean the battle was over.

In many ways, the battle had just begun.

My memories of the first six weeks after transplantation are fragmented. Even today, they resemble scattered photographs rather than a continuous film. Stress, medications, renal failure, anemia, complications, and profound sleep disruption combined to create what I remember as a strange, half-lit world. Much of what happened during that period had to be reconstructed later with Sandra's help.

I had spent most of my professional life in hospitals. I knew intensive care units from the physician's side of the bed. Now I was experiencing one from the other side.

Tethered to Life

I moved through the intensive transplant unit, as I later described it, like a reluctant astronaut tethered by lines and monitors.

Around me was the constant activity of modern critical care: physicians, residents, medical students, nurses, monitors, intravenous lines, medications, laboratory tests and procedures.

Members of the team repeatedly asked me simple questions:

Who are you?

Where are you?

Who is the president?

When did you receive your transplant?

Before my illness, questions like these would have seemed almost absurdly easy. Now they had a very different purpose. They were testing whether I was oriented—whether my brain could still locate itself in time, place and reality.

Each question became an anchor dropped into murky water.

Sometimes the anchor found bottom.

Sometimes it did not.

For a surgeon who had spent decades depending upon judgment, memory and precise thought, there was something profoundly unsettling about being unable to completely trust my own mind.

The Complications Begin

My new liver had given me another chance, but the rest of my body had endured an enormous physiological insult.

Then came the complications.

There was postoperative bleeding, serious enough that I had to return to the operating room. My kidneys faltered, and I required dialysis. Pneumonia followed. Then septicemia. Abdominal fluid collections developed. Orthostatic hypotension would later make something as simple as standing another challenge.

I had spent a lifetime reading charts filled with diagnoses.

Now the diagnoses belonged to me.

My weight told part of the story. I had entered the hospital weighing approximately 186 pounds. Fluid accumulation eventually pushed my weight to 230 pounds. By the time I finally left the hospital, I would weigh approximately 149 pounds.

It was an astonishing physical transformation.

Food held almost no appeal. Much of the time, I survived on clear Ensure and grape juice, each sip becoming a small truce with a body that seemed to be rebelling against everything being asked of it.

A Doctor Who Wasn't a Very Good Patient

My medical degree did not make me an ideal ICU patient.

In fact, quite the opposite.

Confused and determined to regain control, I pulled out tubes, damaged equipment and attempted to get out of bed even though my legs were nowhere near ready to support me.

One attempt ended with me on the floor.

The result was a neck brace, head CT and EEG.

It was an unforgettable lesson in humility.

For decades, I had told patients what they should and should not do.

Now I was the difficult patient.

Illness had temporarily taken away something surgeons treasure almost as much as technical skill: control.

Six Weeks Without Real Sleep

Sleep became another casualty.

For approximately six weeks, I existed in a strange twilight between exhaustion and wakefulness. Eventually, a two-day EEG demonstrated that I was not entering REM sleep.

I later described it as my brain climbing the stairs but never opening the bedroom door.

Without normal sleep, days and nights blended together. Hospital rooms, alarms, medications, examinations and procedures became part of an endless landscape.

And through that landscape came Sandra.

Sandra Brought Me Back

My wife visited every day.

She played “Kiss the Rain” by Yiruma repeatedly. My conscious mind does not remember hearing the music during those weeks, but somehow it became woven into the fabric of my recovery.

More importantly, Sandra brought photographs.

Family photographs.

Faces from my own life.

She would hold them in front of me and ask me to identify the people.

At first, faces blurred together. Names disappeared before I could retrieve them. People I loved were somehow familiar and unfamiliar at the same time.

Sandra persisted.

Photograph after photograph.

Name after name.

Memory after memory.

Gradually, the fog began to lift.

Faces sharpened.

Names returned.

Connections reformed.

A little more of Michael returned to Michael.

Of all my memories from the ICU, that image may be the most powerful: my wife sitting beside the hospital bed, patiently using family photographs to help a man who had spent his life caring for others find his way back to himself.

The First Steps Back

Eventually, the goal changed.

It was no longer simply keeping me alive.

It was getting me back.

Physical and occupational therapy with Ilsa, Yeung and Brittany turned ordinary movements into daily challenges. Standing, walking and climbing a few steps—things I once performed without thought—now felt like scaling mountains.

Later, Dr. Marykathryn Pavol began evaluating my cognitive recovery with puzzles, drawings, memory exercises and story recall. Her testing became a kind of map showing which pathways of my mind remained intact and which still needed time to recover.

Progress was no longer measured by operations performed or patients treated.

It was measured in steps taken, faces remembered, words retrieved, food swallowed and minutes spent standing without falling.

The ICU had reduced life to its most fundamental components.

And perhaps that was its greatest lesson.

I had entered the hospital believing the transplant would give me a new liver.

I was beginning to understand that recovery would require me to rebuild an entire life around it.

The transplant saved my life. The ICU taught me how fragile that life was—and how extraordinary every small step back could become.

Complications — When One Battle Became Many

I had survived the liver transplant.

For a brief moment, it would have been tempting to believe that the worst was behind me. The diseased liver was gone, a donor liver was functioning inside me, and the operation that offered me a second chance at life had been completed.

But transplantation does not always follow a straight road from surgery to recovery.

Mine certainly did not.

The weeks that followed became a cascade of complications—postoperative bleeding, additional operations, kidney failure requiring dialysis, pneumonia, septicemia, abdominal fluid collections, severe fluid retention, anemia, profound weakness, confusion and orthostatic hypotension.

As a surgeon, I knew what each diagnosis meant.

As a patient, I learned what they felt like.

Bleeding — Back to the Operating Room

One of the earliest major complications was postoperative bleeding.

Bleeding after major surgery can rapidly become dangerous, and mine was serious enough to require a return to the operating room. In fact, I would undergo additional operations as my transplant team worked to control the problems that developed after transplantation. MyStory — Liver Transplant Guide

There was a cruel irony to this.

For more than thirty years, the operating room had been the place where I stood beside the table trying to solve surgical problems. Now I was lying on that table while another group of surgeons worked to solve mine.

I could contribute nothing.

No surgical judgment.

No technical skill.

No steady hands.

Only trust.

For someone accustomed to being in control, surrendering completely to another surgical team was one of the most humbling experiences of my life.

My Kidneys Begin to Fail

Then my kidneys faltered.

I required dialysis.

Suddenly, this was no longer simply a story about my liver. My entire body had been placed under extraordinary physiological stress.

Dialysis became part of the strange new vocabulary of my daily existence—not as something I ordered for a patient or read about in a chart, but as something being done to keep me alive.

My body also began retaining an enormous amount of fluid.

I had entered the hospital weighing approximately 186 pounds.

My weight climbed to approximately 230 pounds.

That was roughly 44 pounds of additional weight, much of it accumulated fluid.

I barely recognized the body I was living in.

Then, as the fluid was removed and prolonged illness took its toll, the scale moved dramatically in the opposite direction. By the time I eventually left the hospital, I weighed approximately 149 pounds.

186 ↠ 230 ↠ 149.

Those three numbers became their own medical timeline.

Then Came Infection

My weakened body faced another enemy.

Pneumonia.

Then septicemia.

After transplantation, the immune system must be deliberately suppressed to reduce the risk that it will attack the transplanted organ. That necessary balance between preventing rejection and preserving the body's ability to fight infection would become a recurring theme in my post-transplant life.

During those early weeks, however, I was not thinking about immunology.

I was trying to survive.

Pneumonia meant that an already exhausted body now had to fight an infection involving the lungs.

Septicemia meant that the danger had become systemic.

I had spent a career understanding how quickly infection can transform a recovering surgical patient into a critically ill one.

Now that patient was me.

Abdominal Collections — Another Obstacle

There were also abdominal fluid collections.

Once again came examinations, imaging, laboratory studies, specialists, procedures and decisions.

Every time it seemed that one problem might be settling down, another appeared.

My hospitalization began to resemble a medical obstacle course in which the finish line moved every time I approached it.

The transplant had corrected the organ failure that threatened my life, but my body still had to survive the consequences of enormous surgery and everything that followed it.

Food Became Medicine

Even eating became difficult.

Food had once been one of the great pleasures of my life. Ironically, diet had also contributed to the metabolic disease that helped bring me to transplantation.

Now I had almost no appetite.

Much of the time I survived on clear Ensure and grape juice.

There was nothing glamorous about recovery. Sometimes success was not walking down a hallway or receiving a good laboratory result.

Sometimes success was simply getting enough nutrition into my body to make it through another day.

Standing Became Dangerous

Eventually another complication appeared: orthostatic hypotension.

Getting out of bed could cause my blood pressure to fall. Something I had performed automatically thousands of times—standing up—now required planning, assistance and caution.

Gravity itself seemed to have joined the opposition.

The simplest activities became clinical events.
Sit.
Wait.
Stand.
Hold on.
Find my balance.
Take a step.
What once required no conscious thought now demanded concentration and courage.
From Surgeon to Patient
Perhaps the most difficult part of these complications was the complete reversal of roles.
Throughout my career, I had looked at complicated patients and tried to organize their problems into a plan.
Bleeding.
Renal function.
Infection.
Fluid balance.
Nutrition.
Blood pressure.
Mental status.
Rehabilitation.
Now those headings could have been written across my own chart.
I finally understood something that medical training alone could never have taught me:
A patient does not experience complications as a problem list.
The patient experiences them all at once.
The weakness.
The fear.
The uncertainty.
The interrupted sleep.
The procedures.
The medications.
The loss of privacy and independence.
The worried faces of family members.
And the question that quietly follows every new setback:
Am I going to get through this?
I did not know the answer.
Neither did Sandra.
Neither could the medical team promise it.
So recovery became a series of much smaller objectives.
Get through this operation.
Get through dialysis.
Fight the infection.
Remove the excess fluid.
Eat something.
Sit up.
Stand.
Take another step.
Make it through another night.
And then do it again tomorrow.
I had received a second chance at life, but during those weeks I learned that sometimes a second chance must be fought for one complication, one procedure, one laboratory result and one day at a time.
The transplant gave me a new liver. The complications taught me that receiving the gift and surviving long enough to enjoy it were two very different battles.
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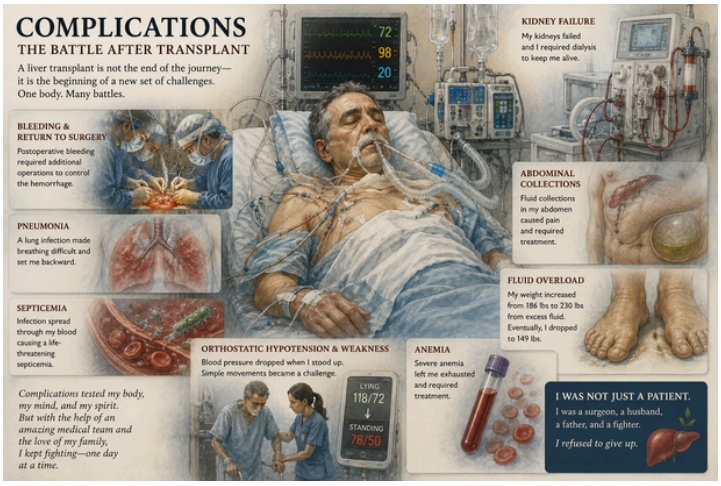


Rehabilitation — Learning to Live Again

Surviving the transplant and its complications was only the first part of my journey.

Eventually, the medical team's goal began to change. They were no longer simply trying to keep me alive. Now they had to help me become functional again.

After weeks in a hospital bed, my body had changed dramatically. I had entered the hospital weighing approximately 186 pounds, climbed to 230 pounds with fluid retention, and would eventually leave at approximately 149 pounds. I had endured bleeding and additional surgery, dialysis, pneumonia, septicemia, abdominal collections, anemia, confusion, and profound weakness.

The surgeon who had once spent hours standing at an operating table now faced a very different challenge.

I had to learn how to stand again.

Ordinary Things Became Extraordinary

Before my illness, I never thought about the mechanics of getting out of bed.

You sit up.

Put your feet on the floor.

Stand.

Walk.

It happens automatically.

Now every one of those steps required concentration.

Physical and occupational therapy with Ilsa, Yeung, and Brittany became part of my daily routine. They worked with me on the fundamental activities I had once taken completely for granted—sitting upright, standing, maintaining my balance, walking, climbing steps, and performing the ordinary tasks necessary to take care of myself. MyStory — Liver Transplant Guide

I had spent decades performing operations requiring delicate movements measured in millimeters.

Now success could be measured in feet.

Walk to the door.

Walk down the hallway.

Stand a little longer.

Take another step.

Each accomplishment seemed small when measured against my previous life, but in rehabilitation there are no small victories.

Every step represented another piece of independence returning.

Fighting Gravity

One problem made rehabilitation especially difficult: orthostatic hypotension.

My blood pressure could fall when I stood up. Something as simple as rising from a chair could bring weakness and instability.

Gravity itself seemed to have joined the opposition.

The therapists taught me to move deliberately.

Sit.

Wait.

Stand.

Find my balance.

Then move.

There was no rushing.

For a surgeon accustomed to purposeful movement and long hours on his feet, having to think carefully about simply standing was another lesson in humility.

I learned that recovery does not care who you were before you became sick.

It starts wherever your body is today.

Two Surgeons, Two Patients

During this period, my friend and colleague Rick was hospitalized with a pulmonary thrombosis.

Once I reached the rehabilitation floor, Sandra wheeled me to his room.

That visit remains one of the memorable moments of my hospitalization.

There we were—two surgeons who had spent our professional lives taking care of other people—now sitting together as patients, each fighting his own serious illness.

For a short time, the hospital disappeared.

We were colleagues again.

Friends again.

Surgeons again.

Illness had changed our circumstances, but it had not erased who we were.

The First Shower

One of the greatest milestones of my rehabilitation would sound almost ridiculous to someone who had never experienced prolonged hospitalization.

I took a shower.

After weeks of hospital gowns, tubes, procedures, antiseptic wipes, dependence on other people, and being told when I could sit, stand, eat, or move, warm water running over my body felt extraordinary.

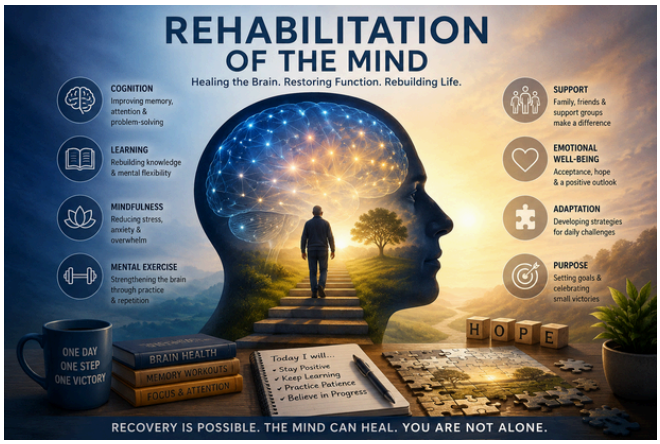
It was better than any five-star hotel.

That shower was about much more than getting clean.

It meant I was beginning to take care of myself again.

For the first time in weeks, I felt a small measure of independence returning.

It was another reminder that during serious illness, life's simplest pleasures can become its greatest luxuries.



Rehabilitating My Mind

My body was not the only part of me that needed rehabilitation.

My cognitive recovery also had to be evaluated.

Dr. Marykathryn Pavol, a neuropsychologist, tested me with puzzles, drawings, memory exercises, and story recall. MyStory — Liver Transplant Guide

For someone whose professional life had depended upon memory, judgment, spatial understanding, and rapid decision-making, these were not simply puzzles.

They were questions about my identity.

Could I remember?

Could I reason?

Could I organize information?

Could I recognize relationships?

Was the person who had entered the hospital still there?

Her testing became a map of my recovering brain.

Sandra had already begun that process at my bedside with family photographs, patiently reconnecting faces with names. Now formal neuropsychological testing helped measure how much cognitive ground I was regaining.

Slowly, the fog was lifting.

A Different Definition of Progress

Rehabilitation completely changed my definition of achievement.

Before transplantation, accomplishment meant performing an operation, solving a difficult clinical problem, teaching a resident, or finishing a demanding day of work.

Now accomplishment meant:

Standing without falling.

Walking a few more feet.

Remembering a story.

Recognizing a face.

Taking a shower.

Climbing a step.

Getting myself dressed.

These were not insignificant accomplishments.

They were the building blocks of a life.

Rehabilitation taught me that recovery is rarely one dramatic moment. It is constructed from hundreds of small victories, many so ordinary that we never appreciate them until illness takes them away.

Eventually, those victories began accumulating.

One step became several.

Several steps became a hallway.

Strength began returning.

My thinking became clearer.

Independence slowly replaced dependence.

And for the first time since February 23, the possibility of going home began to feel real.

I had entered the hospital hoping for a new liver.

I was beginning to understand that the greater task was learning how to live with the life that liver had given me.

Rehabilitation taught me that a second chance at life does not arrive all at once. Sometimes it returns one remembered face, one shower, one step, and one hard-earned victory at a time.

Emotional Recovery — Healing Beyond the Incision

By the time I left the hospital, the surgical incision was beginning to heal.

I was not.

At least, not completely.

For approximately two and a half months, my life had been organized around survival. There had been a liver transplant, postoperative bleeding, returns to the operating room, dialysis, pneumonia, septicemia, abdominal collections, confusion, profound weakness, and rehabilitation. Every day brought another immediate problem demanding attention.

In the hospital, there was little opportunity to contemplate what had happened to me.

Then I went home.

The alarms became quiet. The nurses were no longer outside my door. The transplant team was no longer only a few steps away.

And for the first time, I had time to think.

From Surgeon to Survivor

For more than thirty years, I had defined myself partly through medicine.

I was a surgeon.

My hands operated. My mind solved problems. Patients depended upon my judgment. I was accustomed to being the person others turned to when something was wrong.

Liver disease had gradually taken that identity away from me.

Hepatic encephalopathy affected my thinking and balance. I had been told not to drive. I had stepped away from the operating room. Then transplantation reduced my world even further.

During my hospitalization, I needed other people to help me stand, walk, remember faces, eat, bathe and perform the most basic activities of daily life.

The transition was profound.

I had gone from physician to patient, surgeon to survivor, caregiver to someone who needed care.

Accepting that change was part of my emotional recovery.

Gratitude and Guilt

There was another emotion that was much more difficult to describe.

I was alive because someone else had died.

Every transplant recipient understands this paradox in a deeply personal way. The telephone call that brought hope to my family had come because another family was experiencing loss.

How do you celebrate that?

I could be grateful for my new liver without being grateful for the circumstances that made it available.

Those two emotions—gratitude and sorrow—could exist together.

I did not know my donor, but that person had become permanently woven into my life. Every additional birthday, every conversation with Sandra, every article I wrote and every ordinary morning I was fortunate enough to experience existed because an organ had been donated.

That realization changed the meaning of time.

The Fear of Losing the Gift

Transplantation also introduced a new kind of anxiety.

Before transplantation, I worried about whether I would receive a liver in time.

After transplantation, I had something precious to lose.

A laboratory result was no longer merely a number. An infection was not simply an inconvenience. A medication change mattered. Kidney function mattered. Potassium mattered. Fever mattered.

My body had already demonstrated how quickly stability could disappear.

Even after leaving the hospital, complications continued. A potassium of 6.8 sent me back for urgent treatment. CMV appeared. Valcyte was followed by leukopenia and Neupogen. Anemia and kidney disease remained part of my recovery.

Each setback carried an unspoken question:

Was something going wrong again?

Recovery required learning to respect those risks without allowing fear of them to become my entire life.

The Emotional Aftershocks

As the physical crisis receded, emotional aftershocks emerged.

After everything my body and mind had endured, returning to normal life was not as simple as closing the hospital door behind me.

I later experienced episodes of panic and required treatment. Medications helped, but medication management also became intertwined with another persistent post-transplant problem—my tremors.

The process reminded me that emotional recovery after catastrophic illness can be as complicated as physical rehabilitation.

There is no incision that shows where fear lives.

No laboratory value measures gratitude.

No CT scan reveals uncertainty about the future.

And there is no single discharge date for emotional recovery.

Sandra's Journey Too

I also began to understand that transplantation had not happened only to me.

Sandra had lived through it too.

While I spent portions of those first six weeks confused and unable to remember what was happening, she remembered.

She came to the hospital every day.

She watched the monitors.

She saw the complications.

She brought photographs to help reconnect me with my own memories.

She played music for me when I could not remember hearing it.

She helped me through rehabilitation and eventually helped bring me home.

The patient may occupy the hospital bed, but serious illness spreads outward in circles.

Spouses, children, relatives and friends carry parts of the illness with them.

Caregivers need recovery too.

Finding Purpose Again

Eventually, I began asking myself a different question.

Not:

Why did this happen to me?

But:

What am I going to do with the time I have been given?

I could no longer return to exactly the life I had before transplantation.

Perhaps I was not supposed to.

I had spent decades teaching through surgery and medicine. Now I possessed another kind of education—one I never would have chosen but could nevertheless use.

I understood hepatic encephalopathy not only from textbooks, but from losing pieces of my own cognition.

I understood rehabilitation because I had struggled to stand.

I understood caregiver devotion because Sandra had sat beside my bed.

I understood waiting for an organ because I had waited.

And I understood transplantation because somewhere inside my body was the extraordinary gift that had allowed me to continue living.

That realization helped give birth to a new purpose: patient education and advocacy.

LiverTransplantGuide.com and Hepatic Haven became ways to transform experience into something useful for another person.

The surgeon in me had not disappeared.

The method had changed.

Instead of operating with a scalpel, I could teach with words.

Learning to Live With a Second Chance

Emotional recovery did not mean forgetting what happened.

It meant learning how to carry it.

The scars remained.

The medications remained.

The follow-up appointments remained.

The memories remained.

And my donor remained with me in the most literal and profound way imaginable.

Eventually, I understood that my second chance did not require me to recreate the man I had been before transplantation.

It gave me the opportunity to decide who I wanted to become afterward.

My life had been interrupted, dismantled and slowly reconstructed.

Some pieces were gone forever.

Others returned.

And some entirely new pieces appeared—gratitude, vulnerability, advocacy, patience and a much deeper understanding of what it means to be a patient.

For decades, I thought healing was something I helped provide to other people.

My transplant taught me something different.

Sometimes healing means allowing other people to carry you until you are strong enough to walk again.

Sometimes it means accepting that you have changed.

And sometimes it means taking the life you were given back and finding a new reason to use it.

My liver transplant saved my life. Emotional recovery taught me what I wanted that life to mean.

Returning to Life — Discovering What Comes Next

There is a moment in every long recovery when survival is no longer enough.

For months, my world had been measured by laboratory values, medications, blood pressure readings, physician appointments, physical therapy sessions, and the constant possibility of another complication. I had survived end-stage liver disease. I had received a donor liver. I had survived postoperative bleeding, additional surgery, dialysis, pneumonia, septicemia, abdominal collections, profound weakness, and a hospitalization lasting approximately two and a half months.

I had learned to stand again.

I had learned to walk again.

My mind had slowly emerged from the fog.

Eventually, however, I faced a much larger question:

What was I going to do with the life that had been returned to me?

Home Was Not the Finish Line

Leaving the hospital had felt like reaching the end of an extraordinary journey.

It wasn't.

Home was simply the beginning of another chapter.

I returned to a familiar environment in a body that no longer felt familiar. I had entered the hospital at approximately 186 pounds, reached approximately 230 pounds from fluid accumulation, and left weighing approximately 149 pounds.

I was weak. My balance was uncertain. Orthostatic hypotension made standing difficult. My kidneys had been injured. My blood counts required attention. Medications had to be taken precisely.

And then there was the ever-present responsibility of protecting my transplanted liver.

Before transplantation, medications had been part of my life.

After transplantation, they became part of the architecture holding my life together.

Immunosuppression was essential to prevent rejection of the organ that had saved me, but suppressing the immune system created its own vulnerabilities.

I quickly learned that going home and being well were not the same thing.

The Potassium of 6.8

One of the clearest reminders came when my nurse practitioner, Lauren, called.

My potassium was 6.8.

As a physician, I immediately understood the significance of that number. Severe hyperkalemia can produce dangerous cardiac arrhythmias.

Back to the hospital I went.

I began referring to the experience with dark humor as returning to my “gloomy triad”—the stretcher of doom, the hallway of doom, and the room of doom.

There I was again, waiting for laboratory results and treatment.

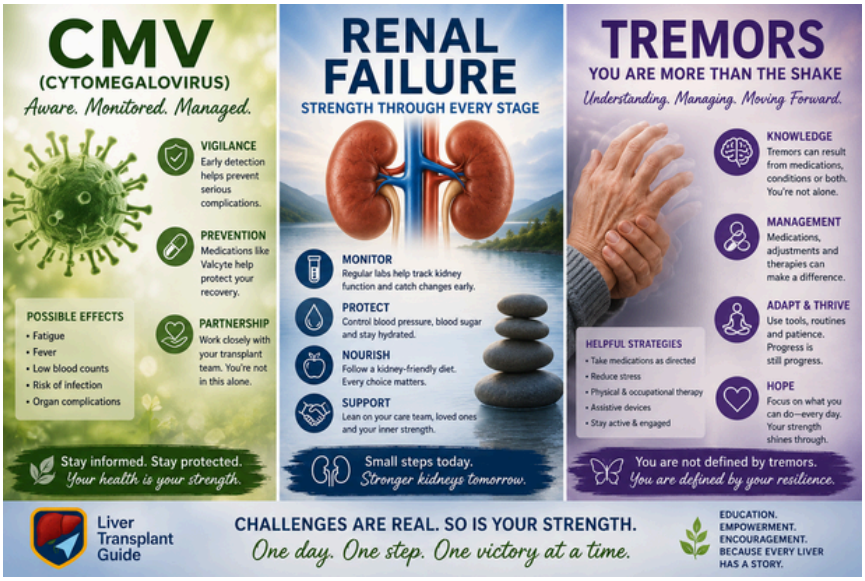
Insulin and glucose were administered to temporarily shift potassium into the cells. Under Dr. Russell Crew's care, the immediate danger passed. I eventually returned home with Lokelma and instructions to follow a low-potassium diet.

I had escaped another crisis.

But the message was unmistakable.

My new life was going to require vigilance.

CMV — Another Unexpected Visitor
Then came cytomegalovirus—CMV.
For many healthy people, CMV may cause little difficulty. In a transplant recipient whose immune system must be suppressed, it can become a significant problem.
I was treated with Valcyte.
The medication helped address the virus, but then my white blood cell count fell.
Now I had leukopenia.
The solution brought another new experience: Neupogen injections.
I learned to inject myself.
It was almost comical. After decades of performing complex surgery, one of the skills I now needed was giving myself a small injection at home.
But transplantation has a way of redefining what constitutes an important medical skill.
Kidney Disease and Anemia
My kidneys had already taken a tremendous beating during the hospitalization.
Dialysis had helped keep me alive during the acute phase, but kidney problems did not simply disappear when I left the hospital. Stage 3 renal disease became part of my continuing medical reality.
Anemia also persisted.
Treatments including Aranesp and iron became part of the effort to rebuild what months of illness had depleted.
Recovery began to resemble the restoration of an old house after a hurricane.
The structure was standing.
But one room at a time still needed attention.
My Hands Begin to Shake
Then there were the tremors.
For most people, a tremor is an inconvenience.
For a surgeon, the hands have a different meaning.
My hands had been part of my identity.
They had dissected tissue, controlled bleeding, repaired wounds, reconstructed anatomy, and performed the precise movements required in plastic surgery.
Now they shook.
It was another reminder that the man who returned from transplantation was not exactly the same man who had entered the hospital.
Medication management became part of the effort to control the tremor. Over time, changes in treatment and medications used for the tremor helped.
But I also found another form of therapy.
Electronics.



Finding My Hands Again

I began working on small electronics projects.
Components had to be positioned.
Wires had to be connected.
Small parts had to be manipulated.
The work required patience, concentration, and fine motor coordination.
At first, it was simply something I enjoyed.
Then I realized something else was happening.
My hands were working.
Every completed connection was a tiny victory.
Every small component successfully positioned reminded me that dexterity could improve.
I was no longer using my hands to perform surgery, but I was using them again to create.
That mattered enormously.
Returning to life did not mean returning to exactly the life I had before.
It meant discovering which parts could return—and what new parts might replace those that could not.

From Surgeon to Teacher

I had spent decades teaching residents and caring for patients.
That part of me had never disappeared.
I still wanted to teach.
I still wanted medicine to be part of my life.
But now I possessed an education that no medical school or residency program could have provided.
I knew what hepatic encephalopathy felt like.
I knew what it was like to wait for a donor liver.
I knew what it felt like to receive the call.
I knew the vulnerability of lying on an operating table instead of standing beside one.
I knew dialysis.
I knew rehabilitation.
I knew the frustration of being unable to walk normally.
I knew what it meant when a wife held up family photographs because her husband could not reliably connect names with faces.
And I knew what it meant to leave the hospital carrying another person's liver inside me.
I could use that knowledge.

That became part of the purpose behind LiverTransplantGuide.com.
Medicine provides patients with enormous amounts of information, but patients do not always receive it when they are best able to absorb it.
I remembered the packets and booklets handed to me when transplantation first became necessary.
I understood the medicine.
Yet even I had felt overwhelmed.
What must it be like for someone without medical training?
I wanted to build something that could help.
A place where patients and caregivers could learn about liver disease, transplantation, medications, complications, nutrition, recovery, and the many practical questions that arise along the way.
Eventually, Hepatic Haven became another part of that mission—a place where education could meet the human side of liver disease.
My career in medicine had not ended.
It had changed form.
A Different Kind of Operating Room
For decades, my workplace had been the operating room.
Now it could be a computer screen.
Instead of a scalpel, I had a keyboard.
Instead of teaching one resident standing beside me, I could write something that might reach a transplant patient hundreds or thousands of miles away.
Instead of repairing tissue, perhaps I could reduce fear.
Instead of closing an incision, perhaps I could help close a gap in understanding.
That realization gave me something I desperately needed after transplantation:
purpose.
Ordinary Days Became Extraordinary
Perhaps the greatest change was not professional at all.
It was learning to appreciate ordinary life.
Before illness, another morning was simply another morning.
After transplantation, it became something else.
Another breakfast with Sandra.
Another conversation.
Another project.
Another article.
Another chance to learn something.
Another opportunity to help somebody.
Another day.
These were things I once assumed would always be available.
I no longer make that assumption.
Somewhere, a donor whom I never had the privilege of meeting made those ordinary days possible.
That knowledge accompanies me.
Not as a burden.
As a responsibility.

The Journey Continues

I sometimes think about the man who walked into NewYork-Presbyterian on February 23, 2021.

He wanted one thing:

to live.

He could not have imagined everything that would follow.

The operating room.

The bleeding.

Dialysis.

Infection.

Confusion.

Rehabilitation.

The first shower.

The first steps.

The return home.

The laboratory emergencies.

The medications.

The tremors.

The gradual return of independence.

And finally, the realization that surviving transplantation was not the conclusion of the story.

It was permission to write another chapter.

I did not return to the life I had before my transplant.

In some ways, I received something more valuable.

I returned with a deeper understanding of patients, caregivers, medicine, friendship, vulnerability, organ donation, and time itself.

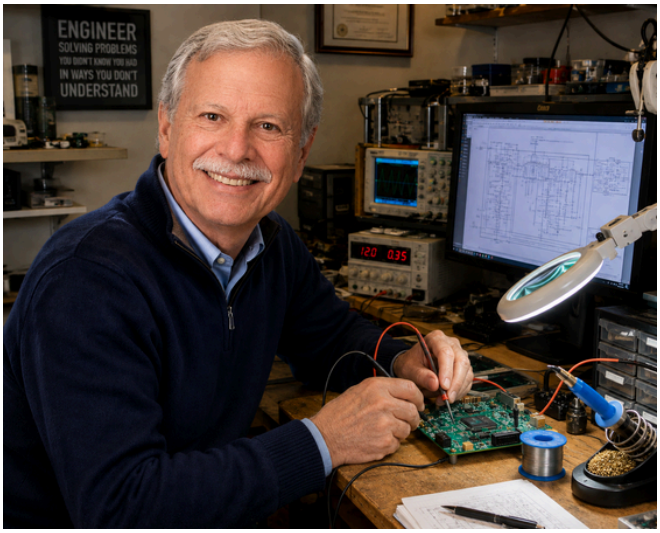
For more than thirty years, I had tried to give my patients better lives.

Then a donor, a transplant team, Sandra, my family, my friends, nurses, therapists, pharmacists, and countless others helped give mine back to me.

Now I have the opportunity to give something back.

That is what returning to life means to me.

My transplant did not give me my old life back. It gave me the opportunity to build a new one—and the responsibility to make that second chance count.



MEDICAL COMMENTARY

1. Understanding Hepatic Encephalopathy

When liver disease affects the brain

Hepatic encephalopathy, commonly called HE, is one of the most frightening complications of advanced liver disease. I experienced it personally long before my transplant, and it changed my understanding of the disease completely.

The liver normally processes substances absorbed from the intestine and helps remove potentially harmful compounds from the bloodstream. When severe liver disease or portosystemic shunting interferes with this function, substances including ammonia contribute to changes in brain function.

HE can range from subtle problems with concentration and sleep to severe confusion and even coma. It is primarily a clinical diagnosis; an ammonia level by itself does not diagnose or grade HE. (AASLD)

What patients and caregivers may notice

Early symptoms can be surprisingly subtle: difficulty concentrating, slower thinking, changes in handwriting, altered sleep patterns, forgetfulness, irritability, personality changes, poor coordination, or problems with balance.

More advanced HE may cause obvious confusion, disorientation, slurred speech, marked sleepiness, and asterixis—the characteristic "flapping" movement of the hands.

In my case, the warning signs included slower typing, difficulty finding words, changes in sleep and personality, and ultimately repeated falls.

What triggers an episode?

HE may suddenly worsen because of another problem. Common precipitating factors include infection, gastrointestinal bleeding, dehydration, constipation, certain medications, and electrolyte abnormalities. Finding and treating the precipitating cause is a central part of management. (AASLD)

How is it treated?

Lactulose is first-line therapy. It alters the intestinal environment and helps reduce the burden of ammonia and other nitrogenous substances. Therapy is generally adjusted to produce about 2–3 soft bowel movements daily; excessive diarrhea can cause dehydration and potentially worsen HE.

For recurrent HE, rifaximin (Xifaxan) is commonly added to lactulose. (AASLD)

HE is not simply forgetfulness. It is a medical manifestation of liver dysfunction—and a change in mental status in someone with advanced liver disease deserves prompt evaluation.

FROM MY EXPERIENCE:

I thought I might be developing Alzheimer's disease. Only later did I understand that my changing cognition, balance and behavior were manifestations of my failing liver.

2. What a MELD Score Means

Turning laboratory values into transplant priority

For patients awaiting liver transplantation, few numbers carry as much emotional weight as the MELD score.

MELD stands for Model for End-Stage Liver Disease. It is used in the United States as an important component of determining medical urgency and priority for deceased-donor liver transplantation.

The system has evolved over time. Today's MELD 3.0 incorporates objective clinical information to estimate the short-term risk associated with advanced liver disease.

What goes into MELD 3.0?

The calculation incorporates:

Bilirubin — reflects the liver's ability to process and excrete bilirubin.

INR — reflects blood clotting and the liver's ability to produce clotting proteins.

Creatinine — reflects kidney function, which is particularly important because kidney dysfunction frequently accompanies advanced liver disease.

Sodium — low serum sodium can be an important marker of severe cirrhosis.

MELD 3.0 also incorporates albumin, sex, and interaction terms in its mathematical formula.

What does a higher score mean?

In general:

The higher the MELD score, the greater the estimated short-term mortality risk and the greater the medical urgency for transplantation.

But MELD is not the whole patient.

Some complications—particularly hepatic encephalopathy, ascites, frailty and other manifestations of advanced liver disease—can profoundly affect quality of life without always being proportionally represented by the numerical score.

There are also MELD exception pathways for certain conditions in which calculated MELD alone does not adequately reflect transplant urgency. Allocation policies continue to evolve; for example, OPTN updated median MELD-at-transplant values again in March 2026.

FROM MY EXPERIENCE:

My MELD moved from approximately 8 to 13. Those numbers seemed modest compared with what I was experiencing. Hepatic encephalopathy was already changing my ability to think, work, drive and function. I learned firsthand that a MELD score is an essential allocation tool—but it can never tell the entire human story.

MELD helps measure the severity of liver disease. It does not measure the value of the life waiting behind the number.

3. Why Patients Need Immunosuppression

Protecting the gift after transplantation

A transplanted liver can save a life, but the recipient's immune system recognizes that organ as biologically different.

Without adequate immunosuppression, immune cells can attack the transplanted liver and produce rejection, potentially causing inflammation, graft dysfunction and ultimately graft loss.

That is why most liver transplant recipients require long-term immunosuppressive therapy. (AASLD)

The balancing act

The objective is not simply to suppress the immune system as much as possible.

It is to find the lowest effective level of immunosuppression that protects the transplanted liver while limiting medication toxicity and other complications.

Too little immunosuppression can increase rejection risk.

Too much can increase susceptibility to infection, certain malignancies, metabolic problems and medication-related toxicities.

This balance is individualized and changes over time.

Common medications

Calcineurin inhibitors such as tacrolimus and cyclosporine have long been central components of liver-transplant immunosuppression.

mTOR inhibitors, including everolimus and sirolimus, suppress another pathway involved in immune-cell activation and proliferation.

Antimetabolites, such as mycophenolate, may be incorporated into some regimens.

Corticosteroids are frequently important early after transplantation and for treating certain forms of rejection, although long-term exposure may be minimized when appropriate.

Modern regimens are tailored to the individual recipient, taking into account rejection history, kidney function, infection and cancer risks, underlying disease, medication tolerance and time since transplantation. (AASLD)

Never change these medications yourself

Immunosuppressive medications have important drug interactions, and some require monitoring of blood concentrations.

Even seemingly unrelated medications or supplements can affect immunosuppressant levels.

A transplant recipient should never stop, reduce or substantially alter immunosuppressive therapy without guidance from the transplant team.

FROM MY EXPERIENCE:

My transplant taught me that receiving the organ was only the beginning. Immunosuppression protects the gift—but maintaining that protection requires lifelong attention, laboratory monitoring and partnership with the transplant team.

The goal is a carefully maintained truce: enough immune suppression to protect the transplanted liver while preserving as much of the body's normal defenses as possible.

4. Managing Kidney Disease After Liver Transplant

Protecting another vital organ

The liver and kidneys are deeply interconnected, and kidney dysfunction is an important concern both before and after liver transplantation.

My own kidneys suffered significantly during the transplant hospitalization. I required dialysis, and kidney disease remained part of my medical life after I went home.

Why can kidney function decline?

There is rarely a single explanation.

Kidney injury around transplantation can result from severe illness, changes in blood pressure and circulation, infection, major surgery, medications, and pre-existing kidney disease.

After transplantation, another consideration becomes important: some of the medications used to protect the transplanted liver can adversely affect renal function.

Calcineurin inhibitors, particularly tacrolimus and cyclosporine, can contribute to kidney dysfunction. Modern transplant management therefore attempts to balance protection of the liver graft with preservation of renal function. (AASLD)

Monitoring matters

Long-term follow-up may include:

Creatinine and estimated GFR to follow kidney filtration.

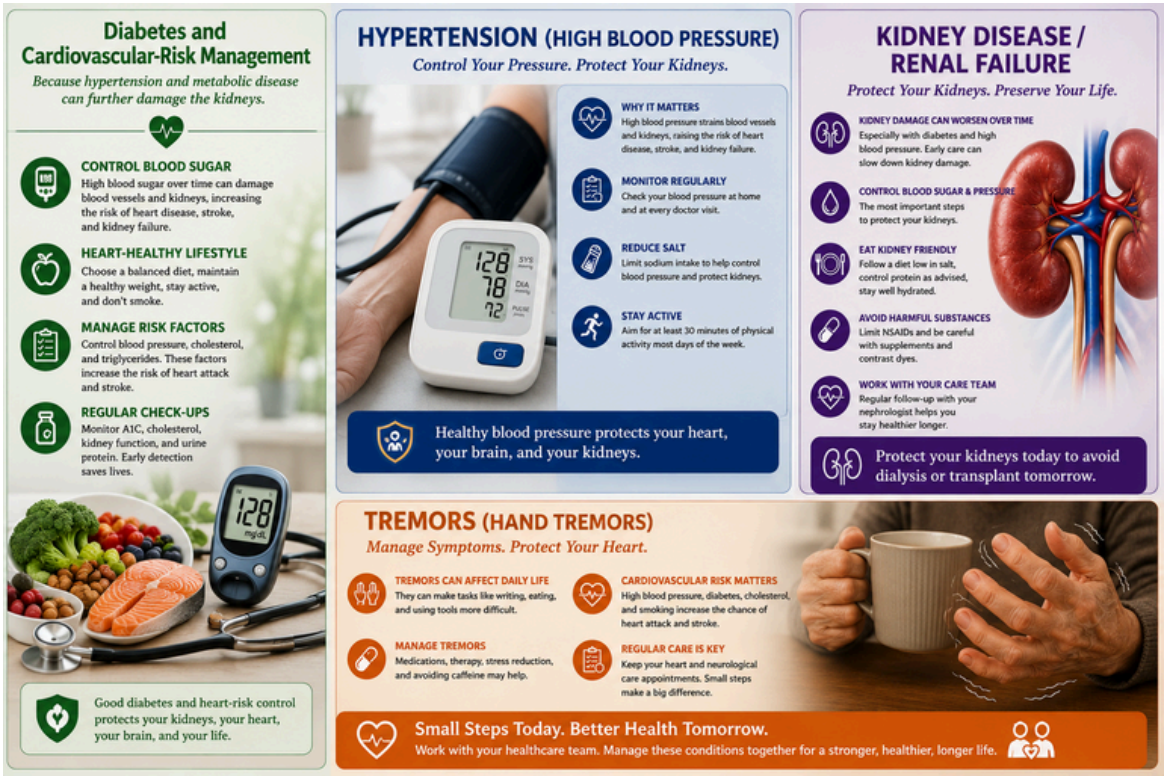
Electrolytes, particularly potassium.

Blood pressure monitoring.

Urine testing, including assessment for protein when clinically appropriate.

Immunosuppressant blood levels when required.

Diabetes and cardiovascular-risk management, because hypertension and metabolic disease can further damage the kidneys.
Medication regimens may sometimes be modified to reduce calcineurin-inhibitor exposure in recipients who develop chronic kidney dysfunction. Current transplant guidance emphasizes individualized immunosuppression rather than a single regimen for every recipient. (AASLD)
My potassium reached 6.8
Kidney dysfunction also taught me how quickly an electrolyte abnormality can become dangerous.
After I returned home, my nurse practitioner called because my potassium had reached 6.8 mEq/L.
Severe hyperkalemia can cause dangerous disturbances in cardiac rhythm. I returned for urgent treatment with insulin and glucose and subsequently used Lokelma and dietary potassium restriction under medical supervision.
It was another reminder that leaving the hospital did not mean monitoring could stop.
FROM MY EXPERIENCE:
My donor gave me a new liver. Part of honoring that gift means protecting the rest of my body—including my kidneys. Transplant medicine is not the care of a single organ. It is the lifelong care of the entire patient.
Protect the liver. Protect the kidneys. Protect the patient. The three goals must be considered together.
For the bottom of each Canva page, I recommend the same small footer: “MEDICAL COMMENTARY • HEPATIC HAVEN ISSUE 10 • LiverTransplantGuide.com” plus “Educational information only. Treatment decisions should be made with your transplant team.”
These pages reflect current AASLD transplant and hepatic-encephalopathy guidance, including updated 2025–2026 material. (AASLD)



Lessons for Patients — What I Learned on the Other Side of the Bed

For more than thirty years, I practiced medicine from the physician's side of the bed. Liver disease, transplantation, and recovery taught me what medicine looks like from the other side.

If I could sit beside someone beginning the transplant journey today, these are the lessons I would share.

What I Wish I Had Known

Listen when your body whispers.

My liver disease did not begin with a dramatic crisis. There were warnings years earlier. I wish I had understood how seriously metabolic disease, diabetes, and fatty liver could threaten my future. Do not wait for a whisper to become a shout.

A transplant is not one operation.

I once thought of transplantation primarily as surgery. It is much more: evaluation, waiting, medications, laboratory tests, complications, rehabilitation, emotional recovery, and lifelong follow-up.

Your MELD score is important, but it is not your entire story.

I experienced significant hepatic encephalopathy even when my MELD score did not seem extraordinarily high. Tell your transplant team how you are actually functioning—not merely what your laboratory results show.

Recovery will not necessarily follow a straight line.

There may be good days followed by frightening setbacks. I survived bleeding, additional surgery, dialysis, pneumonia, septicemia, severe weakness, and other complications. A setback does not automatically mean the journey has failed.

Accept help.

This was difficult for a surgeon accustomed to being independent. Eventually I needed help standing, walking, bathing, remembering, and performing ordinary activities. Accepting assistance is not surrender. Sometimes it is how you get strong enough to become independent again.

Small victories matter.

A shower became an accomplishment. Walking a few more feet became progress. Remembering a face became a victory. Recovery taught me never to underestimate the importance of one more step.

Advice for Caregivers

A liver transplant happens to one person's body, but the entire family experiences transplantation.

Sandra became my advocate, historian, companion, and connection to the world outside my hospital room.

Be present when you can.

A familiar face may provide reassurance even when the patient appears confused or does not later remember the visit.

Keep notes.

Write down medications, laboratory results, physician names, questions, instructions, and important events. The patient may be too ill, medicated, or overwhelmed to remember them.

Watch for changes.

You often know the patient better than anyone. Report new confusion, excessive sleepiness, fever, weakness, falls, medication problems, poor intake, or other significant changes to the appropriate medical team.

Bring the patient's life into the hospital.

Sandra brought family photographs and helped me reconnect names with faces. She played music familiar to me. Those simple things became part of finding my way back.

Learn the medications.

After transplantation, medication adherence is critical. Know what the medications are, when they are taken, and whom to contact when there is a problem. Do not independently change transplant medications.

Take care of yourself too.

Caregivers need food, sleep, emotional support, and occasional relief. Exhaustion does not make someone a better caregiver.

Most importantly, remember that the patient may not appreciate everything you are doing at the time.

I don't remember everything Sandra did for me. She does.

Questions to Ask Your Transplant Team

Bring a written list to appointments. Consider asking:

Before transplantation

- Why do I need a transplant, and how advanced is my liver disease?
- What is my current MELD score, and what does it mean for me?
- What symptoms should send me to the emergency department?
- How should hepatic encephalopathy be managed?
- Which medications, supplements, foods, or alcohol must I avoid?
- Is living-donor transplantation an option?
- What should my caregiver expect?

When the call comes

- What should I bring to the hospital?
- Should I take my usual medications?
- When should I stop eating or drinking?
- Is there anything important I should know about the proposed donor organ?
- What happens if the donor liver ultimately cannot be used?

After transplantation

- What are my immunosuppressive medications, and exactly when do I take them?
- What should I do if I miss or vomit a dose?
- What symptoms could indicate rejection or infection?
- How often will I need laboratory testing?
- How are my kidney function and potassium?
- Are any of my medications potentially affecting my kidneys?
- What foods, medications, supplements, or herbal products should I avoid?
- When can I drive, exercise, travel, and resume normal activities?
- Who do I call after hours if something goes wrong?

My Most Important Lesson

I entered this journey with decades of medical training, and I was still overwhelmed at times.

Ask questions. Ask them again if you do not understand the answer. Write things down. Bring someone you trust. Never be embarrassed to say, “I don't understand.”

The transplant team possesses medical expertise.

The patient and caregiver possess something equally important: intimate knowledge of the person living through the experience.

The best care occurs when those two forms of knowledge work together.

If I could give every transplant patient one piece of advice, it would be this: become an active member of your own transplant team. Learn, ask, participate—and never lose hope.

This page is educational and reflects my personal experience. Individual transplant instructions should always come from your transplant team.

Physician Corner

Practical Takeaways for Healthcare Professionals

I spent more than three decades caring for patients as a surgeon. Liver transplantation gave me an education I could never have received from medical training alone: the experience of serious illness from the patient's side of the bed.

The clinical details matter enormously. But so do the things that may never appear in a laboratory report.

Look Beyond the MELD Score

MELD is indispensable for estimating disease severity and transplant priority, but it does not capture every dimension of decompensated cirrhosis.

My own hepatic encephalopathy profoundly affected cognition, balance, driving, professional function, and independence even when my MELD score did not seem particularly dramatic.

Treat the patient, not simply the score.

Ask caregivers about falls, sleep reversal, personality changes, medication adherence, functional decline, and subtle cognitive changes. Family members may recognize deterioration before the patient does.

Never Underestimate Hepatic Encephalopathy

HE can be devastating yet initially subtle. Slower thinking, altered sleep, impaired handwriting, irritability, falls, and difficulty performing familiar tasks may precede obvious disorientation.

For a physician, these changes can also destroy professional identity.

My inability to think and function normally frightened me more than many of the physical manifestations of liver disease.

Cognition is part of the physical examination.

Explain More Than You Think Is Necessary

A frightened patient does not process information like a physician sitting comfortably in a conference room.

I was medically trained, yet transplant packets, medications, appointments, procedures, and rapidly changing information could still become overwhelming.

Use plain language. Repeat important instructions. Provide written information. Include the caregiver whenever possible.

Then ask the patient to explain the plan back.

Understanding should be confirmed, not assumed.

Recognize the Caregiver as Part of the Team

Sandra was not merely a visitor.

During periods when my cognition was impaired, she became my historian, advocate, memory, and connection to my previous life.

Caregivers often notice changes in cognition, behavior, appetite, mobility, and medication tolerance that a brief clinical encounter may miss.

Ask them:

“What changes have you noticed?”

The answer may be diagnostically important.

Remember That Discharge Is Not Recovery

Leaving the hospital does not mean the danger has passed.

My post-transplant course continued with severe hyperkalemia, CMV, leukopenia, anemia, renal dysfunction, medication management, tremors, and prolonged rehabilitation.

Before discharge, patients and caregivers need clear instructions about medications, laboratory monitoring, warning symptoms, infection precautions, nutrition, activity, and exactly whom to call when something changes.

Protect the Kidneys While Protecting the Liver

Renal dysfunction can become a major part of the post-transplant story. I required dialysis during my hospitalization and continued to face kidney-related problems afterward.

Follow renal function, electrolytes, blood pressure, volume status, diabetes, and potentially nephrotoxic medications closely. Immunosuppression must protect the graft while minimizing toxicity whenever possible.

My potassium of 6.8 mEq/L after discharge was a vivid reminder that apparently successful recovery can still contain potentially life-threatening metabolic abnormalities.

Rehabilitation Is Treatment

Physical therapy, occupational therapy, nutrition, and neuropsychological evaluation were not optional extras in my recovery.

They were part of the treatment.

After prolonged critical illness, standing, walking, bathing, remembering, and performing ordinary activities may represent major clinical achievements.

Functional recovery deserves the same attention as biochemical recovery.

See the Person Behind the Transplant

A transplant recipient is not merely a graft, MELD score, creatinine, tacrolimus level, or problem list.

Before becoming critically ill, that individual was someone's spouse, parent, friend, colleague, teacher, carpenter, accountant—or, in my case, surgeon.

Serious illness threatens more than physiology.

It threatens identity, independence, dignity, and purpose.

Whenever possible, ask patients what they hope to return to—not merely whether their laboratory values are improving.

The Lesson I Brought Back From the Other Side

Medical training taught me how to diagnose disease, perform surgery, manage complications, and interpret laboratory results.

Becoming a patient taught me something equally important:

Patients may forget our explanations. They may not remember every procedure. They may never know how many people worked behind the scenes to save them. But they will remember whether, during the most frightening period of their lives, we treated them as a human being rather than a diagnosis.

That may be one of the most important therapies we provide.

Perspective of Michael Baruch, MD — retired surgeon, liver transplant recipient, patient advocate and medical educator.

My Liver Transplant Journey

From the First Warning to a Second Chance at Life

2004 — THE FIRST WARNING

Fatty Liver Disease

An elevated laboratory value and evidence of fatty liver infiltration provided the first warning that something was happening silently inside my body.

Dr. Ronald Weiss recommended major dietary and lifestyle changes. I listened—but I did not change enough.

Looking back: This was the first opportunity I had to change the direction of my journey.

2018 — WHEN MY MIND BEGAN TO CHANGE

Hepatic Encephalopathy

Changes in concentration, personality, sleep, speech, balance, and coordination gradually appeared.

Then came the falls—including five falls in a single day.

What I initially feared might be Alzheimer's disease was ultimately recognized as hepatic encephalopathy.

The liver disease was no longer silent.

2019 — THE NUMBERS DON'T LIE

Diabetes Becomes Undeniable

My purposeful walk had become a shuffle.

Blood glucose: 347 mg/dL

Hemoglobin A1C: 13.7%

Dietary changes, Metformin, and Prandin initially brought my glucose near 100 and my A1C to 5.7.

But metabolic disease and liver disease were becoming increasingly intertwined.

2020 — "YOU HAVE NO LIVER LEFT"

Cirrhosis • Transplant Evaluation • Waiting

In March 2020, I met with Dr. Lorna Dove and Dr. Jean Emond.

Dr. Emond examined me and delivered words I would never forget:

"You have no liver left."

NASH had progressed to advanced liver disease. I was told to stop driving and step away from the operating room.

COVID-19 complicated an already difficult year. Hepatic encephalopathy worsened. Lactulose and Xifaxan helped restore some clarity.

July 2020 — I was officially placed on the liver transplant waiting list.

FEBRUARY 23, 2021 — THE CALL

A DONOR LIVER WAS AVAILABLE

Near midnight, the telephone rang.

After years of progressive liver disease, evaluation, uncertainty, and waiting, I was told to come to NewYork-Presbyterian.

Approximately fifteen minutes later, Sandra and I were on our way.

I entered the hospital with end-stage liver disease.

Dr. Tomoaki Kato performed my liver transplant.

Another human being's extraordinary gift had given me a chance to live.

2021 — THE FIGHT AFTER THE TRANSPLANT

Survival • Complications • Rehabilitation

The transplant was only the beginning.

Postoperative bleeding ↠ Return to the operating room

Kidney failure ↠ Dialysis

Pneumonia ↠ Septicemia

Abdominal fluid collections

Weight: 186 ↠ 230 ↠ 149 pounds

Confusion and severe sleep disturbance

Orthostatic hypotension

Then rehabilitation began.

With Ilsa, Yeung, and Brittany, I worked on standing, balance, walking, climbing steps, and rebuilding independence.

Sandra used family photographs to help reconnect my memories.

Dr. Marykathryn Pavol helped evaluate my cognitive recovery.

GOING HOME — A NEW CHAPTER

After approximately two and a half months in the hospital, I finally went home.

But recovery continued:

Potassium 6.8 • CMV • Valcyte • Leukopenia • Neupogen • Anemia • Kidney disease • Tremors • Physical rehabilitation

Slowly, strength returned.

My thinking cleared.

My hands became steadier.

Life began expanding beyond laboratory results and hospital appointments.

TODAY — MY SECOND CHANCE

I did not return to exactly the same life I had before transplantation.

I built another one.

Physician became patient.

Patient became survivor.

Survivor became advocate and educator.

My experience ultimately became part of the purpose behind LiverTransplantGuide.com and Hepatic Haven—helping other patients and caregivers understand a journey that once overwhelmed even me.

"My donor gave me tomorrows.

I intend to make them count."

— Michael Baruch, MD

References & Patient Resources

Hepatic Haven — Issue 10

Below is a single-page reference section you can paste into Canva. I selected authoritative sources that directly support the medical commentary in Issue 10 and are useful to patients and caregivers.

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27. NIDDK — The Liver Transplant Process
28. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Living With a Liver Transplant.
29. Practical patient information about rejection, immunosuppressive medication, infection precautions, laboratory monitoring, diet, vaccinations, and long-term follow-up. (NIDDK)
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PATIENT RESOURCE

Baruch MI. MyStory — Liver Transplant Guide.

The personal narrative on which this special edition of Hepatic Haven Issue 10 is based.

MyStory — Liver Transplant Guide

A Second Chance at Life

There was a time when I measured my life by accomplishments.

Operations performed. Patients treated. Residents taught. Professional milestones reached. Problems solved.

Then liver disease changed the way I measured everything.

Eventually, success became getting out of bed without falling. Walking a few more feet with a rollator. Remembering a familiar face. Taking a shower. Eating enough to regain strength. Watching a laboratory value move in the right direction.

Simply being alive became an accomplishment.

On February 23, 2021, a telephone call changed the course of my life. Somewhere, a family was experiencing an unimaginable loss. At the same time, Sandra and I were driving to NewYork-Presbyterian because a donor liver had become available.

That contrast has never left me.

My second chance began with someone else's extraordinary gift.

More Than a New Liver

When I entered the hospital, I thought transplantation meant replacing my failing liver with a functioning one.

Medically, that was true.

But transplantation ultimately replaced much more.

It changed my understanding of illness.

It changed my understanding of patients.

It changed my understanding of caregivers.

And it changed my understanding of time.

For more than thirty years, I had stood on the physician's side of the hospital bed. I knew the terminology, understood the procedures and recognized the complications.

Then I became the person in the bed.

I learned what it felt like to surrender control. I learned how frightening confusion can be. I learned what it means to depend upon another person to stand, walk, remember and perform the most ordinary activities of life.

I learned that knowing medicine does not protect you from being afraid.

And I learned that sometimes the most important thing a healthcare professional can give a patient is not another medication or procedure.

It is the reassurance:

“We are still here. We are going through this with you.”

I Did Not Travel Alone

Although this is My Story, it was never mine alone.

Sandra walked every mile of this journey beside me.

During the weeks when my own memories were fragmented, she remembered for both of us. She came to the hospital every day. She played music. She brought photographs and patiently helped reconnect faces with names. She watched me struggle and celebrated victories that once would have seemed insignificant.

My physicians, nurses, therapists, pharmacists, coordinators, family, friends and fellow transplant patients each carried part of the burden.

They reminded me that sophisticated medicine may save an organ, but human beings help save the person.

And at the center of everything is my donor.

I may never be able to adequately express what that gift means.

What Do You Do With a Second Chance?

Eventually, I realized that receiving a second chance created a question:

What was I going to do with it?

I could not simply return to February 22, 2021, and continue the life I had been living.

That man had changed.

The surgeon became a transplant recipient.

The physician became a patient.

And the patient eventually became a survivor.

But survivor could not be the final destination.

I wanted what I had experienced to become useful to someone else.

That desire became part of the purpose behind LiverTransplantGuide.com and Hepatic Haven.

If my experiences can help another patient recognize hepatic encephalopathy sooner, understand transplantation better, prepare a caregiver for what may lie ahead, formulate a better question for a transplant physician, or simply feel less alone during a frightening night, then some of the most difficult moments of my journey have acquired additional meaning.

The Ordinary Has Become Extraordinary

Today, I appreciate things that once passed almost unnoticed.

A conversation with Sandra.

Working on an electronics project.

Writing an article.

Teaching someone something new.

Helping another patient.

Waking up in the morning.

Another day.

Before transplantation, tomorrow seemed almost automatic.

It no longer does.

Tomorrow is a gift.

I cannot know how many tomorrows I have. None of us can.

But I know something I did not fully understand before my transplant:

The value of life is not measured only by its length. It is measured by what we do with the time we are given.

To My Donor

There is one person without whom none of these pages could have been written.

My donor.

I received an organ.

But what I was really given was time.

Time with Sandra.

Time with family and friends.

Time to teach.

Time to write.

Time to create.

Time to help someone else.

Time to appreciate a sunrise that I might otherwise never have seen.

I cannot repay that gift.

I can only honor it.

And perhaps the best way to honor it is to live deliberately, gratefully and usefully.

My scars remind me of where I have been.

My transplanted liver reminds me why I am still here.

And every morning reminds me that the story continues.

My donor gave me more than a liver.

My donor gave me tomorrows.

I intend to make them count.

— Michael Baruch, MD

Liver Transplant Recipient • Physician • Patient Advocate • Founder & Editor, LiverTransplantGuide.com

THIS IS MY SECOND CHANCE.