

degenerated drastically during the past year. I was placed on the organ transplant recipient list at Tampa General last February.

According to the experts, by then, my ejection fraction had plummeted to 15. This means my heart was pumping at only 15 percent of its normal capacity. I could hardly get around. I

Heart defibrillators kept me alive for years

Dr. Daniel Cooper, a Sarasota cardiologist, has probably saved my life on several occasions in the past 10 years. His method -- an automatic implantable cardiac defibrillator.

The little machine, buried in my gut, shocked my heart into behaving if it got out of line. I've had three defibrillators and at least 50 shocks during the past decade.

"There is no question one of



Kept me going
Dr. Daniel Cooper, my heart specialist, kept my ticker working for a decade until I could get a heart transplant.

I had no idea my time was running out so quickly. According to my calculations, I figured I probably had a year to 18 months to live without a replacement heart. Of course my numbers weren't based on fact. They were simply guesswork on my part.

I also felt certain Tampa

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those episodes could have been fatal without the AICD," Dr. Cooper explained. "The defibrillator, on average, prolongs a patient's survival rate to 90 percent over a five-year period. People with similar conditions who are just treated medically, over the same period of time, have a 50-percent survival rate."

A number of patients who receive heart transplants were former AICD users, according to the doctor. The reason for this: defibrillator users survive long enough to receive a transplant. Many of the non-defibrillator patients die from a lethal rapid heart beat before they reach the transplant stage.

The three AICDs I received are about the size of a pack of cigarettes. A couple of wire leads ran from the device to patches sewed on both sides of my defective heart.

I've been asked scores of times by people who knew I wore a defibrillator: "Do you feel anything when it goes off?"

My standard reply is, "If you were a 100-pound lady, the jolt from the AICD would probably

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you've walked around in his shoes."

If you're a recent heart transplant recipient, you never get to know your donor at all, and his shoes are long gone. So whom do you talk to?

Your new heart is a good place to start. What do you say?

I told the new organ, pumping life into my old body, several things.

"Life is not always fair," I said to Mr. Heart. Then I told him "Your previous master didn't deserve to depart this earth at 29 to give someone twice his age a second chance."

"This is all very tragic," I explained to my new heart as tenderly as possible.

Mr. Heart was so unhappy about the loss of his first owner

you are is an almost used up old newspaper reporter."

Momentarily, I was offended, but then I'd respond, "Sorry I don't measure up to your high standards. But sometimes you have to play the cards you're dealt."

I also added, "Mr. Heart, the human capacity for love is boundless under God-awful circumstances like the one you and the organ donor's family have been through. Because your former owner and his family are exceptionally caring people, and they participated in a heart transplant program, you and I will eventually become good buddies. I hope it will be for years and years to come. I'm sure of it," I said.

Finally, I explained to Mr.

Why I wrote *Heart Transplant*

Why did I write these stories and produce this special section?

First and foremost, to express my gratitude to the family who gave me their son's or daughter's heart. To Dr. Daniel Cooper of Sarasota who kept my bad ticker going for 10 years, then helped get me on the Tampa General Hospital's heart transplant list. To the hospital's for performing a miracle.

There is another facet to why I tried to put into words my feelings about my recent medical metamorphosis. I wanted to advance the organ donor program in this country.

If more people would donate their hearts, livers,

kidneys and corneas -- more people would live longer, more productive lives -- like I hope to do.

A poor man uses the tools at hand to express his sentiments. My tool of choice was a lap top computer and a bunch of good friends who generously donated their considerable time and talent to turn this project into reality.

Finally, I was part of the equation, too. I wanted the world to know how I felt about the love so unexpectedly lavished on me.

Don Moore
Senior Writer
Englewood Sun Herald
Englewood, Florida

death in eight months or less, to convey properly the undying debt of gratitude I owe you.

"Possibly love is the only word that adequately captures my feelings, Mr. Heart. Perhaps that's the best word of all."

Writer's Note: I used the technique of talking to my new heart as a means of expressing some of my thoughts two weeks after receiving the heart of a 29-year-old Miami organ donor. I wrote these comments the night before my release from Tampa General Hospital's Organ Transplant Unit with a new lease on life.

Don Moore,
Heart transplant recipient

Check out our site on the Internet

We're on the Internet!
Our site is:
www.myhearttransplant.com
on the web.

Our site will give you the front page of this section, plus a synopsis of many of the stories inside. It will also provide an order blank. That way, you can order as many special sections as you like.

Our goal is to circulate *Heart Transplant* to as wide an audience as possible. We're hopeful the more people who read it, the more people will become involved in the organ donor program in the United States.

out around the little, white line that disappeared into my left arm. Neither my daughter or I was sure about the problem.

The nurse listened to Shannon.

nurse several times after that to change the picc line dressing, check my vital signs, draw blood for Tampa General and on and on. She was always professional, and she went

about her tasks with a smile on her face.

What kind of folks are they at Coram? They sent me a birthday card signed by the

gang at the home-health-care company. It arrived the day after Cathy had finished her job.

I was so impressed with

Coram I wrote a thank-you note to Kim Kasper, manager of the firm's district office in Tampa.

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knock you off your feet. That's probably gilding the lily a bit, but I assured them it's a pretty fair jolt.

If it only fires once, it's over before you realize what's happened.

I've had dozens of shocks over the years from these defibrillators. Even though I wasn't pleased about all the shocks, the alternative was a lot worse. There is no question, I believe, thanks to Dr. Cooper's acumen and these marvelous little shock boxes, I lived long enough to get my new heart.

Dr. Cooper and I didn't cross paths until my heart had a major blowout several years after I had a heart valve replacement at Sarasota Memorial Hospital. The technical name for what ailed me, when I became a patient of the Sarasota cardiologist, was an inferior myocardial infarction.

The damage was so severe, pills didn't work. It was determined that maybe the ultimate answer was to fix me up with an automatic implantable cardiac defibrillator (AICD). That's why I went to see Cooper. That's his specialty.

In 1990, when I became the first patient at Sarasota Memorial to get an AICD, Cooper was among the few physicians in the area doing this kind of procedure. The closest other hospital installing AICDs was Tampa General Hospital, but it was considerably farther away from home than Sarasota Memorial. I opted to go with Cooper and the local hospital.

Good choice.

In June of that year, at 50, I had my big heart attack. It left me with a dangerous rapid heartbeat which resulted in Cooper installing my first AICD in August. It worked for exactly two years, then the battery needed replacing. A second AICD was implanted in August

1992. It was replaced by a third defibrillator in June 1995. The final AICD was about to run out of juice when I got my heart transplant.

Last December, I went into Cooper's office for my annual checkup. He put me through my paces. Included in the tests was the treadmill routine. I lasted only 2 1/2 minutes on the big, black moving belt. The doctor didn't seem impressed with my performance.

I had a second appointment with Cooper two days before Christmas. He was to give me his evaluation of my medical situation.

When I showed up for the second session, I brought a friend. I had a premonition he was about to hit me right between the eyes with a biggie.

The Bottom Line

Cooper walked into his examining room where we waited. He had my three-inch-thick file under his arm. He plopped 10 years of my medical records on a table and pulled up a chair.

"You remember last year about this time we had a little discussion about you eventually being a candidate for a heart transplant?" he inquired.

I just nodded my head.

I was feeling kinda scared.

"Well, you're there. You've made it. I now consider you a candidate for a heart replacement," he said.

There it was. He said it all. If I was to make it over the long haul, whatever that meant, I would need a second heart -- someone else's,

Merry Christmas!

The doctor explained that my ejection fraction was 15. He said what this meant was my heart was only operating at 15-percent capacity.

Not good.

I must have looked a little peaked to

Cooper. He shifted gears and began talking positively.

"They're doing great things with heart replacements nowadays," he said. "They've got an 85 to 90-percent success rate after the first year, and the amount of medicine a heart-transplant patient takes has been substantially reduced.

"Look at it this way, once you get a new heart -- probably the heart of a 20-year-old, you'll be almost as good as new," he said.

I realized, sitting in Cooper's office half dazed by his comment, I had the cart way out in front of the horse. We had just been advised by my cardiologist I was a candidate for a heart transplant. No one said I was on the transplant list yet. Even if I were on the list, there's nothing in concrete I'd get one in time.

"How do you feel about getting a new heart?" he asked.

"Like someone just sucked all the wind out of my sail," I replied. "My options are limited." I get another heart, or I'm history within the next year or two, I figured.

Tampa General Hospital

"It's all pretty basic, doc. I live provided someone with the proper-sized heart and blood type dies," I told him.

"You need to meet with the heart-transplant team at Tampa General Hospital," Cooper said. "I'll call them now and arrange a meeting. In my opinion, they do a good job up there."

Several weeks later, I was instructed to come to Tampa General. They had me scheduled for five days of tests.

On the second day of my tests, Dr. Mark Weston, my cardiologist at the Transplant Center, performed a right-heart catheterization. This gives precise information on how my heart was per-

forming.

Ten minutes into the procedure, Weston said to me, "You're a candidate for a heart transplant. You're not high up on the list, but you're still a candidate."

I was relieved but concerned. Would I be high enough up on the list to get a new heart before I checked out?

Sjonne Mabbott, senior transplant coordinator at the hospital, stopped by my room to tell me a little more about how their procedure worked. After the transplant team reviewed my medical records, she would call me and tell me if I made the list.

Mabbott also explained the hospital had a specific procedure for doling out organs. They included:

- The length of time a patient has been on the heart-transplant list.
- Compatibility with the donor.
- Seriousness of the patient's condition.

"One in three patients die without ever getting a heart," Mabbott said.

I got the call. I had made the list.

It didn't hit me until I got my beeper from the Heart Transplant Center. If a heart comes in that's right for me, they would give me a beep. At that point I have roughly four hours to make it to the hospital.

Almost six months to the day after my name had been placed on the heart-transplant list I had a new heart. Ten days out of surgery, recouping at my daughter's home in Port Charlotte, my medical condition had greatly improved.

When I called Dr. Cooper a few days after I got to my daughter's home, he sounded almost as excited about the transplant as I was.

"It's times like these that make me glad I decided to go into cardiology," he said.