

Vol. 27 - No. 7 August 2017 - November 2017

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### EDITOR'S NOTE

We are looking for articles and photographs from lung transplant patients, caregivers, & lung transplant professionals. Personal experiences and clinical or treatment subjects are welcome. To submit corrections, letters to the editor, photographs, and articles, send an e-mail to:

keelerc768@aol.com

Thank you!  
The Editor

*Merry Christmas - Happy Hanukkah  
and Happy New Year!*

## MEMBERS - Please Read This Important Announcement from your Board of Directors

Dear Second Wind Member,

I am writing to you today to appeal for your assistance in conducting the affairs of your Association.

As I am sure you know, Second Wind (SW) has no employees; all work is accomplished by members of the Association's Board of Directors (BOD) as volunteers.

Responsibility for the management and operation of SW is vested in its BOD. In accordance with the By-laws of SW, the BOD is to be composed of not less than seven and not more than thirteen Directors, elected by the membership, and who each serve three-year terms. In addition, the By-laws state that a Director may not serve more than three terms (nine years).

In 2016, we lost one Director to the onset of illness; he passed just recently. Two months ago, we lost two Directors to illness. Today, our BOD numbers eight individuals, one of whom will retire at the end of this year. For the remaining seven the average age is 67 and the average time from transplant is 10 years (including one person who is 3 years out and excluding one person who is a health professional and has not had a transplant).

In addition, the average time on the BOD is 10 years with three individuals well over 10 years each, thereby violating our own By-laws. This has occurred despite efforts to recruit new Directors each and every year-end.

Some of the critical programs SW provides are:

Fundraising, Website, AirWays, Transplant Center Liaison Program, 800-Help Line, Email Support Group, Facebook Page, Peer Support Program, Financial Assistance Program

Additionally, there are many other very important tasks that are necessary to sustain the life of the organization such as recruiting new members, maintaining membership data, billing for dues, initiating/maintaining contact with transplant centers, and more.

We are now at the critical point where we cannot continue to support all of our programs for lack of people to monitor/administer/manage them.

*(Please see **Help** continued on page 3)*

## BOARD OF DIRECTORS

Cheryl A. Keeler, B.A., President  
Frank Shields, B.S./B.A., VP  
Gary Bland, B.S., M.B.A., Treasurer  
Jane Kurz, Ph.D., R.N., Secretary  
Tom Archer, M.Ed.  
Julie Martin, Peer Support Coordinator &  
Garry Nichols, B.S., Ch.E., M.B.A.  
Eric Harned, B.A., Marketing and Management

### *AirWays*

AirWays is published six times per year (if enough material of interest is submitted or found) by Second Wind Lung Transplant Association, Inc. by and for lung transplant candidates, recipients, caregivers, and transplant professionals worldwide.

We welcome all contributions to the newsletter; however, we reserve the right to edit submissions. Articles printed in AirWays are the property of Second Wind Lung Transplant Association, Inc. and may not be reprinted without permission from the Board Executive Committee.

We appreciate our members' help in obtaining donations to support Second Wind Lung Transplant Association.

### **General Information**

Membership in Second Wind includes a subscription to AirWays. To join or change your address please contact Second Wind via postcard, toll free phone, or e-mail listed below.

### **A Word of Caution**

Every attempt is made to print accurate technical/medical information from reliable sources. We would not knowingly present erroneous information but because of time and technical constraints it is not possible to check all submitted information.

Articles printed in this newsletter are for general information only and not meant to be taken as professional medical advice. Each individual's situation is different and information in the newsletter may or may not apply to you or your circumstance. It is your responsibility to discuss any information herein with your physician to determine whether it is beneficial or deleterious to your health. To submit an article for publication in AirWays, send an MS Word document as an attachment to: keelerc768@aol.com

Send hardcopy submissions to the editor:

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Second Wind Lung Transplant Association Inc.  
2781 Chateau Circle  
Columbus, OH 43221  
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E-mail: keelerc768@aol.com

## President's Notes

Cheryl A. Keeler

Second Wind Lung Transplant Association, Inc.

The Board of Second Wind wishes all of you a very Merry Christmas, Happy Hanukah, and Happy New Year. We want to bring you up-to-date on the activities of the last few months.



### *AirWays*

This edition of the newsletter covers the months of August through November 2017. I apologize for the tardiness in producing this newsletter. If you have read the front-page article, you will understand why it has taken so long to get this edition to the printer. With all

the programs Second Wind offers, it just isn't possible to complete each of them timely. The Help Line must be answered, and financial assistance requests must be processing quickly. **Hopefully, some of you will be willing to join our Board and help give back to the transplant community.**

### **Financial Assistance Program**

Please read the article that follows regarding the Financial Assistance Program outlining some of the wonderful work we were able to provide to the membership. For this four (4) month period, we processed and paid nine (9) requests for financial assistance. These requests consisted of the following: eight requests for temporary lodging \$3,086.74; one request for help with rent \$500.; one request for gasoline cards \$342.57; one request to pay for medical tests \$140.04; and one request for help with an outstanding bill to her transplant center - \$224.00: for a total amount granted and paid of \$4,293.35. Thank you to all who made donations to the Financial Assistance Fund.

### **Transplant News**

I apologize for the lack of news for this edition. With limited research, there was little to report.

*(Please see President continued on page 12)*



## WE NEED HELP!!!

Attached is the general description of the BOD duties and responsibilities which you have seen before in the annual letter seeking new directors. However, I would like to provide a more detailed look at some of the work necessary to keep this organization viable and relevant:

**Fundraising:** Obviously critical to the ongoing life of the organization, fundraising allows us to sustain the publication of AirWays as well as support our Financial Assistance Program as our only other source of revenue is membership dues. Fundraising is not just appealing for donations but includes the possibilities of seeking grants or selling advertising in AirWays, as examples.

**Website:** Updating/maintaining our website, 2ndwind.org, either by direct input to the site or by working with our outside web management company.

**AirWays:** Editing, layout and production of this important informational piece. The software required to produce it is -"off-the-shelf" and provided by SW.

**Transplant Center Liaison Program:** Managing the program to attract and monitor members who are willing to serve as Liaisons with their respective transplant centers to keep SW's name and benefits of membership in the forefront of Center operations, especially to recruit new members for SW.

**800-Help Line:** Responding to requests, comments and questions from members, potential members and other inquirers.

**Email Support Group / Facebook page:** Managing the Email Support Group by adding new members and deleting those who no longer wish to participate. Monitoring the Email Support Group and Facebook Page to ensure their integrity.

**Peer Support Program:** Maintaining a list of Members/Support Persons available to assist and matching these support persons with those in need of one-on-one assistance.

**Financial Assistance Program:** Evaluating and recommending applications for financial assistance.

In addition to the above, there are a multitude of other tasks such as sending donation acknowledgement letters, new member welcome packets, renewal notices, etc. Most of these tasks require limited time and little effort as they are based on form letters that require only name, address and other information.

## One solution for oxygen at home, away, and for travel

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We need help in all of the above tasks and we especially need your help if you have fundraising, grant-writing, marketing, advertising, data management, website management or publication skills. With most other tasks, little or no experience is required and we will train volunteers.

Time requirements vary widely. Most tasks are accomplished in one to two hours per week; others require more time.

Without additional assistance, we will be forced to limit our range of operations. Without help, something(s) must go as we will never be able to accomplish with seven Directors that which we did with ten Directors. Please consider helping. Call me on the toll-free line, (888) 855-9463, to discuss any questions you may have about donating your time to your organization.

Thank you,

Cheryl A. Keeler  
President

Second Wind Lung Transplant Association, Inc.

(Please see **Help** continued on page 4)

SECOND WIND LUNG  
TRANSPLANT ASSOCIATION, INC.

BOARD OF DIRECTORS  
DUTIES AND RESPONSIBILITIES

**Purpose:** To act as a voting member of the Board with full authority and responsibility to develop policies, procedures and regulations for the operation of the organization; to monitor the organization's financial health, programs and overall performance; and, to ensure provision of resources necessary to meet the needs of those the organization serves.

**The Full Board's Responsibilities:**

Establish policy; Secure adequate funding for the organization, Monitor finances; Create and update a long-range plan for the organization; Select and support the organization's Board Officers; Adopt key operating policies and procedures and approve contracts as appropriate.

**Individual Board Member's Duties:**

Make every effort to attend all teleconference Board meeting held every other month (Jan., March, May, etc.), and any face-to-face meetings if ever scheduled; it is understood that conditions, medical or otherwise, might prevent one from traveling;

Become knowledgeable about the organization;

Come to Board meetings well prepared and well-informed about issues on the agenda;

Contribute to meetings by expressing his/her point of view;

Contribute, or cause to be contributed, one article per year for publication in *AirWays*.

Consider other points of view, make constructive suggestions and help the Board make decisions that benefit those the organization serves;

Serve on at least one committee;

Represent the organization to individuals, the public and other organizations;

Support the organization through a personal financial contribution as you are able.

Assume Board leadership roles when asked.

## ANESTHESIA AND LUNG TRANSPLANTATION

*Michelle Capdeville, M.D.*

*Associate Professor, Cleveland Clinic Lerner College of Medicine  
Department of Cardiothoracic Anesthesia Cleveland Clinic*



**P**atients presenting for lung transplantation spend a considerable amount of time with their pulmonologist, but have a very limited conscious interaction with their anesthesiologist. The initial encounter is filled with hope, fear and anxiety over what to expect—after all, life is about to change dramatically. Once the call for a donor organ comes in, things tend to move rapidly, and there is generally little time to “process” everything. The initial meeting with an anesthesiologist should serve to allay anxiety and provide answers about what to expect in a manner that is both reassuring and easy to understand.

Members of the transplant team include surgeons, anesthesiologists, surgical assistants, operating room nurses, perfusionists, and transplant coordinators among others. This is a team effort where each member serves a vital role in ensuring a successful outcome. Anesthetic management for single or double lung transplantation presents unique challenges that will impact both intraoperative and post-operative care. Because of the complexity of the lung transplant procedure, anesthesiologists with subspecialty training in cardiothoracic anesthesia routinely care for these patients. Anesthetic care can be broken down into pre-, intra-, and postoperative phases.

### **Preoperative Assessment**

The anesthesiologist's role begins with a careful preoperative assessment of anesthetic history, pulmonary and cardiac function, type of end-stage lung disease, medications and allergies, laboratory work, as well as any other coexisting medical conditions. An airway examination is performed to determine any potential difficulties with breathing tube placement following anesthetic induction, and to estimate proper tube size. Very often a special breathing tube with two channels is used to allow for the lungs to be ventilated independently, and for the lung on the operative side to be collapsed to facilitate surgical exposure.

*(Please see **Anesthesia** continued on page 6)*

# The Loss of a Board Member and Friend



On the evening of October 26, 2017, we very unexpectedly lost our dear friend and Board Member when P. Ross Pope passed away. Ross was born on February 21, 1949 in Marysville, California.

Ross first joined Second Wind on November 5, 2013. He received a single lung transplant on February 10, 2014 at the Cleveland Clinic for Idiopathic Pulmonary Fibrosis. For the last three years Ross served on Second Wind's Board of Directors. He was dedicated to giving back to the transplant community and encouraging all to become organ donors.

When Ross applied to join the Board of Directors, he told us he was thankful for a donor and their family for the gift of life he received, and he hoped to be able to help those who were going through the transplant experience. He wanted to be a resource and help for others because that was one of his goals. Ross accomplished that goal. Ross served as a Peer Support Mentor and had begun to manage the Email Support Group, which is so important to not only Second Wind members, but anyone in the transplant community who needs or wants to communicate via the Internet, with other lung transplant patients, both pre-transplant and post-transplant.

Before coming to Second Wind's Board, Ross served on several boards, one being Dignity in Death, helping those who could not afford a decent funeral/burial for their loved one. He also served on the board for Redwood Rehabilitation where the focus was assisting the handicapped individuals achieve their maximum potential. Ross told us it was a blessing to see non-verbal, paraplegic individuals learn to communicate and be able to use a laser pointer and the Internet to communicate with friends and family.

Ross was very active and dedicated to the Church of Jesus Christ of Latter-Day Saints, where he served as a counselor in the Stake Presidency and as Bishop. Ross was survived by his wife of 39 years, Sharman and his three daughters, Stacey Ro, Lindsay Pope, Whitney

Couch and his grandchildren: Addison, Jenna, Taesun, and Mia Ross Ro. He was also survived by his four siblings: James, Lorenzo, Susan Sweeney and Erma Foltz.

Ross's death was so sudden and unexpected. He wasn't in chronic rejection of his lungs. Ross died from a sepsis infection. Even in death, he has helped us and taught us. With a suppressed immune system, we must be so careful and be vigilant.

Ross will be greatly missed by so many and so missed by his fellow Board Members. You are now on that Mountain Top with our Lord. God Bless you and rest in Peace.

Cheryl A. Keeler, President





Often patients presenting for lung transplant are admitted to the hospital from home, while others may be in an intensive care unit (ICU) on some form of life support, such as mechanical ventilation or extracorporeal membrane oxygenation (ECMO). Because of this variable presentation, anesthetic management strategies will depend on the patient's current status. Additionally, anesthetic care will depend on whether a single or double lung transplant is planned, and whether the operation will be performed with or without the use of cardiopulmonary bypass (heart-lung machine) or ECMO to support the heart, lungs, and circulation.

### **Preoperative Phase**

For patients being admitted from home, the anesthesiologist will do a bedside pre-anesthetic assessment and discuss the anesthetic and postoperative pain management plans. This alone is a first step in allaying anxiety and providing reassurance to patients and families. Prior to surgery an intravenous catheter (for fluid and medication administration) and an arterial line (for beat-to-beat blood pressure monitoring and to draw blood samples) are placed. Nurses in the ICU draw preoperative laboratory work from the arterial line, and administer all preoperative medications ordered by the transplant team. Once the donor organ has been deemed suitable, an estimated operating room time is coordinated with the organ procurement team and the waiting begins. Proper coordination with the donor hospital determines the optimal time for transfer to the operating room. This time is subject to change depending on a number of factors, including transport time (i.e. local versus distant or out of state donor), time needed for procurement of other organs that precede lung procurement, weather conditions, etc. The goal is to minimize ischemic time (i.e. time from organ harvest to transplant) of the donor organ, so timing is very important.

### **Intraoperative Phase**

The anesthesia team transports the patient to the operating room, where a team of doctors, nurses, surgical assistants, and a perfusionist discuss the surgical and anesthetic plan, and the patient has a last opportunity to have any further questions answered. This surgical "huddle" is a form of safety check to make certain that all team members understand and agree with the plan. Antianxiety medications are often administered shortly after arrival in the operating room with full monitoring, however, this

is done at the discretion of the anesthesiologist, as a marginally functional patient can become unstable from even a small amount of sedative drug. In some patients, sedation can affect the respiratory drive and potentially lead to hypoxia and hypercarbia. Patient safety always comes first.

The decision to perform the operation with or without cardiopulmonary bypass is dependent on the degree of cardiac dysfunction and the presence of significant pulmonary hypertension. A right heart catheterization will have been done as part of the pre-transplant workup to measure the blood pressure in the pulmonary vascular bed. Regardless of the surgical approach, a general anesthetic is administered with inhaled and/or intravenous drugs, typically with the use of a breathing tube that allows selective lung ventilation and isolation to facilitate surgical exposure. Following the induction of general anesthesia, additional intravenous access is established, and a pulmonary artery catheter is placed (typically in the right internal jugular vein) to monitor heart pressures and pressures in the pulmonary vasculature. Information obtained from the pulmonary artery catheter is used to help determine whether or not cardiopulmonary bypass (or ECMO) will ultimately be necessary to complete the operation. Even when the operation is performed without cardiopulmonary bypass, a perfusionist (the person who runs the heart-lung machine) remains on standby at all times in the event that the surgical plan has to be modified. A transesophageal echocardiogram (TEE), or heart ultrasound, is routinely performed by the anesthesiologist to assess baseline heart function, and to examine blood flow across the pulmonary veins from the new lung(s) following transplant. The anesthesiologist will suction the new lungs and perform a bronchoscopy to examine the surgical suture line where the new lung has been attached.

When the donor lung (or lungs for a double lung transplant) is ready to be ventilated, a protective mechanical ventilation strategy is used. This includes avoiding high pressures and volumes to the new lung(s) from the ventilator, and using the lowest inspired concentration of oxygen possible. Appropriate adjustments are based on blood gas information and pulmonary mechanics.

At the completion of the operation, the patient is prepared

*(Please see **Anesthesia** continued on page 8)*

# CONGRATULATIONS!

## To those who donated to the Financial Assistance Program

In 2012, through the generous donations from you, our Membership, Second Wind was able to establish and launch a Financial Assistance Program (FAP) as a benefit to our members. The program was developed to assist with costs associated with lung transplantation that aren't covered by insurance. The Board of Directors implemented a policy setting forth the requirements to be granted an award. The most important requirement was that of financial need with a limited income.

For the last three years, Second Wind has participated in the annual Hike for Lung Health fundraiser. All donations made in support of Team Second Wind and/or in support of individual walkers, go directly to the Financial Assistance Program.

During the first year of the program, we processed four (4) requests for assistance. So far in 2017, we have received twenty-six (26) applications for assistance. In lieu of telling you the amounts granted and a category for payment, we want to share with you some of the stories of those you have helped. The names of those receiving a financial assistance grant will not be divulged and some locations and genders may be changed for privacy purposes.

Early in 2017 we received an application from a man who was several years post-transplant. He had developed a disease that was threatening his ability to breathe that had nothing to do with his transplanted lungs. Only a few hospitals in the country had the ability to perform the surgery he needed. One such hospital was Boston Massachusetts General. The cost of traveling and lodging was not something insurance would cover and being on a limited income, it was out of reach for this family. Second Wind was able to cover the cost of lodging for this family so that he could obtain this life-saving surgery.

Another applicant applied seeking assistance with temporary lodging. She was pre-transplant and was being evaluated at a transplant center eight (8) hours away from her home. During the pre-transplant evaluation, it was discovered that she needed a heart valve replacement. The transplant center wanted her to have the heart surgery, and after, they would continue the evaluation process. She needed your help to stay in the city where the transplant center was located for three days after the surgery. We were able to pay for this temporary lodging. After she returned home, we received a note from her. I want to share a small portion of that "thank you note" "I can't tell you how much your help has meant to us. We are humble

people and do not discuss financial matters easily. This is hard and has drained us both financially and emotionally. Your support has helped us financially and emotionally, we are not alone."

Many of the applications for assistance we received this year were to help with the cost of temporary lodging. Most people don't live in the city where their transplant center is located. There are costs associated with staying near their transplant center for pre-transplant evaluation testing. There are also costs associated with staying within one hour of their transplant center after they receive a transplant. Each transplant center is different regarding the amount of time a patient must stay close to the center post-transplant. To my knowledge, only a few centers provide free housing post-transplant. Even where free lodging is provided, sometimes a patient must wait a couple of weeks until there is a vacancy. We processed three applications this year for three patients who were waiting for an opening in free lodging facility.

One of the applications we received this year came from a family that had to re-locate out-of-state, so their young child could be listed for a lung transplant. There were many children in the family, and our lung transplant patient was the youngest. She had suffered with lung disease almost since birth. Prior to relocating the family, the Father had a stroke and could no longer work. Their only income was the Father's disability. I remember the day I received the call for help from this Mother. She called our toll-free Help Line. She asked if we could possibly help with the cost of food for the family while they were staying at a temporary home. Through your generous donations to the financial assistance program and the fundraising efforts of our Board Members, especially our Vice President, Frank Shields, we were able to help this family with gift cards from a local grocery. When I told her the maximum amount we could grant, she asked if she could withhold a few hundred dollars until closer to Christmas time, so she could get food necessary for a nice Christmas dinner for the family. Just last week, we provided the remainder in assistance for that Christmas dinner and hopefully some cookies and candy for her children. The family is still waiting on the call from the transplant center telling them they have lungs for their child, and I'm praying for the best gift possible; lungs for their child.

These are just a few of the stories of those you have helped through your generosity. When the Financial Assistance Committee reviews these applications, I know we all wish we could do more, but we are forever grateful, not only for the financial help we can grant, but also for the opportunity to give back to the transplant community and hopefully touch someone, so they know they are not alone. Thank you so very much for your support of this program.

# Transplant Anniversaries

## AUGUST 2017

Name	Transplant Date	Yrs
<b>Carolyn Aspegren</b>	<b>08-01-00</b>	<b>17</b>
Frank Carlson	08-04-16	1
<b>Harlan Halvorson</b>	<b>08-24-06</b>	<b>11</b>
Patrick Henry	08-25-15	2
Gwen Herron	08-11-12	5
<b>Julie Martin</b>	<b>08-09-05</b>	<b>12</b>
<b>Michele O'Guinn</b>	<b>08-25-04</b>	<b>13</b>
<b>Tina Orlita</b>	<b>08-11-99</b>	<b>18</b>
Karen Swenson	08-26-12	5
Hugene Swisher	08-26-13	4

## SEPTEMBER 2017

Name	Transplant Date	Yrs
<b>Tom Archer</b>	<b>09-11-06</b>	<b>11</b>
Kevin Gargan	09-20-16	1
Cheree Peirce	09-16-12	5

## OCTOBER 2017

Name	Transplant Date	Yrs
Alina Fidziukiewicz	10-07-16	1
<b>Damian Neuberger</b>	<b>10-19-97</b>	<b>20</b>
Alan Schwenck	10-06-09	8
George Timmer	10-16-15	2
Fred Triquet	10-21-10	7

## NOVEMBER 2017

Name	Transplant Date	Yrs
<b>Carolyn Blaylock</b>	<b>11-05-03</b>	<b>14</b>
<b>Cathy Cuenin</b>	<b>11-09-04</b>	<b>13</b>
Chuck Schuele	11-20-08	9
Amanda St. Lawrence	11-09-16	1
Susan Sweeney	11-02-14	3

(Anesthesia continued from page 6)

for transport to the ICU for postoperative recovery. At this point, the patient is still anesthetized. The breathing tube is to remain in place until the critical care team determines that weaning from mechanical ventilation is appropriate, generally the following day. In the interim, intravenous pain medication is administered if there are signs of pain, and a continuous sedative infusion (propofol or dexmedetomidine) is maintained to keep the patient comfortable during weaning from the ventilator.

### Postoperative Phase

Patients are generally mechanically ventilated overnight in anticipation of planned extubation (removal of the breathing tube) the following day. This allows for an adequate period of observation and monitoring function of the new lung(s). Prior to removal of the breathing tube, the sedative infusion is gradually discontinued and the patient allowed to wake up fully. This is an important step, as it allows the respiratory therapist to measure respiratory parameters and effort with an alert and cooperative patient who can follow commands and protect their airway.

One of the greatest concerns after any major operation is pain control. Good postoperative pain management after lung transplantation and other intrathoracic operations is needed to facilitate extubation, optimize respiratory mechanics, allow for adequate deep breathing and coughing to clear any secretions, and to minimize postoperative pulmonary complications such as pneumonia. Shallow breathing from pain (splinting) can lead to the accumulation of secretions in the airways and inadequate lung expansion (called "atelectasis"), commonly seen at the lung bases on a chest X-ray, as well as suboptimal oxygen delivery. Additionally, inadequate acute pain control can in some cases lead to chronic pain syndromes.

Pain from operations within the chest cavity is unique in that there are multiple pain pathways involved. What makes chest wall incisions and entry into the chest cavity different from other types of operations is the nerve supply to this space. Post-thoracotomy pain can be divided into the following categories: incisional, non-incisional (referred pain to the shoulder), and chronic. Surgical entry into the chest cavity involves going through multiple layers including skin, subcutaneous tissue, muscle, pleura (the tissue that covers the lungs),

(Please see *Anesthesia* continued on page 10)



# HIKE FOR LUNG HEALTH



Everywhere you turned at the 11th Anniversary Hike for Lung Health, you could see the importance and impact of the event. Families and friends surrounded individuals living with lung disease, t-shirts featured photos of loved ones lost, and host Respiratory Health Association and seven charity partners shared vital information about their specific area of focus, treatment and research

options. One of those partners, Second Wind Lung Association, was celebrating its third year being part of Hike for Lung Health.



Held on a warm and sunny Sunday, September 17, 2017 more than 400 participants walked a one mile or three mile path through Lincoln Park to raise awareness about lung disease and funds for education, research and policy change. Another 120 individuals were “virtual walkers,” tracking their miles at home, in the gym, or even as part of pulmonary rehabilitation.



Collectively, the 2017 Hike for Lung Health participants have raised nearly \$54,000 to combat lung disease. Despite it being just their third year as a charity partner, Second Wind Lung Association participants were the second highest fundraisers, collecting \$7,220 to support their mission. In individual fundraising efforts, Second Wind Vice President Frank Shields was second overall, raising \$4,170.



The Hike for Lung Health concept – that as a united lung health community, we can achieve more together than

*(Please see **Hike** continued on page 12)*

lung (including more rigid airway structures and softer gas exchange components), and blood vessels. Many of these sites receive their innervation from different spinal nerves. Because of this, no single pain management approach is suitable alone. A multimodal approach is needed to provide the best pain control.

A number of strategies can be used to manage postoperative pain. Because there are several surgical approaches used for lung transplantation, including sternotomy (a vertical midline chest incision with sawing through the breast bone), thoracotomy (an incision on the chest between the ribs) or clamshell (below the rib cage with or without transection of the breast bone), the approach to pain management needs to be individualized.

It is important for caregivers to appreciate that a number of factors may influence a patient's pain experience, including prior history of chronic pain (and chronic use of pain medication), anxiety, and overall pain tolerance. Some studies have suggested that patients undergoing lung transplantation have more difficulty with pain relief than patients undergoing intrathoracic operations for other indications.

The current gold standard for pain management following intrathoracic operations is placement of a thoracic epidural catheter. Most people associate epidural catheters with childbirth, but this form of pain management can be used for numerous types of surgical incisions. A comparable alternative to an epidural catheter is insertion of a paravertebral catheter. These are regional anesthetic techniques that deliver local anesthetic with or without opioid medication to a space where intercostal nerves and sympathetic nerves reside. The site of the incision determines at what level the epidural catheter is placed. Lung transplantation is unique in that there is always the possibility that cardiopulmonary bypass (with full anticoagulation) might become necessary. The high level of anticoagulation, or "thinning" of the blood, required for cardiopulmonary bypass makes anesthesiologists reluctant to place an epidural catheter, the main concern being bleeding around the catheter site that could potentially result in spinal cord compression. This does not preclude placement of a catheter later on in the postoperative period if adequate pain control cannot be achieved with alternative methods.

Commonly used intravenous pain medications include opioids (fentanyl, hydromorphone, morphine) and acetaminophen (Tylenol). Generally intravenous opioids are administered through a pump that delivers a continuous infusion, but also allows the patient to self-administer additional pain medication using a push button. This is referred to as "patient controlled analgesia" or "PCA". Non-steroidal anti-inflammatory drugs such as ibuprofen and naproxen are generally avoided because of potential negative effects on kidney function when combined with the adverse effects of certain immunosuppressive drugs on the kidney.

Recently, interest has developed in the use of regional chest wall nerve blocks for postoperative pain management in lung transplant patients. Depending on the surgical site, local anesthetic can be injected into specific chest wall regions between muscle layers to block pain fibers supplying the area. Some practitioners have inserted a catheter at this site for continuous administration of a local anesthetic solution. Alternatively, a slow release formulation of the local anesthetic bupivacaine (Exparel) can be injected for longer lasting pain relief. These chest wall blocks can be placed after anesthetic induction, either at the beginning or at the end of the transplant procedure. In the event that a PCA or other forms of pain management are inadequate, an epidural catheter can be placed at the bedside after confirming normalization of blood clotting factors.

In summary, anesthetic management for lung transplantation is a well-coordinated effort that involves close collaboration with the surgical team. The importance of pain management in the postoperative period cannot be overemphasized, as good analgesia facilitates respiratory effort and can help to lessen the risk of postoperative pulmonary complications.



## MEMORIAL DONATIONS

### *In Memory of Ken Carrell*

by

Terry & Janice Balko  
Mr. & Mrs. G. Bartlett  
Matthew Black & Family  
Gary Bland  
Jeanelle Calogero  
Jeanine Calogero  
Michael & Sharon Carnaghi  
Kirsten Cooper  
Ann Dakin  
Sharon Delehanty  
Anequique Gerlock  
Lois Kilroy  
Sarah Kinsella  
Jeffrey & Susan Koski  
Michelle Maiter  
Julie Martinez  
Lisa Murphy  
Garry & Barbara Nichols  
Mr. & Mrs. D. Parent  
P. Ross Pope  
Monica Rubio  
Mr. & Mrs. J. Rubocki  
Frank Shields  
Judy Spicer  
Mr. & Mrs. D. Vanderploeg  
Janet Viano  
Jeff Wade  
Gilbert & Nellie Wilson  
Debbie Witheft

### *In Memory of Theresa Beth Monroe*

by

Barry & Marianne Beck  
David & Linda Emrick  
Gregory & Jean Garman  
Stanley & Lucinda Kasper  
Craig & Diane Kool  
Karen Rodery  
Paula Schnaer  
Donald & Janice Vanderhorst

### *In Memory of Ross Pope*

by

Shirley Angerson  
Celeste Bratton  
Michael Daun  
Cheryl Keeler  
Sam Swainhart

### *In Memory of Dr. Robert Metcalf*

by

Marilyn Allegra  
David Felgenhauer, D.D.S.  
John Deland & Gail Leslie  
Mary Kubala  
Sandra Lausas  
Shiela McDonnell  
Adrienne Metcalf  
Bruce & Jean Metcalf  
Sally Morris  
Stacy Novak  
Ernie & Betty Peterek  
Steven Pratt  
Diane Ritchie  
Ed Salek  
Joan Schmitt  
Alan & Lillian Stein  
Michele Taylor

### *In Memory of Steven C. Schumann*

by

P. Ross & Sharman Pope

### *In Memory of Irene Shields*

by

Gary Bland  
Judy Cizmar  
Patrick & Deborah Gibbons  
Cheryl Keeler



*(Hike continued from page 9)*

working alone – continues to build on its success. By sharing the event, RHA and the other lung health



affiliated charity partners keep costs low so that more \$ dollars raised go directly to help those affected by lung disease and prevent it in the future. Hike for Lung Health is a celebration of collaboration and RHA looks forward to having Second Wind Lung Association as a charity partner for many years to come. The tentative 2018 date is scheduled for Sunday, September 16. We hope you can join us then.



*(President continued from page 2)*

## Upcoming Events

On January 9, 2018, the first Board of Directors meeting will take place. At this meeting any new Board Members will be voted upon and Officers will be elected.

Please have a safe and healthy holiday season.

## WE REMEMBER

P. Ross Pope  
Gainesville, GA

Date of Birth: 02-21-49  
Single Lung Transplant 02-10-14  
Cleveland Clinic, OH  
Date of Death: 10-26-17

Dr. Robert Metcalf  
Downers Grove, IL  
Single Lung Transplant 07-13-17  
University of Chicago Medical Center  
Date of Death: 10-21-17

Charles (Chuck) Freiburger  
Upper Arlington, OH  
Single Lung Transplant 07-08-14  
Ohio State University Wexner Center  
Date of Death: 9-11-17

*At the going down of the sun and in the morning  
We shall remember them!*



## A Celebration of a Life

Numerous times we get calls on the Help Line wanting to know what life can be like post-transplant. This section of AirWays is dedicated to sharing photos of things we have been able to do and enjoy post-transplant.

The three (3) photos here are of your own Board Member and Treasurer, Gary Bland and his lovely wife, Pamela. At the time I am writing this article, Gary is nine years and nine months, post-transplant. He and his wife are also on a cruise right now.



The three pictures are as follows:

- #1 – Gary on a zip-line at the San Diego Safari Park.
- #2 – Gary and Pamela getting ready to go white water rafting.
- #3 – Gary and Pamela white water rafting on Clackamas River in Oregon this year.

If you would like to share some of your photos with other Second Wind Members, please email them to me at: [keelerc768@aol.com](mailto:keelerc768@aol.com). Many of us, depending on how far out we are post-transplant and our physical condition, are not able to go white water rafting, but we all celebrate holidays and birthdays with family and friends. Many of us go on vacations. What better way is there to illustrate what our life is like post-transplant than through photographs? Please consider sharing some of your holiday photos.

Cheryl A. Keeler, President



### NEW MEMBERS

John Douglas	Rose Falcone
Wally Ferguson	Donna Lee Hall
Charlene Hymel	Donna Lacey
Bridget Lamb	Lois Peddigree
Timothy Phipps	Jennifer Poole
Jesse Richardson	Daniel Russell
Margaret Seanor	Hugene Swisher
Geraldine Templett	Breeleigh Thomason
Patrick Weber	Diane Kay Wenzel
Patricia Wheeler	

There were also seven (7) new confidential members.

### MEMBERSHIP RENEWALS

Kathryn Bryan	Kelly Connelly
Robert Courtney	Mary Jo Festle
Donald Gwynne	Karen Hand
Eric Harned	Jane Kurz
Robert Lohstroh	Marie Loss
Julie Martin	Garry Nichols
Tim O'Leary	Ernest Pemberton
Carla Schworer	Samuel Tambyraja
Fred Walker	Gail Weadon

We also welcome all our new and renewed members who wish to remain anonymous.

## Donations to Second Wind Lung Transplant Association

The Board of Directors expresses appreciation to the following people for their financial support of Second Wind. Thank you very much for your donations, they are most appreciated!

### General Fund

Kathryn Bryan	Kathy Cuenin
Maggie Czoty	Doris Frick
Garry Nichols	Sharon Shackelton
Samuel Tambyraja	Fred Walker

### Membership Fund\*

Donald H. Gwynne	Cheryl Keeler
Elana Khan	Jane Kurz
Garry Nichols	

\* Membership Fund provides for waiver or reduction in membership dues for those with limited financial resources.

### Financial Assistance Fund

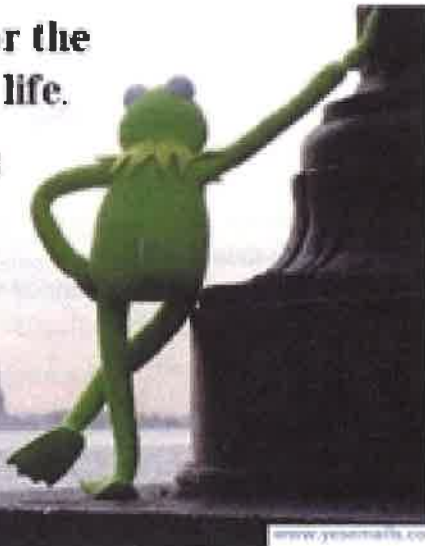
Garry Nichols	Ida M. Pope
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We also want to express our sincere thanks to those donors who want to remain anonymous.

Notice: It is the Policy of Second Wind Lung Transplant Association, Inc. to prohibit the posting of any email and/or message regarding the exchange of medications on any communication medium of the Association.

**Be thankful for the  
bad things in life.**

**For they opened  
your eyes to  
the good things  
you weren't  
paying  
attention to  
before!**



**800-823-1911**

**www.AeroCare.com**



## Support Groups & Events Calendar

**AirWays** posts coming events that are of interest to our readers. Please submit the name of the event, location, date(s), time(s), website link, contact person, and a short description of the event if needed. We are not able to include fundraisers.

*Closing dates are the end of the months of January, March, May, July, September, and December. Due to printing and mailing schedules, please submit items for publication at least two weeks before the closing date.*

### **Lung Transplant Support Groups.**

#### **Dover Campus, St. Clare's Health System**

400 West Blackwell Street  
Dover (Morris County), NJ  
For information, call (732) 412-7330

#### **Cincinnati Support Group**

Second Thursday of each month at 6:30pm, hosted at the home of Robert and Cynthia Lohstroh; 4120 Beamer Ct., Cincinnati, OH 45246. Phone: (513) 752-0451.  
Covers Cincinnati, Dayton, and Northern Kentucky.

#### **St. Louis Second Wind Lung Transplant Association**

Second Wind of St. Louis is now available on Facebook by searching that name.  
Second Sunday of each month, 2pm, at Chris' Pancake and Dining.  
Contact person: Amanda Helderle, 314-225-6751  
may12usch@yahoo.com

#### **Loyola University Medical Center**

Third Tuesday every month, 7:00 PM  
EMS Building Rm 3284, 2160 S. First Ave.  
Maywood, IL 60153  
Pre-, post-transplant patients, & support person(s)  
Caregivers only support group, first Wednesday every month.  
Combined Transplant Support Group, first Thursday every month. This meeting and Caregivers at same address.  
Upcoming Programs: **Sept. 20 Rachel Janas, RD, Nutrition for Pre- and Post-Transplant Patients;**  
**Nov. 15 Special Presentation--Coping with the Holidays, Relaxation Techniques (Speaker TBD)**  
For information, contact Susan Long (708) 216-5454,  
slongn@lumc.edu

#### **Emory Lung Transplant Support**

First Monday of the month at 12 noon on the Emory Campus.  
Location Changes. Contact Julia Bucksot at  
jsbucksot@gmail.com for more information

#### **Shands Hospital Lung Transplant Support Group**

Shands Cancer Hospital, South Tower, 5th Floor  
1515 SW Archer Rd., Gainesville, FL 32610  
Contact: Micki Luck, nodurm@shands.ufl.edu  
Phone: 352-519-7545

#### **University of Washington Medical Center Seattle, WA**

Meetings for 2016 (schedule pending).

#### **Pre- and post-transplant Support Group**

UWMC patients, their family and friends. Meetings are on the Second Tuesday of the month, 12:30-2:30.

#### **Caregivers Support Group Meetings**

Meetings on the 4th Wednesday 12:30pm to 2:00pm, January through October. Open to transplant families, friends, spouses & partners. No patients please. Both meetings are held in the Plaza Cafe Conference Rooms B/C.  
Contact: Angela Wagner, MSW at 206-598-2676;  
www.uwltsg.org

#### **University of California San Francisco**

Lung Transplant Support Group, Third Thursday of every month, 1-2:30 pm., 505 Parnassus Ave., Room 1015.Moffitt San Francisco, CA 94143-0307  
Contact: Andrea Baird, LCSW  
Andrea.Baird@ucsf.edu / 415-353-1382

#### **St. Joseph's Hospital & Medical Center**

Lung Transplant Support Group  
500 W. Thomas Rd.  
Phoenix, AZ 85013  
2nd Tuesday of every month, 11:45 am – 1:00pm  
Mercy Conference Room  
Contact: Kathy Lam, LCSW  
Kathy.Lam@DignityHealth.org Phone: 602-406-7009

#### **University of Chicago Medical Center**

Lung Transplant Support Group for transplant recipients and those who are listed. Third Wednesday of every month, 5-6:30 pm.  
Center for Care and Discovery (CCD),  
7th Floor Conf.Rm. 7710  
5700 S. Drexel Ave., Chicago, IL 60637  
Contact: Fran Hammon, LCSW  
frances.hammon@uchospitals.edu or call 773-702-4608  
Pager 6720

#### **St. John Medical Center**

A Second Chance Lung Transplantation Support Group  
26908 Detroit Rd. Second Floor Conference Room  
Westlake, Oh 44145  
Second Tuesday of most months 6-8pm  
Group Discussion: Recipients, Caregivers, & Families  
Contact Kathy Lewis (kathy2lungs@yahoo.com)

(Please see **Events Calendar** on page 16)



Please Share This Issue  
of AirWays With Friends,  
Family & Colleagues

CAROL STREAM IL 601

21 DEC 2017 PM 31



Second Wind Lung Transplant Association, Inc.  
2781 Chateau Circle  
Columbus, OH 43221  
**RETURN SERVICE REQUESTED**

19810-326010



*(Events Calendar continued from insert)*

## Support Groups & Events Calendar

### University of Texas Southwestern Transplant Support Group

St. Paul Auditorium, 5939 Harry Hines Blvd., Dallas, TX  
75390. Pre-lung transplant patients and caregivers are also  
welcome.

Contact: Jodie C. Moore, MSN, RN, ACNP-BC  
jodie.moore@utsouthwestern.edu Phone: 214-645-5505

### Second Chance for Breath Lung Support Group St. Lukes Medical Center

2900 West Oklahoma Ave., Milwaukee, WI 53201  
For pre & post lung transplant patients

Contact Person: Ed Laskowski  
laskowskiedward@att.net or call 414-231-3013

### Ohio State University Lung Transplant Support Group

Comprehensive Transplant Center  
770 Kinnear Road  
Columbus, OH 43212

For directions assistance call:  
614-293-8000  
medicalcenter.osu.edu

Please call our office with any questions at  
614-293-5822  
Meeting last Tuesday of the Month 6:00 p.m. to 7:30 p.m.

### UCLA Lung Transplant Support Group

Ronald Reagan UCLA Medical Center  
757 Westwood Plaza Drive  
Los Angeles, CA 90095  
8-120 Conference Room  
12:00 to 1:30 p.m.

Meets monthly, first Monday of every month  
Eileen Sudeck, MSW  
Ph: 310-267-9728  
Esudeck@mednet.ucla.edu