

Find out how it all started

Sarah Gravel's story doesn't end today, and it didn't start today either. On July 5, the 6-year-old liver transplant candidate made her debut in Your Health, followed by the documentary of the last night with her diseased liver on July 12. Visit www.monroenews.com/your_health/ to read part one, "On the waiting list," or part 2, "The night before," or visit The Monroe Evening News customer service desk, 20 W. First St., to buy a copy for 50 cents. The series ends July 26.



Michigan health insurance information online

The Michigan Office of Financial and Insurance Services has made information about choosing health insurance and health insurance coverage options in Michigan at www.michigan.gov/ofis, under health insurance information. The site includes a glossary of terms, information on prescription drug coverage, disability income, discount health plans and other health-related topics.

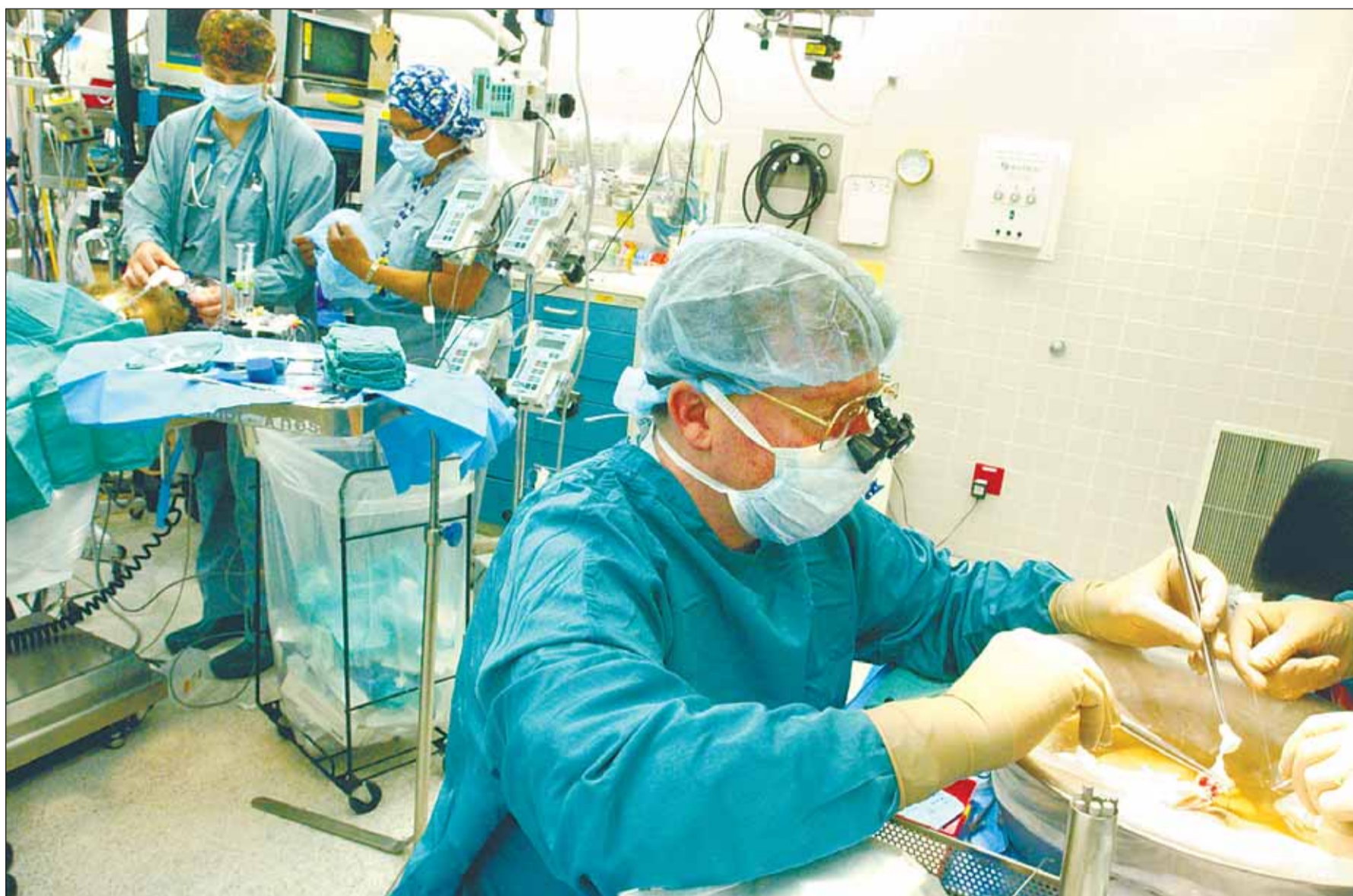
Your Health

A guide to better living through fitness, medicine, diet and wellness

section
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THE MONROE
EVENING NEWS
TUESDAY
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The Monroe Evening News



While Sarah is prepped for surgery in the background, surgeons Dr. John Magee and Dr. Shawn Pelletier (out of frame) perform the delicate task of preparing the donated cadaveric liver for transplantation into Sarah.

A new liver, a new lease

Sarah undergoes a six-hour surgery and days of recovery for the prospect of life with a healthy liver

STORY BY STACY KESS ■ PHOTOS BY KIM BRENT

ANN ARBOR — Six-year-old Sarah Gravel was a firecracker, full of energy the night before the surgery that would remove her failing liver and replace it with a healthy cadaveric donor liver.

On May 13, Sarah's name was added to the transplant list at 12:36 p.m. At 2:23 p.m., a liver was identified. At 3:30 p.m., after reviewing the case, Dr. John Magee, University of Michigan assistant professor of surgery and pediatric liver transplantation surgical director, officially accepted the liver after reviewing the case. The family was notified at 7:30 p.m. that Sarah would have her transplant surgery in the morning, assuming the liver arrived in good shape.

With her parents, Ron and Michelle Gravel, and her grandmother, Maureen (Baba) Palmer, at her side, she laughed and played and read in her room in UM Mott Children's Hospital the night before the surgery. Sarah's siblings, 8-year-old Jacob and 2-year-old Anna, spent the night at the house of their grandfather, Don Cleveland, where Jacob spent much of the night worrying. Early the next morning, Sarah said goodbye to her parents before she was wheeled into the operating room.

A Monroe Evening News reporter and photographer documented the surgery and the events that followed.



Once inside the operating room, Sarah is prepped with more tubes and IVs, including a central line into her carotid artery, an NG tube to her stomach and a catheter. It takes a few attempts for her to be properly intubated, which is necessary to maintain her breathing through the procedure.



Drs. John Magee (left) and Shawn Pelletier work closely as they separate and then reattach all the vessels connected to the liver. Special magnifiers and spotlights attached to their glasses help them see the intricate details, which are intensified by the nature of the pediatric procedure.

SARAH'S SECOND CHANCE

July 5 — Part 1: On the waiting list

July 12 — Part 2: The night before

Today — Part 3: A new liver, a new lease

July 26 — Part 4: A new life at home

May 14, 6:01 a.m., University of Michigan Mott Hospital, third floor, Pediatric Operating Room 4

Sarah lay on the gurney sleeping as the first anesthesia circulated through her system. Her stomach reached high above her jaundiced body, swollen from the liver that had caused her trouble for six years. Against the white sheets, her naked body seemed to glow yellow.

Scrawled writing on a wipe-off board in the corner confirmed the information: Sarah Gravel was the patient and this was a surgery to replace her liver.

Nurses punctured the skin of her neck for a central line, then taped her eyes shut, transforming Sarah into a limp mari-



The surgical team works to maneuver Sarah's swollen and cirrhotic liver out of her body, separating it vessel by vessel, containing bleeding as they go.

See SARAH, Page 2C

FROM PAGE 1C

Sarah (cont.)

onette — tubes splaying from her in all directions.

Intense white light drenched the operating room, paired with a deafening silence broken occasionally by the subtle beep of a monitor or exchanges by Dr. John Magee and his resident, Dr. Shawn Pelletier, who hunched over the new liver, preparing it for surgery.

"This is a beautiful liver. None of our livers look that beautiful," Dr. Magee said, wrapping the liver in sanitary plastic. "This is minimally bigger than I like it, but not much." He returned it to a small plastic picnic cooler.

As Sarah's stomach rose and fell with measured, machined-controlled breath, float nurse Lynn Kaminski covered the area below her ribs with iodine, turning it a deep shade of orange. She wiped Sarah's stomach again then covered it with a sheet of adhesive plastic.

Within minutes, Sarah disappeared under sheets of sterile, blue cloth.

7:19 a.m., Pediatric OR 4

The doctors cut a curved line across Sarah's stomach, the only visible part of her body. A small wisp of white smoke curled up from the argon-beam coagulator that immediately cauterized each cut. A smell akin to burned hair slowly forced the sterile hydrogen peroxide smell from the room.

Sarah's flesh opened like a mouth, revealing the surface of her liver, a swirl of blacks, browns and sickly shades of red and green on bubbled and pocked tissue. The size of two large grapefruits, it appeared to be the only organ occupying her tiny abdomen.

Dressed in green gowns, masks and gloves as if they had stepped out of a science fiction film, Dr. Magee stood to the right of Sarah, Dr. Pelletier to the left. They studied Sarah's stomach with intensity and began disconnecting the vascular web — vein by vein.

"Sometimes the liver is nice and small, sometimes the liver is kind of big," Dr. Magee said. "We're kind of having to wrestle it out of here."

9:09 a.m., Pediatric OR 4

Dr. Magee reached his hand behind Sarah's toad-skin liver which was held in place by only a few veins.

"So, we're well past the point of going back," he said.

9:30 a.m., Pediatric OR 4

"There's her old liver," Dr. Magee said, lifting the mass of knotted tissue. He looked down at the cavity. "There's a hole where her old liver used to be."

He placed the old liver in a small tray, which was placed carefully on one of the sterile tables like a centerpiece.

After nine minutes, the donor liver was removed from ice and readied for its new body.

10:30 a.m., Mott Children's Hospital, third floor waiting area

Michelle's eyes searched the room and hallway behind it. She, Ron and Baba hadn't heard from doctors or nurses since the family left Sarah in front of the operating suite doors.

"Anxiety," she said, rubbing her eyes. "Every time we hear feet shuffling, is it someone coming to give us news?"

Ron, who lay on the couch next Michelle, and Baba, who slumped in a chair across from her daughter, opened their eyes.

"It's so weird to think she's got a new liver, isn't it?" Michelle asked.

Ron sat up, his attention immediately focused. "It's so surreal. I almost want to go in there."

"You can't," Michelle smiled. "Parents aren't allowed. I can't wrap my head around it to think she's got a new part."

"I know it's real, but ..." Baba trailed off.



About six hours after making the first incision, the transplant is complete and Dr. John Magee is able to sit for the first time. He compares transplant surgery to a game of chess, in which one must vigilantly anticipate the next move and prepare for any number of potential outcomes. The work, in addition to being physically tiring, can be mentally draining, but early in his career, Dr. Magee was drawn to organ transplant surgery by the challenge of the work.



Sarah's room in the pediatric intensive care unit is filled with monitors that track every vital and bodily function.



Sarah comes out of anesthesia Sunday afternoon, one day after her transplant surgery, to find her stitches are covered with bandages and her hands capped to keep the IVs in place. While in the pediatric intensive care unit, Sarah controls the dispensing of her morphine with the push of a button, which she often refuses to use. Her resistance to the pain medication continued long after her release from the ICU, culminating with her refusing the last two doses of painkillers.



Grandmother Maureen (Baba) Palmer sighs with joyfully relief as Michelle and Ron embrace in the waiting room at Mott Children's Hospital, after receiving word from Dr. John Magee that Sarah's surgery was complete and apparently successful. It would be another hour before the family could see Sarah again.

What sleep they had been able to catch since Sarah went into surgery was dreamless.

"At first when we first came down here, Michelle and I were pretty scared," Ron said. "Reality was closing in around us."

"I cried and I got it out," Michelle said. "I trust the doctors, and I trust the Lord will take care of her."

The humid air of the operating room wrapped itself around everything.

A smooth, rose-colored liver sat in the cavity once occupied by Sarah's leathery black liver. The doctors again worked vein by vein, sewing back each connection they had cut earlier.

Within an hour, the sound of her blood pumping into the

"This is a beautiful liver. None of our livers look that beautiful."

— Dr. John Magee, surgeon

new liver was audible on the Doppler sonar machine.

"See the difference," Dr. Magee instructed.

12:08 p.m., Pediatric OR 4

Residents sewed up the cut in Sarah's flesh, quickly revealing the change: Her once distended belly appeared to have the normal curvature of a 6-year-old's abdomen.

Float nurse Tony White nodded at Sarah, whose abdomen still was her only visible body part. "They're like little grown-ups."

For a half hour, the doctors sewed the incision shut, leaving a seam that frowned above her belly button.

"The liver was a little harder

to get out than average, but the new liver looks good," Dr. Magee said. In fact, the new liver immediately began producing bile. "This is kind of the first big step. The next 24 hours are important. The next three days are important and the next week."

12:51 p.m., Mott Children's Hospital, third floor waiting area

Michelle, Ron and Baba sat at attention, hungry for news, when Dr. Magee entered the waiting area.

"Everything went great," he said, smiling. "No real problems during the operation ... Any questions?"

"How soon will we see a difference in her color," Michelle

asked.

"In the next three days to five days, we'll see a difference," Dr. Magee said.

Michelle smiled.

"It's okay. She's good. She's out," she said. "I don't know whether to laugh or cry."

"I think my heart hurts," Baba said.

Ron looked at his wife, allowing a quick laugh of relief. "I think gray hair weighs more, because my head feels heavy."

12:56 p.m., Pediatric Intensive Care Unit

Sarah lay in her bed while nurse Edward Alderman checked her vitals. In the corner, a filter machine buzzed and hummed as it cleansed the air.

"It's the cleanest environment that can be," Mr. Alderman said.

Michelle peaked her head in with some uncertainty; Ron and Baba stood behind her.

Mr. Alderman beckoned them in.

"Sarah," Michelle began, leaning over her sleeping daughter, "I'm sure you can probably hear me, and I know you're sound asleep, but Daddy's here and Baba's here. You need to get lots of sleep so you get better. They gave you a new liver. Did they tell you?"

"She probably does hear you," Mr. Alderman reassured her.

"She almost looks like a normal kid," Baba said.

"Soon, she'll be pink," Ron added. He looked at the new scar above her belly button. "I can't believe she has an innie now."

Baba reached down and caressed Sarah's forehead.

"What a miracle. What an absolute miracle," she said, beginning to cry. "I haven't cried through the whole thing."

"Well, you picked a silly time to start," Michelle said softly.

Baba smiled, tears streaming down her cheeks. "Well, she's doing good now. I can let my guard down."

May 15, 4:50 p.m., PICU

"Are you hurting?" Michelle asked, sitting next to Sarah's bed, now piled high with stuffed animals. "Where?"

"My belly hurts," Sarah moaned. Michelle reached down and rubbed her daughter's stomach. She planned to stay with Sarah in the hospital until her release while Ron remained at home to take care of Anna and Jacob.

"That's the one plus of having major surgery as a young child: You get spoiled rotten," Michelle teased.

Sarah, the yellow of her skin paling, laid quietly, buried by the gifts on her bed, and watched television. A nasogastric tube entered her nose winding through her body into her stomach to collect excess stomach fluids and IVs capped both hands.

"We're running out of space on your bed, Sarah," Michelle said.

Sarah nodded, signaling her mother to press the button connected to her morphine, an

See SARAH, Page 3C

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FROM PAGE 2C

Sarah (cont.)

action Sarah could, but preferred not to do herself.

"You don't have to hurt to get better," Michelle cooed. "You don't have to talk to me, but you should know, you don't ever have to hurt."

May 17, 2:30 p.m., Mott Children's Hospital, 5-West, Room 514

On her first full day out of the pediatric ICU, Sarah sat up in her bed, her stitches visible, playing Sorry with Baba and a family friend, Angela Firth. When she rolled a number on the dice that meant a move to the other side of the board, Sarah looked at her grandmother for help. She was still tethered to IVs of morphine and saline.

Her hair, dry and matted, was looking less golden, more the familial brown. Her skin retained a pale olive shade.

"Jacob was very, very worried about her," Baba said.

"I can't feel my belly," Sarah whined, itching around the scabbed incision.

Michelle leaned over and gently tickled her. Sarah responded with her bleating laugh.



Despite awakening from general anesthesia the previous day, Sarah remains groggy, swollen and in pain. Her nasogastric tube remains in place until her stomach reawakens from an internal anesthetic and begins to function again. The situation creates even further discomfort. Michelle remains by her daughter's side, stroking her hair to keep her calm.

"Dr. Lopez said she's soaring, she's flying," Michelle said. "She's kicking butt."

"I don't like doctors," Sarah said.

Despite Sarah's feelings, Dr. Lopez had given Michelle good news: Sarah's stay in the hospital might be short.

May 19, noon, Room 514
Sarah's blood work came

back with elevated white blood cells, and bacteria were present in her stool, indicating an infection, meaning Sarah must stay longer. She moved about her room freely, not that most of her IVs were gone. Instead of medicine, a necklace hung from her IV post strung with several large beads, one for each procedure Sarah underwent in the hospital.

Around the room, Sarah's artwork decorated the walls. Paints, crayons and pencils crowded the table her mother attempted to clear for lunch: SpaghettiOs, Sprite, Doritos, cole slaw and string cheese. Despite the prescribed lunch, Sarah's preferred diet remained Doritos, popsicles and Sprite.

Michelle sighed. Sarah didn't even glance at her lunch.

"She's so focused on her art today," Michelle said. She turned to her daughter. "Do you want your cole slaw?"

"Cole slaw? No," Sarah said without looking up from her painting.

"Didn't you just say yes?" Michelle grinned.

"No," Sarah reaffirmed.

"Doritos?" Michelle offered.

"Yes," Sarah answered.

"SpaghettiOs? Yes."

Michelle handed her the requested items and opened the string cheese. She pulled off a piece and dangled it in front of her daughter. Sarah reached for it just as Michelle pulled it away, popping it in her own mouth.

"I'm trying, Sarah," she laughed.

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SURGEON TEACHES STUDENTS, FAMILIES



DR. JOHN MAGEE

ANN ARBOR — "It's kind of a good thing to not know me too well," Dr. John Magee quipped.

After all, he said, as surgical director of pediatric liver transplantation and attending surgeon at University of Michigan Mott Children's Hospital, Dr. Magee is the kind of doctor patients get to know much better the poorer their surgical outcome or particular health situation.

Dr. Magee began his training at the University of Pennsylvania, studying biology with a concentration in cellular and molecular biology. In 1984, he began his medical degree at Jefferson Medical College in Philadelphia and joined the University of Michigan team in 1988 as a resident.

"I was always interested in medicine," he said. "I kind of think the focus of the challenge and the need to keep thinking about situations interested me."

He remained at UM until 1991, when he took a research fellowship at the Duke University Medical Center Department of Surgery in Durham, N.C. He returned to UM in 1995. Along the way, he collected numerous awards and honors. Since 1996, he has taught at UM Medical School.

Dr. Magee said his teaching often extends beyond his residents to families.

"You're kind of constantly involved in teaching both

patients and families," he said.

Since he began practicing, he's performed about 150 liver transplants on adults and children in addition to numerous kidney transplants. He said, he's reached peace with the fact that he's in a risk-intensive field.

"If everything's perfect in your life, you shouldn't go into medicine," he added. "Liver transplants, you always ought to have A, B and C ... What happens next may never happen."

He said that's why he never talks to families until surgeries are over.

"You can tell them things are going great, then hang up the phone and you're on plan D."

But at the end of each transplant, he breathes a little easier.

"It's really routine," he said. "But it's still kind of a miracle every time."

Dr. Magee also is surgical director of adult and pediatric kidney transplantation at UM Hospitals. He serves on the Organ Procurement and Transplant Network's pediatric committee, kidney-pancreas-pediatric subcommittee and the liver-pediatric subcommittee, as well as on the Michigan Gift of Life liver and pancreas committee. He has published 54 peer-review articles, among numerous other publications and articles.

— Stacy Kess



Sarah tries her best not to smile as nurse Lori Amos stops in to check on her while she recovers from surgery. Her bandages have been removed, leaving only a series of tape swatches cover the stitches on the incision on her belly as it heals.



When she isn't doing art projects or playing her favorite board game, Sorry, Sarah rests in bed with Duckina, and watches some of her favorite videos.

Drugs in the News™

Booster Vaccine for Whooping Cough Approved

The FDA has approved a new combination vaccine for use by adults and teenagers as a single booster to fight against outbreaks of whooping cough (medical term for this infection is *pertussis*). The new vaccine, which is called *Adacel*, provides additional protection for those who received the pertussis vaccine as a child. In clinical trial, a single dose of Adacel produced protective antibody levels against whooping cough that were comparable to the protection provided by three doses of an older combination vaccine (*Bordetella pertussis* and the toxoids of *diphtheria* and *tetanus*). Health experts indicate that protection afforded during the early years of life after vaccination wears off and makes the person vulnerable to the organism (*Bordetella pertussis*) that causes whooping cough. This is a highly contagious illness and is capable of causing prolonged missed days at school and work. In the very young who have not been immunized, whooping cough can cause severe coughing and even death associated with pneumonia and respiratory failure.

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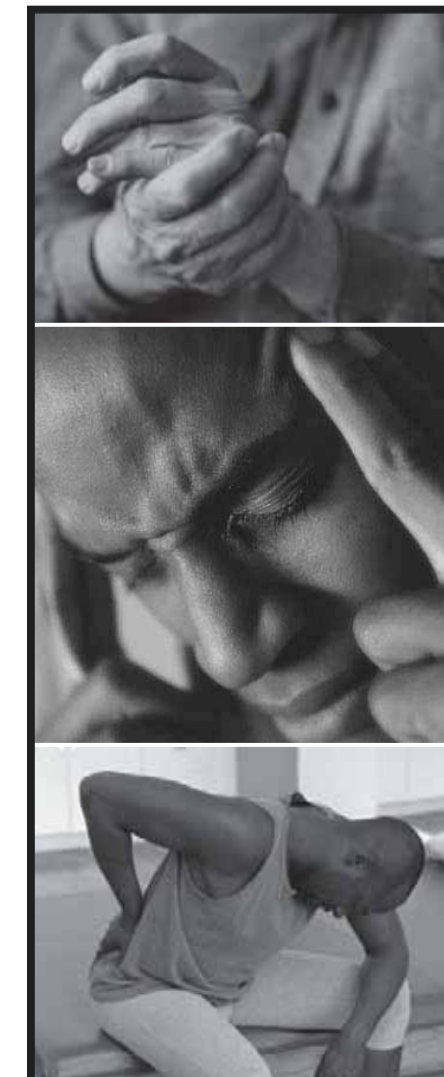
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FROM PAGE 3C

Sarah (cont.)

Sarah, unfazed, continued painting.

"You're feeling good, aren't you?" Michelle asked.

"Yes. No. No. Yes," Sarah said, giggling.

"I think I'm still processing Saturday," Michelle said.

Sarah looked up. "What do you mean?"

"That you had a liver transplant." Michelle said.

"Why?" Sarah prodded.

"Because it still feels like you're sick," Michelle said, forcing the last word out. "In some ways, you are."

"What?" Sarah teased.

"Sick," Michelle answered.

Sarah grinned mischievously. "Six?"

"Well, no, sick," Michelle said.

Sarah shook her head. "No, I'm not."

Michelle hugged her daughter and the two laughed.

"I think they fiddled with your brains while you were in there," Michelle giggled.

"Yup," Sarah nodded.

"Yup," Michelle repeated.

"A silly brain," Sarah explained.

"A silly liver?" Michelle asked.

"A silly brain," Sarah repeated.



Michelle, Sarah, IV pole in tow, and her grandfather, Don Cleveland, head back to Sarah's fifth-floor room after getting an ultrasound. Outside her air-purified room, Sarah must wear a mask to avoid germs because her immune system is suppressed to control her body's reaction to the foreign liver.



A week after Sarah was first admitted to the hospital, initial tests suggested Sarah was almost ready for discharge. But blood work, an ultrasound and other tests suggested otherwise. The news prompts Michelle to check out of the room she rented at the UM Hospital's on-campus hotel, which she used only once since checking in 5 days earlier. She admits the constant vigil beside her daughter's bedside is emotionally and physically draining.



"Can't we take a nap," jokes Michelle as she rests on Sarah's bed. Michelle has been at Mott since the night before the surgery, spending almost every night with her daughter.

Sarah and Michelle sank into a fit of giggles.

"Should I go back and tell them to put a sillier brain in?" Michelle asked between laughs.

1:50 p.m., Mott Children's Hospital, ultrasound lab

With a mask over her nose and mouth, Sarah sat on Michelle's lap in a wheelchair on the way to an ultrasound — one of the deciding factors in how soon Sarah would go home. Outside Sarah's hospital room, she wore a mask to avoid infection from germs in the hospital.

The ultrasound unit was quiet, except for the occasional click of the ultrasound machine and the audio-feed of blood rushing through her system.

"Mom," Sarah whispered, her discomfort audible.

About half an hour later, physician's assistant Charles Moore: delivered the news. Sarah looked fine, but the infection would keep her in the hospital over the weekend on a course of oral antibiotics and oral vitamin K to help battled the illness.

"We're doing okay," he said.

"All right," Michelle encouraged. "Did you here that? You're here until Monday. This is a good thing."

Sarah sighed. "I can handle three days."

2:30 p.m., University of Michigan Hospital, MedInn

With the prospect of at least three more days, Michelle decided to check out of the MedInn, the in-hospital hotel for patients' families.

"I haven't stayed there at all since she was in the ICU,"

Michelle said, adding that she slept next to Sarah on the hospital bed in her room. "I've just used it for storage."

It was a rare moment away from Sarah.

The bed, still made, was buried under a pile of clothes.

Michelle picked up a copy of the Ann Arbor News lying on the bed.

"Day of the transplant," she said, pausing.

She shook her head and began packing her bags.

"I saw a mom this morning... and she had her hair done and her make-up on and I thought, man, this must be your first day (as a hospital mom)," she said. "That doesn't happen for me."

She slung her bags over her shoulder headed back up to Sarah's room to settle in for the weekend...

For most of Sarah's stay at Mott Children's Hospital, her movement was restricted to her room and to various testing units such as the ultrasound room. Having not been outside in about a week, Sarah stares out the window, watching the construction work underway on another wing of the hospital complex.

"I saw a mom this morning... and she had her hair done and her make-up on and I thought, man, this must be your first day."

— Michelle Gravel, Sarah's mother

BY THE NUMBERS

5 hours 55 minutes
Time from the initial incision until Sarah was released from the operating room to the intensive care unit

1
Unit of packed red blood cell received by Sarah during surgery

3
Units of fresh frozen plasma received by Sarah during surgery

800
Milliliters of Sarah's blood lost during surgery

150
Transplants Dr. John Magee estimates he has performed

85.3 to 88.1
Percentage of liver transplant patients surviving one year after transplant

LIVER AND LIFE

The liver plays a number of roles in a healthy body, including:

- Storing iron, vitamin and mineral reserves.
- Storing sugar, carbohydrates and fat for energy.
- Making bile, a digestive juice.
- Making clotting factor.
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Source: American Liver Foundation, www.liverfoundation.org

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