At any given moment in the U.S., more than 100,000 people are waiting for life-saving organ transplants. Not only is there a continuing shortage of organs available to meet the demand, but there is a limited number of hospitals with experience and expertise to manage these complex cases and to provide each transplant patient with a lifetime of follow-up care. Of the approximately 6,000 hospitals in the American Hospital Association, only 248 have transplant programs. University Hospitals (UH) Case Medical Center is one of them. Since 1968, when the first organ transplant took place at UH, more than 3,300 solid organ transplants for adults and children have been performed there.

The kidney was the first organ to be transplanted by UH surgeons, followed by pancreas transplants in 1986, heart transplants in 1988, liver transplants in 1989 and lung transplants in 1999. In 2007, the program — which was once made up of a small group of specialists from various departments scattered across UH’s main campus — was solidified into an institute anchored by a large multi-disciplinary team, united by location as well as focus.

“One of the goals of bringing all of our transplant services together...
in one location was to make it easier for patients, who are often very sick,” explains the UH Transplant Institute’s administrative director, Janie Morrison, FACHE. “Having the institute in place also makes it possible for greater collaboration between specialists, which improves patient care.”

James Schulak, MD, agrees. Dr. Schulak is an abdominal transplant surgeon at UHCMC. He is also the director of the Transplant Institute.

“Transplantation is not just a surgical procedure and not just a medical issue,” he explains. “Patients need to be managed by a transplant specialist before they receive a transplant. After the transplant surgery, they also have to have long term follow-up care because of the risk of rejecting the transplanted organ.”

Add to this the extensive government oversight and reporting requirements for transplant programs, and it becomes clear why the UH Transplant Institute’s one-stop-shop approach is so vitally important. Under the guidance of a transplant nurse coordinator, patients can meet with doctors, undergo psychosocial evaluation, talk to financial experts and review insurance issues related to transplantation — all in one location.

Understanding Organ Failure

Organs can fail for a variety of reasons. Of the 25,000 organ transplants performed in the U.S. each year, the vast majority are kidney transplants. The kidneys may be damaged over time by common conditions such as diabetes or hypertension or by less common conditions like glomerulonephritis or cystic kidney diseases. Once thought to be merely a way to free patients from dialysis, Dr. Schulak says kidney transplantation has since been found to also be life-saving.

“Research has shown that people who have kidney transplants not only have improved quality of life, because they are not reliant on dialysis, but they also live longer,” says Dr. Schulak.

Because of the nationwide shortage of organs, federal requirements mandate that patients who need a heart, lung or liver transplant have a survival estimate of less than a year. In the case of heart disease, the most common indication is medically refractory heart failure which is associated with a very high mortality. Lung transplant candidates may
have untreatable organ damage from conditions such as Alpha-1 Antitrypsin deficiency, bronchiectasis, COPD or emphysema, cystic fibrosis, primary pulmonary hypertension, occupational lung disease, idiopathic pulmonary fibrosis, sarcoidosis, or a congenital abnormality. In the case of liver transplant candidates, the organ may be irreparably damaged by viral hepatitis, cirrhosis, polycystic liver disease, primary liver cancer, Budd-Chiari syndrome or metabolic diseases such as hemochromatosis, Wilson's Disease, Primary Oxalosis, Alpha-1 Antitrypsin deficiency or glycogen storage disease. Pancreatic transplants are performed to treat insulin dependent diabetes.

“Because of the many problems people can have with end-stage organ diseases, it is vital that transplant units be in major hospitals, like UHCMC, where every specialty is available,” says Dr. Schulak.

Early referral may also have a bearing on transplant success. Morrison advises that patients with end-stage disease who are likely to eventually need transplants may benefit from a consultation with a UH transplant specialist before their condition has deteriorated.

“There is a lot to deal with when a patient is considering a transplant,” says Morrison. “If a patient gets a diagnosis of a fatty liver but waits until they are having liver failure symptoms to begin the process, they are in the position of having to make critical decisions when they are very sick. Also, if patients are very sick when they first come to us, it makes it harder to keep them stable until they can be transplanted.”

Working with a patient’s primary physician, UH transplant specialists can help determine not only whether a patient is likely to be a good candidate, but can also help patients and families in deciding when the time is right for surgery and then prepare for it.

**Multidisciplinary Team Approach**

UH’s comprehensive, multidisciplinary approach to organ transplantation consistently results in survival rates that are at or above national averages.

“It truly does take a village,” says Morrison. “This is not a procedure that is as simple as an appendectomy. There is lifetime follow-up required and a
significant financial commitment, so this is not an option for everyone. This is why we have a team in place that understands all of the implications of transplantation and can help guide patients through them.”

The UH Transplant Institute includes a diverse team of professionals with extensive experience in managing transplant patients, before, during and after surgery. In addition to transplant nurse coordinators, physicians, and surgeons, patients have access to social workers, pharmacists and financial counselors who work together to help them make educated and informed decisions about transplantation.

Patients who choose to pursue transplant surgery work with a medical specialist before and after surgery, as well as with a transplant surgeon. Likewise, each type of organ transplant program within the Transplant Institute is overseen by both a surgical and a medical director.

Fourteen physicians are part of the transplant team at UH. Nephrologist Donald Hricik, MD, works with Dr. Schulak to manage the kidney transplant program. Surgeon Edmund Sanchez, MD, and hepatologist Anthony Post, MD, manage UH’s liver transplant program. Dr. Hricik and Dr. Sanchez manage the pancreas transplant program. For heart transplants, Arie Blitz, MD, serves as surgical director and cardiologist James Fang, MD, is medical director. Lung transplantation services are managed by surgeon Adnan Cobanoglu, MD, and pulmonologist Robert Schilz, DO, PhD. Kidney transplantation services for the youngest of patients are provided through the Transplant Institute by pediatric nephrologists. Guiding patients through the transplant process are 15 transplant nurse coordinators.

“Not only does this structure make it more convenient for patients to see everyone they need to see, but it has also engendered a culture here where we can’t even imagine not working together,” says Dr. Schulak. “It makes it much easier for physicians and surgeons to collaborate and to ask questions of each other, which is bound to improve clinical outcomes.”

Advancing Care — Now and in the Future

The experience and expertise of the UH transplant team ensures the highest rate of surgical success, giving transplant patients the chance to live more normal lives. When possible, transplant surgery is performed using advanced minimally invasive techniques, which speed recovery times for donors and recipients and reduce post-operative pain and complications.

The program is on the cutting edge of transplantation in other ways, as well. UH was the site of Ohio’s first triple organ transplant (liver, pancreas, kidney) and Northern Ohio’s first live donor, reduced lobe and split-liver transplants. At UH, research is also recognized as a valuable means of advancing the safety and success of organ transplantation.

“We have been fortunate for many years to be on the leading edge of all of the major drug studies for transplant patients,” says Dr. Schulak. “Going forward, one of our goals is to help advance transplant research by developing a strong research arm for both clinical and basic scientific studies.” One such project involves kidney transplantation in patients who are blood type incompatible with their donors.

Another goal for the UH program is to make transplant services more accessible for the people of Northeast Ohio. After Akron’s kidney transplant program closed in 2008, the UH Transplant Institute team worked very closely to support the community’s transplant needs and, last year, opened a satellite office there. In cooperation with local specialists, the new clinic at I-77 and White Pond Road in Akron offers potential transplant patients in mid Northeast Ohio the chance to be evaluated closer to home.

“What we have found is that patients who do not have convenient access may not even pursue transplantation as a treatment option,” says Morrison. “Our Akron office allows us to bring UH’s level of expertise into the community so more patients can have this option.

“Our primary emphasis is always on the patients, and I think patients can feel that,” adds Dr. Schulak. “The transplant multi-specialists round together, so it is clear to patients that there really is this entire team taking care of them. And patients have 24/7 access to us.”

As a result, patient satisfaction is very high. Referring physicians are also pleased with the tools and resources, including detailed information on when to refer a patient and educational webinars, provided by the UH Transplant Institute. Referring physicians are considered to be a vital part of the transplant team, and communication is ongoing during all aspects of the patient’s diagnosis and care.

“There really is a different atmosphere here,” says Dr. Schulak.

As with every transplant program, the greatest limitation for the Transplant Institute at University Hospitals is organ availability. While Ohio has been a national leader in organ donor designation on drivers’ licenses, approximately 45 percent of drivers still fail to say “yes” to donation. Currently, the UH Transplant Institute maintains a list of about 680 area patients who are awaiting transplants.

For more information about the Transplant Institute at University Hospitals, visit UHhospitals.org or call 216-844-3689 or 1-866-UH4-CARE.