

Even recurring nightmares can have happy endings.

For my husband, Michael, and me, the holidays of 2003 seemed to be a very familiar bad dream. Only, in this case, there was no relief to be found in waking up.

We didn't want to believe that we would soon be back at Baylor University Medical Center in Dallas. The staff there was nice enough, but living in and near the hospital for the first four months of 2002 when Michael received his liver transplant and overcame rejection was plenty. We had had our fill.

So, when we packed our bags and our six-year-old son, Austin, asked with some trepidation if we would have to get an apartment near the hospital like we did the last time we were gone so long from him, I had answered: "Oh no, baby. We're only going up for one night and a test. We'll be back tomorrow."

Circumstances quickly made a liar of me.

It was Dec. 29 and a certain little number that had been going up on Michael's blood tests over the past few weeks was now in control of our lives. We were not. We just didn't realize it yet.

Still, we had managed to postpone the trip until after Christmas. Having stared death in the face during Michael's sickness, we took nothing for granted anymore and it made the holidays particularly meaningful. We were bound and determined to celebrate with family in our own home and we cherished every moment of it.

So, it was with our Christmas tree still lit and Austin in the great care of my mother, Dora Treiber, that we pulled out of our driveway for Dallas. By then, we joked, the car pretty much knew its own way so frequent were the visits those first few months after transplant.

Still, dread can do wonders to slow down time and we were certainly in no hurry to get there.

In that five-hour drive, our memories spanned more than two years' time as we reflected all we had been through together.

We talked about the shock of Michael being diagnosed with a rare liver disease out of the blue. We remembered the blur of countless medical procedures, tests, blood filtering treatments and the ever-so-slow 17 months spent on the transplant waiting list.

We discussed how hard it had been to cope with Austin's diagnosis of Type I diabetes in the middle of it all.

We smiled as we remembered how Michael - surrounded by loving and supportive family and friends - finally got his life-saving operation.

And, then we felt proud at how he had proved his inner strength by outlasting a serious bout of rejection and making an amazing recovery.

For a time, those memories embraced us, refreshed our perspectives, gave us renewed confidence and did much to ward off our anxieties.

Still, the moment we stepped through the front door of Roberts Hospital at Baylor, we both visibly shuddered and exchanged an indescribable look. The familiar threshold brought to both of us a different set of memories - not necessarily of our "picture-perfect" success, but rather of the ugliness of how hard it had been.

We shrugged that off and set out with purpose.

Our visit was for a sonogram to find the culprit of Michael's out-of-sorts lab number. Suspected was a known problem with impeded blood flow in a major artery to his liver.

The results were not good and another more invasive procedure followed to determine just how severe things were.

I was sitting in the waiting room, alone, when the vascular radiologist came out to talk to me - with two transplant surgeons in tow. When they show up as a tag-team, it's never a good sign.

They broke the news that Michael's artery was shut down so much that it was choking the life out of the liver and something had to be done to save it. They wanted to do surgery the next day.

I asked, "On New Year's Eve? *Tomorrow?!?*" But, wouldn't they rather wait until after the holidays?

No, it was *that* serious, they said. Holiday or not, unprepared for a longer stay or not - it was to be done.

"Not again," I thought with a sinking feeling, which dropped even lower when I thought of how Austin would take the news.

Michael's parents who live about 30 minutes from us "back home" made a mad dash up to Dallas to see son before the next morning's surgery. Also, his best friend since grade school, Sam, drove the less-than-an-hour trip from Fort Worth.

The next day, Michael was wheeled into OR for an operation that would take seven hours - nearly as long as the transplant itself. Beforehand, all of us felt uneasy...except Michael. Oddly enough, he seemed calm and, like always, he wasn't thinking of himself.

He modestly contended that the patient's family had to endure the hardest part - all he had to do was sleep! So, he set out making jokes in an attempt to make everyone around him feel better about the situation.

While we waited for word in Michael's vacant room, Sam returned again and he and his wife, Shelly, armed with plastic spoons force-fed us all black-eyed peas for good luck. After all, it *was* New Year's Eve and that was his way of taking care of us and taking the edge off.

Sam has always been that kind of friend. During the first "go-round", Michael declared for whatever reason that he was going to let his hair grow until he got his transplant and then he would shave it off. Sam commented half-hazardly that he would too.

Taking a leap of faith between friends, Sam had shown up shiny bald to the ICU room that first morning after transplant, bringing a quick smile to Michael's face.

So, here he was again this time, ready to lend moral support any way he could. I knew I would need it when the surgeon came into the room shaking his head and eyes downcast.

He said he was "very, very disappointed" with how the operation went as he attempted to bypass the crimped artery with a donor artery.

It turned out Michael's condition was more severe than originally thought. The artery was not just being crushed, but it was also blocked on the inside, possibly by a build-up of plaque from the new liver filtering huge amounts of cholesterol after the transplant. And, it was in a crucial area that couldn't just be simply bypassed.

Dr. Edmund Sanchez kept telling me how sorry he was and I kept thinking that this was the stuff of bad dreams. Somewhat in shock, I couldn't wrap my brain around what he was explaining, so I said "Show me."

Right there and then, the surgeon still in scrubs dropped to his knees on the floor of the empty hospital room, took a piece of paper and began to draw what he had seen and what he had done.

For once, understanding did nothing to ease coping.

That night in ICU, Michael was only awake enough to watch the countdown to the New Year 2003 on TV with his mother and me and give a kiss.

The next morning, he would be taken straight from ICU into the OR again for a second attempt to revise the artery and remove blood clots that had formed despite the heavy doses of blood thinners.

Jan. 2 came and doctors on the transplant team did the same thing again - a third major, open-and-close surgery in as many days and placement of conduit or "stents" to keep the blood path open. Michael's thin, upside-down "Y" torso scar from the transplant 10 months earlier was a thing of the past, replaced by staples and a much more profound incision.

Two days later, it was determined Michael was bleeding internally and so he received a transfusion of a couple of units. They would be the first of many to come over the next few days.

Doctors dosed out more bad news as they told us that Michael's donor organ was by this time "shot" and that he would need a second transplant to survive.

We had been so blessed to receive a transplant in time last year. Could we ever be so fortunate again?

Could our recurring nightmare really have a happy ending?

To help buy Michael some time, vascular radiologists placed into his liver three tubes the size of soda straws - one through the ribs on the right side and two above his belly button. Having them there meant keeping him alive by helping his liver drain off some bile and infected "sludge". But, having them also meant the constant pain of feeling like arrows were piercing his side.

Then came the truly scary part.

Infections took hold and ravaged his body, leaving Michael weak and unable to eat. He was fed liquid nutrition through his bloodstream for weeks at roughly the cost of \$1,000 per 24-hour bag. That was just a drop in the bucket as far as the total bill would go and not even close to the price of the IV antibiotics he would also require.

By this time, Michael's appearance was like a Fun House mirror reflection of his true self - distorted and sickly. His skin was more than school-bus yellow from the build up of bile and his weight dropped dramatically from 200 to 146 pounds on his 6'4" frame. He was even too weak to lift himself out of bed under his own power.

Had he not achieved the level of fitness he had worked so hard toward in rehabilitation following his first transplant, doctors said he certainly would not have survived at all.

Still, Michael was on the downward spiral and that was when I became uncertain of whether I would ever leave the building with him.

He was racked with pain and most often times incoherent. It was a hard decision whether or not to let our young son in to visit him.

I finally agreed and did my best to prepare Austin for the worst. To expose him to his father in that condition may seem cruel. But I had never sheltered him from what was going on because I felt he was smart enough to figure things out and he deserved to know the truth. I had just always made sure I explained things in terms he could understand.

The situation was grave enough that, when it came time for Austin to see Michael, I gently cautioned him that it might very well be the last time he saw his father. *That* was the hardest thing I've ever had to do.

Surprisingly, the meeting went fairly well and I know if anything ever strengthened Michael to fight for his life, it was his love for his son.

But clearing up the raging infections proved a difficult challenge. The transplant team called in the state's foremost expert on infectious diseases and, under his instruction, Michael was pumped with the strongest antibiotics known to man.

It was imperative for him to become infection-clear in order to be accepted as a viable transplant candidate. He would not even be listed until that happened. Since his liver was dying, staving off infection was only a matter of timing.

Then, Michael surprised everyone by getting better.

On Feb. 4, he had beaten the infection in his blood and was officially activated on the transplant waiting list. We were also released to the Twice Blessed House, which is apartment housing for transplant patients located across the street from the hospital.

Once there, I would take over the duties of administering his six different IV antibiotics, blood thinner shots and long list of oral medications, as well as managing his biliary tubes - at all times, night or day.

Michael's first transplant came on Feb. 14, as did, coincidentally, his childhood appendectomy and another accident in which he broke his hand. So, we kind of held out hope that it would be his "lucky day" for a second transplant call. But, Valentine's Day 2003 came and went.

That weekend, Austin and my parents made it up to Dallas to see us again. Austin came bearing gifts for Michael of Valentine's flowers and handwritten "get-well" letters from his fellow first-grade classmates. Reading them surely brought us smiles!

As time crept on and Michael fought to stay infection-free over the next few weeks, he suffered a severe reaction to one of the medications he was taking and it produced a painful, all-over body chemical burn, resulting in unsightly peeling and another hospitalization.

By mid-March, he had rebounded enough to be back out of the hospital. Austin came for a much-needed stay during his spring break week and Michael, mostly bedridden at that time, still gave everything he had to be "Dad".

When Austin left for home that Sunday evening and it was once again just the two of us, it was an exhausted Michael that reached his darkest hour.

He confessed to me that he didn't think he was going to make it. I comforted him and told him in no uncertain terms that he was going to be fine.

Giving up after all he had been through was *not* an option.

Thankfully, our nightmare would soon take a turn for the better. The call we had been holding on for would come the very next day - St. Patrick's Day, March 17, 2003.

Next week, the fourth and final piece in this series will focus on Michael's second liver transplant and his will so strong that it transformed him from a man near death into a triathlete.