

Samantha Mason

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The Gift of “Leftie”

Robert* waits at the main desk in the surgical ward at the Ottawa General Hospital for the orderly to wheel Samantha’s gurney to where he stands. It’s just after 7:30 am on Thursday, August 1st, 2019. He had been unable to catch her in the pre-surgical area. His two kids have hand-drawn him a card. His daughter, Jay*, says they “wanted to give something to remind him that we were thinking about him and loved him.” But Robert feels it’s important to share with Samantha, too, as he “wants her to know before she goes into surgery that she is not alone;” they are all thinking of her. Samantha’s surgery is scheduled for 8:00 am. Robert will go for his own procedure once hers is successfully over.

Robert is middle-aged with greying brown hair. Deep laugh lines surround his blue eyes, and he speaks softly, his accent diluted from years in Canada. It’s only in the last five years that his condition has worsened to the point of needing a kidney transplant. With no suitable donor in his family, he’s had to turn to unrelated donor options. Robert suffers from polycystic kidney disease (PKD), as does Jay. He was diagnosed with PKD when he was twenty-five, but only now is the illness impacting his quality of life. Robert commuted by bicycle to his workplace up until he went on leave three weeks ago. He is feeling nauseous and is having trouble eating. In the last months, the Peritoneal dialysis he has been on since December 2018 has been unable to lower his creatinine level below 1000 (mL/min). The normal range for men is between 50-120. Yellow tinges the skin of his gaunt body, his deteriorating health visible.

At just after noon, orderlies move Robert’s hospital gurney from pre-surgical to the hallway outside his operating room. Samantha’s surgery has gone well, and Robert’s is a go for 12:30 pm. In the hall, he cracks jokes with his surgical team. According to Robert, the surgeon, Dr. Blew, says that

he is “the perfect patient; never smoked, exercises daily, ... not overweight, easy to slice open and a good sense of humour.” Before entering the operating room, Robert thinks about “how nice it will be to sleep normally and even eat almost normally.” His last thoughts before the anesthesia hit are how he can’t wait for his new kidney to be working and a trip to the U.K. with his son as a celebration.

According to The Kidney Foundation of Canada, over 24,000 Ontarians are living with chronic kidney disease, with half receiving dialysis. Of these, 1,239 are on the waiting list for a kidney. Ontario hospitals performed 696 kidney transplants during 2018. The average wait time for a kidney is four years, and statistics maintained by the Canadian Institute for Health Information (CIHI) show that about 80 people die each year in Canada while waiting. The organs are sourced from both living and deceased donors, although recipients fare slightly better with living donor kidneys. The screening process rules out all but the healthiest of donors. The procedures are routine, and the risks to donor and recipient low. Samantha volunteered when she first heard of Robert’s plight. Her family has suffered the loss of a loved one, and she wants “to spare Robert’s family similar heartache.” They know each other, passingly, through mutual friends. Robert feels he is one of the lucky ones and is “amazed that someone unrelated could be so generous and then [deal with] all the hoops to go through before the transplant.”

Robert’s surgery takes four hours. There are no complications. Staff place him in the recovery ward for the night. Samantha is already in her room on the urology floor. Ironically, she learns first that her kidney is working in its new body. During early morning Friday rounds, the urology resident tells her that Robert’s creatinine level dropped to 400 within hours of doctors connecting her kidney inside him. Robert only finds out around lunchtime, when they move him to the nephrology (kidney) ward. By this time, his creatinine level is around 200.

The two text each other from their rooms. Robert shares that he’s already feeling more energetic. He decides the shared kidney needs a name, and one of them suggests “Leftie.” The name

sticks. They jokingly bet on who will visit the other first, and this provides an incentive to get up and move. Samantha wins, visiting Robert in his room on Saturday morning before the team discharges her. He has a space on his own, as he needs to be isolated until the doctors feel that his body has accepted “Leftie” and they can begin weaning him from the high doses of prednisone and anti-rejection drugs. Robert smiles and gestures from his bed as they chat, excited that Samantha can go home. It will be another few days before doctors discharge him, only after they are sure that “Leftie” continues to work, and his creatinine level remains close to normal.

Following the transplant, both Robert and Jay feel better about their futures with PKD. Jay still fears her “journey with PKD,” but says, “I feel more hopeful now that I’ve had the opportunity to see a successful transplant improve the life of someone I love.” Robert wishes “everyone with kidney failure could have a living transplant donor—it is like night and day.” He says, “[Becoming] a living donor is one of the most amazing, wonderful, generous and selfless acts that any healthy individual could make. The impact such an act has on an individual’s life is beyond description; it is truly a gift of life.”

Early in November, Robert and Samantha meet up at the IKEA restaurant. It’s the first time they have seen each other since the hospital. Although Robert may go out in public now, he still prefers to avoid crowds, and the restaurant is quiet during the weekdays. His skin is no longer yellowed, and his cheeks glow with rosy health. The two chat about how they are doing, laughing and smiling as they catch up over teas. They could be mistaken for good friends or even family. But Robert and Samantha share a special bond rarer than these; they have “Leftie.”

* The names have been changed to protect the privacy of Robert and his family, at their request. Some descriptive details are also intentionally vague (such as where Robert’s accent is from).