

Trevor Hannagan

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[00:00:02] **Brittany:** [00:00:02] Welcome to Living Transplant.

[00:00:04] **Courtney:** [00:00:04] The podcast that takes you behind the scenes of the transplant program at Toronto General Hospital

[00:00:09] **Brittany:** [00:00:09] and brings you open and honest conversations about the transplant experience.

[00:00:13] **Courtney:** [00:00:13] My name is Courtney and I'm the communication specialist for the Centre for Living Organ Donation.

[00:00:18] **Brittany:** [00:00:18] And my name is Brittany. I'm a bedside nurse in the Ajmera Transplant centre.

[00:00:22] **Courtney:** [00:00:22] Full disclosure: we are not physicians.

[00:00:24] **Brittany:** [00:00:24] No. And we are not here to give you medical advice.

[00:00:27] **Courtney:** [00:00:27] Think of us like your guides through the world of transplant, as we know it,

[00:00:30] **Brittany:** [00:00:30] Whether transplant is your past, present or future, your passion or your curiosity,

[00:00:36] **Courtney:** [00:00:36] Living Transplant will show you the world of transplant like you've never seen it before.

[00:00:41] **Brittany:** [00:00:42] I dunno if you're seeing a common theme within these interviews that we've done, but the word 'miracle' or 'miraculous' keeps coming up. Like Jamie was saying, "it's a miracle to be able to get this gift," and it really, as [00:01:00] maybe corny as it sounds, it is true that this is just literally a gift that these people are getting from another person.

[00:01:09] **Courtney:** [00:01:09] Absolutely. I think miracle and miraculous are things that are overused or used inappropriately, but I think when it comes to taking an organ out of someone else and putting it into another person so they can, you know, get back to more or less their normal life. That is, that is amazing. That is miraculous.

[00:01:25] **Brittany:** [00:01:25] And to be able to see them even post, like what I was saying to one of our other guests yesterday he was like, "Oh, I'm not sure if we've ever met." I go, "yeah, I'm not, I'm not sure either because I may have seen you when you're sick, but now seeing you as a healthy individual and walking around I may not recognize you because you look so great. "

[00:01:46] **Courtney:** [00:01:46] Yeah. It's, it's life changing, it's so drastic, especially when you look at recipients., it's incredible.

[00:01:52] **Brittany:** [00:01:52] I think that it's great that we're able to sit down with these people and not necessarily make light of the situation, but just show that it's [00:02:00] not all dark and that there's a lot of good parts that come out of the donation process.

[00:02:07] **Courtney:** [00:02:07] Transplant is an experience, obviously I've never experienced it and no question that it's really, really difficult, but it is really heartwarming to talk to people who it's in the past for them and to see them be able to laugh about it, be able to talk about it with ease and comfort. I think that's one thing that I really want to accomplish and sharing these stories, we both do, is to help people realize that it will get better. Like it's going to be really hard for whatever part of the journey that you're in, and maybe a little while after, but it will get better. You will be able to laugh about it.

[00:02:39] Our guest today is Trevor Hannigan. Trevor works in UHN security management. He's been at UHN for over 15 years. He is ex-military and a resident Minecraft expert. Thanks for joining us today, Trevor.

[00:02:51] **Trevor:** [00:02:51] That's embarrassing. I forgot I gave you that piece.

[00:02:54] **Courtney:** [00:02:54] You're welcome to change it,

[00:02:56] **Trevor:** [00:02:56] but I'm proud of that. Francesco is horribly embarrassed, but I'm proud [00:03:00] of that.

[00:03:01] **Courtney:** [00:03:01] So we usually start this by asking people what is your connection to transplant, but because you're part of UHN, I thought maybe we could start with you telling us how you came to work here.

[00:03:10] **Trevor:** [00:03:10] I came to UHN - I was in corrections at the time. A friend of mine that sort of mentored me through the military, I followed him when he got out of the military, uh, he went into corrections, I followed him right into the corrections, he was working here at UHN just on a casual basis. And at the time, a lot of us were looking to get out of corrections. And he said, well, why don't you come work at the hospital?

[00:03:32] And I said, I'm not, doing hospital security, and then he showed me his pay stub, I remember very clearly, and I said, "Oh, I would like to come work at the hospital and do security casual. That would be wonderful." Yeah, so I just came over here and I just kind of fell in love with it. I did nursing back in 2000 I was the last college year to graduate, so I had a family full of nurses, six nurses. I thought nursing was my thing, but this was sort of a mix of the [00:04:00] law enforcement that I liked, and then the healthcare that I also liked. So it was just kind of a cool mix. I just fell in love with this place.

[00:04:08] **Courtney:** [00:04:08] And you started at Toronto Western, right?

[00:04:10] **Trevor:** [00:04:10] I did, yeah. Started there part time, doing weekends back when we had eight hour shifts..

[00:04:15] **Courtney:** [00:04:15] And was, that when you met your friends, and on the night

[00:04:19] **Trevor:** [00:04:19] I met Anka when I got full time at the Western. So obviously the junior folks, when you start full time, it's always nights, always nights. I think - if you guys - you're a nurse. Yeah. So you know, you start on the nights and the night shift are a different animal altogether.

[00:04:35] So you bond -

[00:04:36] **Courtney:** [00:04:36] What's so different about it?

[00:04:38] **Trevor:** [00:04:38] Well probably the lack of management is the big plus, right? But you have less people to rely on, so you form a bond closer, with your nursing team, the security team, you form a closer bond cause you really, as opposed to days where you might have 1500 people on, at nights, you have 340. That's it, right? Same patient volumes. In fact, maybe even more depending on what night of the week it is. Yeah. So you [00:05:00] really form a tighter bond and yeah, we hit it off right away.. She was obviously very funny, like I am, probably just as inappropriate at times. Very openminded, we laughed a lot. We had a lot of loud laughing sessions at the nursing station at three in the morning when patients were trying to sleep. A lot of people asking us to go elsewhere. Yeah. So we hit it off right away.

[00:05:24] **Courtney:** [00:05:24] That's awesome. Do you still talk now?

[00:05:26] **Trevor:** [00:05:26] I keep in touch with her

[00:05:27] **Courtney:** [00:05:27] So what is her connection to transplant?

[00:05:30] **Trevor:** [00:05:30] I ask a lot of questions. I'm just inquisitive or nosy as my grandma would say. So just, we talk a lot, and it came up to, her brother-in-law was in need of a kidney. And he was on a transplant list. So I just asked a lot of questions and I can remember in nursing, even though the six nurses in my family are all in mental health, I just thought nephrology was cool. Like kidneys are cool and the way kidneys work are cool, the way they overwork and are kind of overkill, I thought [00:06:00] that was cool. So I asked her a lot of questions, a lot of questions about that. And then I said, "I guess you've gone in and got matched to see if you're, you know, a possible donor." And she just said "no." I said, "Oh wow. It just seemed like a natural thing to me like, well, why wouldn't you do that?" And she just said that the family sort of had a discussion and they didn't want anybody doing that. No pressure. Didn't want people going in. If they go in, they go in, but they're not going to go and start soliciting family members to go in and get matched

[00:06:28] **Courtney:** [00:06:28] Did that come from the cousin, specifically or just from the family in general, they didn't want to ask anybody?

[00:06:34] **Trevor:** [00:06:34] I don't know where that came from. That was just kind of the, the agreement they had or the understanding they had.

[00:06:40] **Courtney:** [00:06:40] Yeah, that's fair. I can't imagine what it's like to try and ask someone for an organ.

[00:06:43] **Brittany:** [00:06:43] For an organ, yeah.

[00:06:44] **Trevor:** [00:06:44] Yeah. Our family that we - it would be the exact opposite, right? It'd be a lot of pressure, really uncomfortable. I'm sure that's the way it would be. Yeah.

[00:06:55] **Courtney:** [00:06:55] Yeah well I guess every family is different.

[00:06:58] **Trevor:** [00:06:58] Yeah. Chloroform, [00:07:00] that would be the Hanagan family for sure. Yeah. So - it just, uh, struck me one day. I just thought I would go and start getting matched.

[00:07:07] **Courtney:** [00:07:07] Right. And did you tell Anka when you were going in?

[00:07:11] **Trevor:** [00:07:11] She, she said, "no, no, you don't do that. Nobody's going to do that." And I remember her other friend, saying, "Nope, no, don't do that. Don't do that. Like that would make them uncomfortable." And I just thought, it was something I could do. Because I remember before I started that the Western, we used to do patient watches. And a lot of them are here in hemo because patients, when they get kind of toxic right. When it's time for ah dialysis, some of them would need security to sit with them, and I just remember thinking, doing these duties that really, I mean, if somebody just gave one person, one of their kidneys, this person wouldn't have to be here four or five days a week, sitting here for four or five hours a day, or just how easy the fix would be. I remember looking through hemo thinking, how do none of these people here have anyone that, won't do that for them, but I mean, it's a personal [00:08:00] choice, right?

[00:08:00] **Courtney:** [00:08:00] How often did you look after someone on dialysis?

[00:08:02] **Trevor:** [00:08:02] Oh God, I probably did at least 50 of those.

[00:08:05] **Courtney:** [00:08:05] Wow.

[00:08:06] **Trevor:** [00:08:06] 'Cause they were usually four hour gigs too. And the, the senior folks who weren't going to come in for a four hour shift. So I always lived downtown. I still live just around the corner. So yeah, I got a lot of those shifts. It was easy for me. I didn't mind doing it.

[00:08:16] **Courtney:** [00:08:16] Yeah. I feel like in a way too, I mean not that you can really, they're not equal, but in like a way you kind of experienced what dialysis is like, just sitting there obviously physically you didn't experience it but the time. Right?

[00:08:27] **Trevor:** [00:08:27] Yeah. Yeah. Even now when I come into work in the mornings, the days that I'm at the Western, I still come through here cause I just live around the corner. So I'll walk to the General, I'll come in through the Gerrard entrance and then take the shuttle over. But just coming in and seeing those folks in the morning.

[00:08:41] Oh, sad. It's sad. And then there's the practical side., for me, I'm always told I'm the, I'm the frugal one when it comes to budgets, there's the cost savings, right? One kidney, right? Maybe, maybe best case scenario, if it's planned, you could get 10, 15, 20, who knows

how many years you can get. Less dialysis. Right. [00:09:00] Yeah. So it saves the system a whack of cash too. Yeah, for sure.

[00:09:03] **Courtney:** [00:09:03] For sure. Was Anka's cousin on dialysis?

[00:09:06] **Trevor:** [00:09:06] Yes a lot of dialysis. They had actually, they were going on a trip to Jamaica, if I remember correctly. And she was saying what a nightmare it was because you can only travel to certain places because you have to prearrange your dialysis. Yeah. And you don't have to pay for that prearranged dialysis. Thankfully I guess they had the resources to do that. But it just seemed like such a nightmare. Yeah, like if people didn't have the resources, no vacation or limited vacation, right?

[00:09:31] **Courtney:** [00:09:31] How do you even go to work or live life or anything. It's so much time taken up by just that and you're so tired after too.

[00:09:38] **Brittany:** [00:09:38] Yeah. It's a lot on the body.

[00:09:40] **Courtney:** [00:09:40] Yeah. Have you ever worked in dialysis or is that a specific -?

[00:09:44] **Brittany:** [00:09:44] So I am a dialysis nurse.

[00:09:46] **Courtney:** [00:09:46] Oh, what?

[00:09:47] **Brittany:** [00:09:47] Yeah. However, I'm not a hemodialysis nurse. I'm a peritoneal dialysis nurse.

[00:09:54] **Courtney:** [00:09:54] Okay. Maybe for the listeners, do you want -

[00:09:56] **Brittany:** [00:09:56] Yeah for our listeners I'm a PD nurse, so there's [00:10:00] different forms of dialysis. Peritoneal dialysis is when you get - in your body, you have a peritoneal cavity, and the dialysis is a fluid that is inserted into the peritoneal cavity. And through a process of osmosis, the dialysate pulls out the toxins from the body, and then you drain it out. So essentially it's a big bag of fluid connected to the patient through a tube and then it's drained out. And you do that about four times a day, or you can do it overnight.

[00:10:34] **Trevor:** [00:10:34] And most often a home, right?

[00:10:35] **Brittany:** [00:10:35] Yeah. You can absolutely do it at home. We do have a home peritoneal dialysis unit within the hospital and then, but yes, you can, you can also do hemodialysis at home. It's just a different type of dialysis for a different type of lifestyle for - it's dependent on the person. Right.

[00:10:52] **Trevor:** [00:10:53] Hemo nurses are special nurses though.

[00:10:55] **Courtney:** [00:10:55] Oh, are they?

[00:10:55] **Trevor:** [00:10:55] Oh yeah. You received these patients uh, so when they come in, they're at, they're [00:11:00] in their worst shape, right? Probably physically, emotionally, everything. And these nurses see these same patients come in day in, day out, and these patients become very familiar with the nurses and start to treat some of them like you might

treat your family. I mean, you wouldn't say things to strangers that hemo patients say to the hemo nurses. We go to a lot of disturbances there and a lot of the hemo nurses don't report because it's daily, like they receive this on a daily basis just because of the bond you form. Right. You get more comfortable, you behave differently, and it is a special kind of nursing. So I kinda, I had wanted to do this for, not wanted to do it, but I had thought about it for a long time. I thought it was something so simple. I don't know why everybody didn't do it, which is kind of a weird thought cause, people don't have those thoughts, but I just thought, why not? Why wouldn't you do that?

[00:11:48] **Courtney:** [00:11:48] Yeah. Not everyone has the experience of sitting with people who are on dialysis.

[00:11:52] **Trevor:** [00:11:52] Yeah. It really, it really had an impact. It really had an impact. So by the time I get those papers home, talked to Francesco, talked to my mom, [00:12:00] cause I mean, I had to have both of their blessings otherwise that would've been a deal breaker right away.

[00:12:04] **Courtney:** [00:12:04] What were their responses?

[00:12:07] **Trevor:** [00:12:07] Ah Francesco, so we've been together for geez, 10 years now. But we had sort of just, um new to dating, so of course, very supportive. If it was now, I mean, like I say to Francesco now, "wouldn't it be cool if I was a non-directed kidney donor and a non-directed liver donor?" And he, his response was always, "well, I wish you and your next ex all the best with that. I'm not sticking around for that shit." As I was telling Courtney before, you get really intoxicated in the process, and I didn't really consider him in that, and it was really hard because he said, well, I said, "well, why wouldn't you say something?"

[00:12:42] He said, "what am I supposed to tell you? Don't save a life, right? Is that what I'm supposed to tell you?" So there, there wasn't a lot of support for him throughout. Like when we go to the appointments, you literally are treated like VIP. I never had to wait in a line. I mean you go right to the front when they hear a non-directed [00:13:00] donor, everything's expedited.

[00:13:01] Because the paramount concern is the donor. Right. Because obviously you want the donor to do well. Yeah. But it also, you have, I mean, you want the program to go well and no one's going to sign up for a program if the donors don't do well. But there was nothing really for him. He really felt kind of left out in that process.

[00:13:19] So those conversations were easier, like I said, because we just began our relationship, so you want to be supportive. My mom was kind of tough though. She just said, "Oh that's really nice, but do we have to do that? Is there somebody else, I mean why do you have to do that?" I just said, "well I guess there isn't anyone else, 'cause he would have a kidney by now."

[00:13:40] So I kept it a secret for a while, which is amazing for me cause I don't do secrets, and when it came time to approach the recipient, which I did through Anka, his son had come of age and his son was able to donate. So they did not need my kidney anymore.

[00:13:56] **Courtney:** [00:13:56] And what was, what was that like after spending a year and a half [00:14:00] in assessment?

[00:14:00] **Trevor:** [00:14:00] I was really bummed out! I thought, what!? I thought well, that that kinda sucks.

[00:14:07] **Brittany:** [00:14:07] Because you get really excited and yeah, amped up to donate.

[00:14:10] **Trevor:** [00:14:10] Of course. I mean, it's a lot of anxiety too, but it's good anxiety, right?

[00:14:14] **Brittany:** [00:14:14] Yeah.

[00:14:15] **Trevor:** [00:14:15] But then Julie explained to me about the paired exchange program.

[00:14:19] **Courtney:** [00:14:19] Right. Could you maybe explain the kidney paired donation program a little bit just for the people listening?

[00:14:23] **Trevor:** [00:14:23] Okay, let me do - I'm going to dust this off. I know how it works. Okay. Courtney has a friend, Courtney's friend needs kidney. Courtney is more than willing to give her kidney to friend, her friend, but they are not a match. So then we have, Paul, my manager, well that's not a good scenario. Paul has a friend. Paul wants to donate to his friend because his friend needs a kidney, but they're not compatible. Sad face. So in this example, we'll take Courtney and her friend Paul his friend. Courtney is a match for Paul's friend.

[00:14:57] So Courtney contractually agrees [00:15:00] to give her kidney to Paul's friend, and then somebody else, you get more pairers who are matched. It's like a little domino chain. So they match them up. And then at the very bottom, you're left with a pair. Somebody who has one more kidney to give. That person, right?

[00:15:21] **Brittany:** [00:15:21] You,

[00:15:21] **Trevor:** [00:15:21] is that right?

[00:15:22] **Courtney:** [00:15:22] Yeah. Yeah. So when there's a non-directed donor involved, cause there's, there's open chains and there's closed, right? So you're a part of an open chain.

[00:15:28] **Trevor:** [00:15:28] So I start the chain. The chain is ended with the pair down at the bottom with the extra kidney left to donate. And that goes to somebody on the wait list. That's how it works.

[00:15:38] **Courtney:** [00:15:38] Yes. Yeah, and I mean, it's crazy that they can do it logistically, cause it goes, it's nationwide and they run the algorithm three times a year, I think? It's crazy. The timing is crazy. I think the biggest chain is 23 pairs.

[00:15:52] **Brittany:** [00:15:52] That's a lot. That's a lot of surgery.

[00:15:54] **Trevor:** [00:15:54] When I kind of wrap my head around it, and actually, somebody does a cute little animated video with [00:16:00] cartoons. Yeah. That shows you how it works, and then it went off, the light went off and I'm like, "Oh, that's cool. Why wouldn't everybody do that?" Like complete bang for your buck, right? Kidney kidney, kidney, kidney, and then somebody off the wait list. So that's awesome. Right? Why wouldn't everybody do that? And I thought, let's do that.

[00:16:17] **Courtney:** [00:16:17] How did Francesco and your mom react to you being like, "now I'm donating to someone I have no idea who -"

[00:16:26] **Trevor:** [00:16:26] Well, he could see that I was excited. So again, very supportive, very supportive. I think, I'm very tuned into his emotions. If I felt like it wasn't a good idea, I probably would have bailed. I would've bailed for sure. But then at the same time, I was not as in tune to his emotions as I should have been. I was more, I guess, excited about the whole process. So completely supportive. Yeah, he was completely supportive.

[00:16:50]

[00:16:50] **Courtney:** [00:16:50] Have you ever thought about writing to your recipient?

[00:16:53] **Trevor:** [00:16:53] I think the opportunity came up at one point and I opted to not. And I [00:17:00] opted to not because I took a lot of time to think about it. Because you see these things on YouTube or television where they meet and oh my God, it's tears and you're amazing and you, you're a part of my life forever.

[00:17:11] But then there's that piece, um, where, what if the recipient does not, did not do well, what if the recipient died? What if the recipient does die? I know that would impact me heavily. Yes. Right now in my mind, she's going to live forever, and that's great for me, and that's where I want to just leave it at.

[00:17:30] **Courtney:** [00:17:30] Yeah. And I think in that way, ah non-directed donors have it a bit easier than people who are donating to say to a family member. That's not to say, it's not to downplay obviously like the decision to donate to a stranger, because that in itself is so courageous and amazing. Um,

[00:17:45] **Brittany:** [00:17:45] Pros and cons to both.

[00:17:46] **Courtney:** [00:17:46] Yeah. I know post-surgery, there can be some mental health issues for donors, especially if they're donating to someone that they know and they're watching that person struggle through complications or what have you. So that's, that's kinda nice that you [00:18:00] just, you know, you do your, you do your thing and then your job is to just recover and you don't have to worry about anything else.

[00:18:05] **Trevor:** [00:18:05] Yeah. Yeah. So I knew that would impact me. So I, I, um, I reluctantly said, no, I'm, I'm going to pass on that.

[00:18:12] **Courtney:** [00:18:12] Would you, if she wrote to you, would you write back?

[00:18:16] **Trevor:** [00:18:16] That I could do that. I could do, but I wouldn't want any, nothing identifiable in there. I wouldn't want to have any information, but it'd be, it'd be nice to know how she's doing. Um. But I just, honestly, I just didn't want to know who she was.

[00:18:28] **Brittany:** [00:18:28] How was your recovery after the donation? Like in this step down, or you were over at St Mike's, right?

[00:18:37] **Trevor:** [00:18:37] My interviews have always been like kind of rated F for family. So I can give you all the details now because I think it's important that people know these things. A lot of things they tell you, there's some things they don't tell you. So I woke up actually kind of maybe near the end-ish procedure in the OR space, I guess. It's not [00:19:00] normal. It happens though. Ah, so I remember I woke up in extreme pain and then this poor, I just remember this face, panic, and then that was it. And then I was out again. So I remember that poor guy. I'll never forget his face. This look of utter surprise., so they tell you all these things that could happen, all these things you'll experience.

[00:19:18] The one thing that's very important to tell a boy is,, right after you get out of surgery, they put a bolus of fluids in like, a lot of fluids just to kickstart that other kidney. Get it rolling. Yeah. And what they don't tell a boy is where possibly all that fluid may settle.

[00:19:36] **Brittany:** [00:19:36] Oh, I know.

[00:19:37] **Trevor:** [00:19:37] Yes. So I have a little disco nap. We're going to get there. So I have a little disco nap post-surgery. They dumped the fluids in and then I wake up and there is a guinea pig between my legs. So my scrotum is, uh, not the size it used to be, it is extremely large. And that tidbit of detail was [00:20:00] left out.

[00:20:00] So I showed that scrotum to anyone that walked in the room, whether it was the woman bringing breakfast, whether it was the housekeeper, I showed my scrotum to everyone saying, "what? What is this? Ah, please return it to its original size, like when I came in," right? But literally, it's just the scrotum that increases, unfortunately, so it's like a little bird's egg in a robin's nest. So they have a really high tech solution for it. The nurse literally came in and she took a couple of the juice cups and put them underneath my scrotum to prop it up. Genius. And they drained out and it was magically back to the size it used to be.

[00:20:37] **Courtney:** [00:20:37] Wow.

[00:20:38] **Trevor:** [00:20:38] But that's a, that's a detail. You tell a boy. Anything in this general real estate, as I motion from my belly button to my thighs, you tell the boys about that.

[00:20:49] **Brittany:** [00:20:49] So it's not necessarily a normal thing that's supposed to happen, it's just like, it can happen where it drains into the, it's not coming out. It's just like a lot of fluid. [00:21:00] It has nowhere else to go. Right. But we make scrotal sacks. A nurse invented this, what do we call it? Like a sling. We make it it's on the UHN website somewhere where -

[00:21:12] **Trevor:** [00:21:12] -that's cool-

[00:21:12] **Brittany:** [00:21:12] -we make the, it's like literally step-by-step.

[00:21:15] **Courtney:** [00:21:15] We'll put it in the show notes.

[00:21:18] **Brittany:** [00:21:18] It's really fun to make. It's kind of weird, but it's really a, yeah, like as new grads, we're like, okay, and it's like -

[00:21:26] **Courtney:** [00:21:26] - nurses's arts and crafts -

[00:21:27] **Brittany:** [00:21:27] yes, it is. It is.

[00:21:29] **Trevor:** [00:21:29] She just came up with two little, Fairlee juice cups, stacked two of them, put the guinea pig on top of 'em and then just drained it down to its normal size.

[00:21:40] **Courtney:** [00:21:40] Well, good for people to know. Yeah. If you are donating, this might happen. Anything else? Any other things that you wish you -

[00:21:46] **Trevor:** [00:21:46] Ah so, well I do a lot of laughing, so let's make recovery nice and serious. Because laughing is right from the core yes, deep in the core where they've just recently cut through to remove the kidney. [00:22:00] Uh, I spent a lot of time on the, on the floor cause Anka of course came to visit me. So lots of comments and lots of laughter and I would double over and fall on the floor and, oh boy. Yeah. Laughter is a hard one when you have that.

[00:22:12] **Courtney:** [00:22:12] Yeah. You just have to read some really sad books instead of just -

[00:22:15] **Trevor:** [00:22:15] - right or just not have Anka visit. Yeah, that'd be awesome too. Yeah., but no,, I was there only, I think, so the day of, three days, I went home on day three.

[00:22:26] **Courtney:** [00:22:26] So no complications?

[00:22:27] **Trevor:** [00:22:27] No complications. I was back on modified duties, the start of week four. And at week eight I was back to full duties.

[00:22:33] **Courtney:** [00:22:33] What was it like once you went home? How was recovery at home?

[00:22:37] **Trevor:** [00:22:37] Uh, I thought it was great. I mean, you know, delighted at having Francesco and my mom waiting on you hand and foot, so that's amazing. But that's probably why his mother still calls me "principessa" to this day. Apparently I was kind of high maintenance, but clearly their opinions and clearly incorrect. Super low maintenance. Apparently I was an absolute nightmare. But, [00:23:00] like really, uh, I remember pooing being exciting.. That was, that was a big event.

[00:23:03] **Brittany:** [00:23:03] Or pass gas, that's a big one. Oh yeah. Because when you're in hospital, as soon as you are able to pass gas, it's like the golden ticket to eating a meal. Yeah.

[00:23:13] **Courtney:** [00:23:13] Oh.

[00:23:13] **Brittany:** [00:23:13] Or better yet, go home.

[00:23:16] **Trevor:** [00:23:16] Yeah, that's, yeah. Yeah.

[00:23:18] **Brittany:** [00:23:18] I wouldn't say that like once you pass gas, it's like, "Oh, you can go home." But it's as soon as you do pass gas, it's like, "Oh great we can advance you to a normal diet."

[00:23:27] **Courtney:** [00:23:27] Right. And why do your intestines get upset after surgery?

[00:23:31] **Brittany:** [00:23:31] I can explain that one. Yeah. Cause I explained it to my patients all the time. My donors,, specifically, but when you're under anesthesia, your bowels and all your organs are kind of asleep for the first couple of hours or day after surgery. So I don't know if you remember from maybe grade 10 science, it's called peristalsis, yeah, and it's the wave, like the wave,

[00:23:53] **Courtney:** [00:23:53] I'm an English student.

[00:23:57] **Brittany:** [00:23:57] So peristalsis is, is, is to put it [00:24:00] lightly, is asleep from the anesthesia. So in order to determine if your bowels are waking up, you're passing gas and it's a indicator to say, okay, your bowels are slowly starting to wake up, how they should be, and we can safely give you food or else it might sit there and it might, you may become constipated from all the pain meds or impacted, which is painful, or,, vomiting, which we don't want to do post-surgery, nausea, like there's many reasons why. Yeah. Choking, like, it's like, why you need to be your bowels need to be awake. Okay.

[00:24:36] **Courtney:** [00:24:36] Okay.

[00:24:36] **Brittany:** [00:24:36] It's a big thing. My patients always forget to tell me, "I'm like, have you been passing gas?" And they're like, "Oh, yeah I passed gas last night." And I'm like - "you want a burger? Right? Let me go get it."

[00:24:51] **Trevor:** [00:24:51] So I'll be the opiates too. They bind your write up, right?

[00:24:54] **Brittany:** [00:24:54] Sure. You just want to counteract like everything, like getting a lot of fluids, but you're not eating properly. You're getting [00:25:00] opioids, so you're trying to get, take some laxatives and it's just trying to get back to normal.

[00:25:04] **Courtney:** [00:25:04] Yeah, right, right, right.

[00:25:05] **Trevor:** [00:25:05] Four weeks I was back on modified duties, eight weeks, full duties, energy levels though. Um, so the kidneys obviously clean your blood and the blood transports oxygen from the lungs, and removing 50% of that function can impact the amount of clean blood or oxygenation you have, like my energy levels didn't return to

normal till about month 10 and that was a long, I guess they say, but I thought, Oh my God, what did I do? Like some mornings I couldn't even get out of bed. Like I would sleep 10 hours, wake up exhausted, and 12 hour shifts were tough.

[00:25:39] Yeah. But it was, for whatever reason, it was like 10 months and 10 months and then a day, or it was just, done back to normal. Yeah, but that 10 months. I thought, "Oh my God, I can't live like this. I can't live like this." That's a long time. I'm cool with Netflix and hanging out on the couch, but I mean, I couldn't even do that. I couldn't keep my eyes open. I was getting tired at work. I'd have like [00:26:00] naps. It was, but that completely gone now.

[00:26:02] **Courtney:** [00:26:02] Where did you nap at work?

[00:26:04] **Trevor:** [00:26:04] I'm sorry what did you say? I didn't hear your question. No, when I was back on modified, we had, like, there was a lunchroom, and I'd literally just tell, my manager then, Carl Valentine. And he was awesome. Yeah. He'd be like, "no, go, come on, put your feet up. Do what you need to do."

[00:26:20] **Courtney:** [00:26:20] So everyone knew that you had done this?

[00:26:23] **Trevor:** [00:26:23] A couple people knew. We kept it just quiet. It was just my business, my business anyway, you know, and I just, I didn't want a lot of attention. I wanted to heal. I want to get back to work. And I think it was also was sort of a blessing that we ended up moving it to St Mike's, because Julie even said that, she goes, "you know what? It's really a blessing in disguise." Because had I been here at my home, even though I'm in patient mode and then recovering, if I hear code white here, code red here, I'm still my, my blood pressure's gonna go up, my anxiety level's going to go up because this is my family here. I know where that is. I want to know what's happening. [00:27:00] So there, that was a little more disconnected and, and I was able to recover and do what I needed to do there.

[00:27:05] **Brittany:** [00:27:05] Since you work in, in and around the hospital, maybe it might be, it might've been better for your own privacy from the staff point of view, right?

[00:27:14] **Trevor:** [00:27:14] Oh, absolutely.

[00:27:15] **Brittany:** [00:27:15] Really, truly, if I ever became a patient, knock on wood, I would want to be a patient at Toronto General because I trust Toronto General.

[00:27:24] **Trevor:** [00:27:24] Sure, this is what we do right?

[00:27:25] **Brittany:** [00:27:25] I stand by it, but at the same time, I also work here and I know the nurses and I don't know if I'd feel super -

[00:27:33] **Courtney:** [00:27:33] yeah, do you want all your colleagues looking at your scrotum?

[00:27:37] **Trevor:** [00:27:37] So I know we all looking in the hospital, we know that patient privacy is our cardinal thing, right? That, that's, that's, that's what we do here. Um, but in security it's like even next level for us, cause. Well, one of my biggest pet peeves is if

someone's in the ED and someone says to someone else, "Hey, you know John's, I just saw John in emerge. He's there as a patient," and then someone goes by [00:28:00] to visit and said, "Oh, so-and-so said, or they saw you here. How are you doing? Are you okay?" That is my biggest pet peeve in the world. They didn't come for social time, right? They're not staff right now. They're a patient who happens to work here, and that's my biggest pet peeve. So I mean, I could, that would have happened here because I've worked here for so long.

[00:28:19] **Brittany:** [00:28:19] People know you.

[00:28:19] **Trevor:** [00:28:19] I am chatty Cathy. I go to all the units still. Even now in management, I do. I try to do as many rounds as I can, see the nursing staff, see the floor staff, see what's happening, talk to people. So people would have been coming by, there wouldn't've been a lot of recovery going on.

[00:28:34] **Brittany:** [00:28:34] Yeah. So would you do anything differently in this whole process? Like if you could go back and do it again.

[00:28:39] **Trevor:** [00:28:39] I would do this over again, 100%. I have a very small list of things that I would do differently or I think could be done differently in the program.

[00:28:47] The first one being,, probably psychosocial supports for family or for the partner, because everybody was great. I mean, Julie and Michael checked in and made sure that I was checking in with them, but at the same time, as many [00:29:00] appointments as I had, I mean, like I met with psychiatry at least once, maybe more. There was social work. All of these appointments. I think it's imperative that the family is included in a lot of that, which I don't know if they are now, but I think it's important they are.

[00:29:13] And then on a, on a lighter note, my mom wants everyone to know, uh, if their kids are going to be donating any organs to comp their parking. My mom thought it was outrageous. She's like, "I paid \$24 a day." I said, "well, that's your fault, I live around the corner. Why didn't you park at my house?" That's her own - she's not Magellan I guess, she doesn't know how to use Google maps, but that's her fault. Yeah, it's, you know, just the psycho-social supports.

[00:29:39] **Courtney:** [00:29:39] Yeah. Well, I think in general, the caregivers need to be, caregivers and support persons, just need to be considered more. Like it is a huge emotional weight to put all of your needs aside and, and just look after someone else when that's not, I mean, I guess, Brittany, you do that all the time, but like, that's someone's day to day on top of work and, yeah, exactly.

[00:29:59] **Brittany:** [00:29:59] Yeah. It's [00:30:00] different role. Absolutely. It's similar, but it's different.

[00:30:03] **Trevor:** [00:30:03] Just just that, just that one little piece, Francesco when I even like, he's still, has some residual effects of that. Mostly leading up to through the screening process and right up to the day of surgery, he, he just, he said he really felt, and we also new relationships so he couldn't really, you know, my mom and him were not as close as they are unfortunately today. Um, so there was that disconnect and he just, he just felt like he

couldn't even talk to me about it because he didn't want to, you know, kind of rain on the parade. He's like, you are, he said, "you're, you're healthy. You're, well. I like you like that, but you're volunteering to have surgery where they're gonna remove an organ." And I grew up with a family full of nurses. I did took nursing at George Brown,

[00:30:48] **Brittany:** [00:30:48] Right. Yeah.

[00:30:49] **Trevor:** [00:30:49] He teaches kindergarten. He doesn't know - he doesn't know the difference, you know, he doesn't know that stuff and he's really, he's not hearing this from Julie or from a social worker or a nurse. [00:31:00] He's reading it off the documents I've brought home and I said, "you have to read these. It's important that you read these." So, he was, it was really upsetting for him. It was hard for him, and I was completely oblivious to it, and I feel kind of horrible.

[00:31:11] **Courtney:** [00:31:11] Yeah. I don't know if it's something you can -

[00:31:13] **Trevor:** [00:31:13] - it's all great now, especially because like I said, it was a new relationship. Right. So I was completely just blinders. Focused on this is what I'm going to do.

[00:31:21] **Brittany:** [00:31:21] And he just had to be okay with it. Yeah. Yeah. Well, I'm happy that you guys are good now.

[00:31:25] **Trevor:** [00:31:25] Oh yeah. Things are a great, yeah, there won't be, I won't, I won't be a non-directed liver donor that's out of the question. Yeah. Yeah. Because he'll probably throw the heart in as well and do that himself. Yeah. Not going to happen.

[00:31:40] **Courtney:** [00:31:40] Just one last question, what is something you want everyone to know about living organ donation?

[00:31:46] **Trevor:** [00:31:46] I don't know if it's cause I'm a weird kind of guy, but none of this, nothing gave me pause when I started the process. I had such faith in our people and the work they do, I didn't even second guess it. I mean, what did I [00:32:00] say? It's not magic, it's medicine, but it's miraculous. It is miraculous the work that our people do, right? Yeah. And it, and it is, you just educate yourself a bit -this is what we do all the time. And it really does like, they call it the gift of life. Whoever keyed that phrase is genius, because that's literally what you're doing. That's literally what it is. And it's so simple to do. and especially kidneys, you don't need two of them. You could put a little coin purse put in there or something. Keep your wallet in there, you know, extra space.

[00:32:31] **Brittany:** [00:32:31] Do you feel lighter?

[00:32:35] **Trevor:** [00:32:35] No, no, I don't, unfortunately.

[00:32:37] **Courtney:** [00:32:37] Thank you so much, Trevor.

[00:32:38] **Trevor:** [00:32:38] Yeah, you're welcome guys. Thank you.

[00:32:39] **Courtney:** [00:32:40] thanks for listening to this episode of living transplant. If you have questions or suggestions for future episodes, email us at livingorgandonation@uhn.ca.

[00:32:49] **Brittany:** [00:32:49] Don't forget to subscribe, rate, and review living transplant on iTunes, Spotify, or wherever you listen to podcasts

[00:32:56] **Courtney:** [00:32:56] and follow us @givelifeUHN on Facebook, Twitter, and Instagram.

[00:33:00] [00:33:00] **Brittany:** [00:33:00] See you next time.

[00:33:01]