

## **TSI Videos Transcriptions**

### **Peter Radigan – Ask the Transplant Recipient**

“The new heart’s just a muscle. Some of things I experienced were mainly from side effects of medication. For example your medication might give you different tastes for food and stuff along those lines, and the medication also, especially when it’s at its higher levels, can have impacts on mood swings and stuff along those lines. The biggest change is from a change in your priorities in your life. But no, I do not believe that I have any change in my personality as a result of the heart that I received.”

### **Steven Taibbi – Ask the Transplant Recipient**

“People often tell me that they think my having gone through a heart transplant must have been very difficult. But I tell them right away that no I think it was much worse on my wife and much worse on my mother and other members of my family. When you’re in end-stage organ failure as I was with my heart, you know you’re sick and you’re sick, as you are when you’re sick with anything else. But what’s really difficult is for your love ones to watch you, literally wasting away before their eyes. I think there was a time when my wife saw that I could no longer even bring in an empty garbage pail, when it really hit her, and that’s when it really hit me on how much she was going through. And anytime I had any doubt or I was really upset about the situation I was in, it was because I was thinking about what was happening to my wife.”

### **Peter Radigan – Ask the Transplant Recipient**

“Well immunosuppressant medication is part of every post-transplant recipient regimen, in terms of medical regimen and prescription regimen. Before transplant, when I was in heart-failure, I was taking 35 to 40 pills per day. Now post transplant I’m taking, I started out taking about 25/26 pills a day, substantially less than 35 to 40. And now I’m down to 7 medications per day and about 15 or 16 pills.”

### **Steven Taibbi – Ask the Transplant Recipient**

“Even before you get your transplant, people at the hospital, social workers and nurses at the hospital are training you on what kind of drugs you’re going to be receiving, what they are, what they do, how much of them you’re going to be taking, when you’re going to be taking them, and what their effects are going to be. They are expensive; fortunately I have insurance for it. It’s running us about \$2400 a month. It would if we didn’t have the insurance, but our co-pays are still running us almost \$400 a month out of our own pockets”

**Peter Radigan – Ask the Transplant Recipient**

“I waited one year and four months for my organ. There are two ways that you can wait, and one is status two, one is status one, when you’re a heart recipient. I waited for about one year, status two, which means I wasn’t among the most sick in the nation. I was just...I was on the transplant list. And then in the last three and a half months I was admitted into the hospital, where I was elevated to status one, which is among the most sick in the nation.”

**Peter Radigan – Ask the Transplant Recipient**

“Well pure and simple it’s because there aren’t enough organ and tissue donors in the country today. With an excess of 80,000 people awaiting transplants, people need to understand that race, religion, color, and creed have no impact on whether or not you can be an organ and tissue donor, and no impact whatsoever on whether or not you can receive an organ or tissues for transplantation.”

**Peter Radigan – Ask the Transplant Recipient**

“Well first of all you need to be in end-stage, in some type of end-stage disease, such as liver failure, kidney failure, heart failure, lung failure, or some type of intestinal dysfunction. If you are in an end-stage disease of this type, transplantation can be an effective life-extension. In addition to that, you need to have extensive psychological testing so that it can be determined that you’re mentally capable of handling the process that you need to go through for a transplant. In addition, you need to be alcohol and drug free, and free of any terminal illness such as cancer, because immunosuppressants would let cancer run rapid and actually accelerate the process. And finally an extensive support system like family is critical to the success of a transplant.”