

# Two Marthas...



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# One Kidney

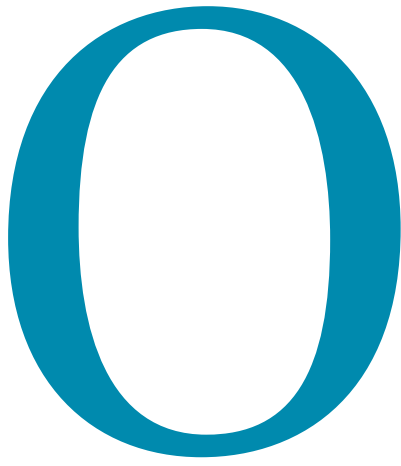


*When her mother's only kidney started to fail, Marthita Cosgalla didn't think twice about donating one of hers*

By KENNETH MILLER / Photographs by ANDREW BURTON

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**IN A SUNNY AFTERNOON** in Calexico, California, the most consequential journey of Martha Romo's life is about to begin. All day, her lime-green-painted apartment has been crammed with friends, neighbors and relatives. A few family members will accompany her; the other guests are here to say adios and *buena suerte* (good luck). Martha and her daughter—also

named Martha—flit about the living room, schmoozing and laughing. You'd never guess that the elder Martha is slowly dying, that Marthita (as the younger one is nicknamed) is gambling her own life to save her mother's, or that each will face a surgeon's knife the next morning.

Despite their age gap—Martha is now 58, while Marthita is 33—the resemblance between the two women is striking: Both are statuesque, with curly hair and heart-shaped faces. Both also seem astonishingly composed. “I’m not afraid,” Martha insists in Spanish. “I’m positive that everything is going to work out fine.” Marthita, who works as a customs-broker supervisor, echoes her in softly accented English: “I don’t feel nervous. I’m excited.” Only a flicker of tension betrays the effort behind their cheer.

In the parking lot, the men in the family are less stoic as they pack a compact car with suitcases. “Of course I’m a little scared; it’s natural,” says Marthita’s husband, Christian Cosgalla. Adds Martha’s gray-mustached spouse, Hector Romo: “Every time I think of my wife, I think, *Ai, my daughter!* And every time I think of my daughter, I think, *Ai, my wife!*”

The source of his anxiety first revealed itself in 2007, while Marthita and Christian were on their honeymoon. Martha awoke at 4 a.m. to find her nose spouting blood, and nothing she or Hector could do would make it stop. At the local ER, doctors told Martha that the gusher had been caused by a spike in blood pres-

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**“Every time I think  
of my wife, I think,  
*Ai, my daughter!*  
And every time  
I think of my  
daughter, I think,  
*Ai, my wife!*”**

—HECTOR ROMO

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## Preparing for a Transplant

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**Monday, 2:18 p.m.**

**Bandages cover the needle marks on Martha's arm—the result of receiving dialysis three times a week.**

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sure, probably triggered by the stress of hosting a wedding with 230 guests. Later, however, her physician ordered tests to check for a deeper problem. Martha was stunned when an X-ray showed she'd been born with just one kidney.

The organ was functioning well, and for six years she carried on with her usual energy, juggling her jobs as a playground aide at a Catholic school and a cook at a Pizza Hut, chasing after her two grandchildren, and dancing at any fiesta where a good *grupo*

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*de banda* was playing. Gradually, however, her lone kidney began to wear out. By August 2013, her levels of creatinine (a waste product produced by muscle and excreted by the kidneys) were soaring, a telltale sign of renal failure.

**M**ARTHA WAS PLACED on hemodialysis, a procedure in which the patient's blood is filtered through a machine that cleanses it of metabolic garbage and excess sodium, potassium and water. Three mornings a week, three hours at a stretch, she sat tethered to the device at a local clinic. The sessions were physically exhausting, and her left arm—where technicians had installed a port called a fistula—was perpetually bruised and painful. She was forced to quit working and go on disability. To keep her blood chemistry balanced, she had to eat a diet low in salt, potassium and phosphorous; foods she was advised to avoid included bananas, beans, tomatoes and cheese. For a woman who relished the cuisine of her native Mexico, and who loved to prepare it for others, those were hard things to give up. She even had to drink water sparingly: Too much would cause excess fluid in the heart, lungs and ankles.

Dialysis can be invaluable in the short term, but its drawbacks go beyond discomfort. Because the process is less efficient at removing waste than an actual kidney, and can cause side effects such as vascular disease and infections, the average life expectancy for patients is five to 10 years. Martha's doctors urged her to consider a transplant, which can extend life another 10 to 20 years.

She and her family made a pilgrimage to Sharp Memorial Hospital in San Diego, 120 miles to the west, whose transplant center is rated among the best in the nation. Specialists there told her she had two options: go on a waiting list for a cadaver organ, or find someone willing to become a living donor.

Marthita immediately volunteered. An only child, she was

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**“My mom is my best friend. *I owe her everything.* I wanted to give her back what she’s given me.”**

—MARTHITA

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born after her mother lost two previous babies—one in a miscarriage, the other a few hours after birth—and spent her third pregnancy on bed rest. “My mom is my best friend,” she says. “I owe her everything. I wanted to give her back what she’s given me.” The two women began undergoing tests to ensure that their blood types were compatible, and that they were physically and emotionally capable of enduring the operation.

And now, at 3 p.m. on a Tuesday in June, it’s time to hit the road. The well-wishers embrace Martha and Marthita, some making the sign of the cross on the pair’s foreheads; Marthita’s young daughters, Paulina and Luciana, cry as they hug Mami and Abuelita goodbye. Christian takes the wheel, and the other travelers—Martha, Marthita, Hector and Martha’s sister Olga—climb into the car. They reach San Diego by dinnertime, and after a stop at a Chinese buffet, the five of them check into a hotel room. No one sleeps much. Instead, they talk and tell jokes, warding off one another’s fears until the alarm clock rings.

Before 5 o’clock, they meet Martha’s mother and four other sisters in the lobby at Sharp Memorial. By 5:30, Martha and Marthita are propped up on gurneys in the surgical preparation area, their husbands seated in chairs beside them, everyone still chatting away.

Then a nurse declares, “OK, you’re ready to go.” As Marthita is wheeled off, Martha bursts into tears. Suddenly, it all pours in on her: the seriousness of the surgery, the suffering her daughter has taken on for her sake, the mortal risk. What if I come out fine, and my girl doesn’t? she wonders frantically. How will I live with myself?

Marthita glances back at her mother, her eyes flooding. The gurney turns a corner, and she is gone.

**I****N OPERATING ROOM NO. 9**, Marthita is hidden beneath a tent of pale-blue surgical sheeting. The cavernous room is silent except for the beeping of monitors, the whirring of machinery and the murmurs of the team working to remove her left kidney. Leading the effort is Evan Vapnek, a gangly, balding man whose intensity of focus almost

## Living-Donor Transplants: The Risks and Benefits



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## *At the Hospital*



SWIPE IMAGE TO SEE SLIDESHOW



**Wednesday, 3:55 a.m.**

**Martha and Hector share a moment before transplant surgery at Sharp Memorial Hospital.**

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seems to make him crackle. At his right elbow is his assistant, Daniel Kosoy. A scrub tech and a nurse, known as a circulator, ferry tools and tend to equipment.

The surgeons have inflated Marthita's abdomen with gas to create space to perform the operation, and inserted a tiny video camera through a half-inch incision next to her navel that later will be extended to remove the kidney. Guided by images beamed to an LCD screen suspended over the operating table, they

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use long-handled tools (inserted through two smaller incisions) to work on the kidney. The men's hands move in small, precise arcs. But on the screen, the controlled violence of their art is clearly visible. While Kosoy holds the video camera, Vapnek's rod-like tools cut through to the kidney, sucking away blood and cauterizing vessels. Wisps of steam can be seen on the video monitor.

**A**FTER ABOUT AN HOUR, Vapnek calls out, "Quiet, please!" as he begins the crucial final stage of severing Marthita's kidney from its moorings. Moments later, he reaches into her body with a plastic bag, places the kidney in it and pulls out the organ. Vapnek hands it to Barry Browne, a short, ruddy-cheeked surgeon who's just arrived from the room next door, where he's been preparing Martha for the insertion phase of the transplant.

Browne is as voluble as Vapnek is terse. "There's a kidney," he announces, hoisting it high. He carries the bag to a long table, where he places the contents into a steel bowl lined with absorbent cloth. "Now we're going to flush all the blood out." After rinsing the organ inside and out with preservative solution, he begins snipping away excess fat and lymph nodes with a pair of fine scissors. Fifteen minutes later, the kidney's external plumbing stands out smartly. "Now we're going to make a kidney slushy." He takes sterile ice and saline from a freezer and dumps it into a half-gallon plastic container. He gently lowers the kidney over the slush. Then he snaps on the lid, clutches the bucket to his chest and heads to Operating Room No. 10.

There, Norah Jones is playing on the sound system, and the mood is notably more relaxed. Martha lies beneath another tent of surgical sheets, an incision beneath and to the right of her navel ready to receive her daughter's gift. Browne places the kidney inside the opening. Over the next half-hour, aided by [MORE](#)

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**The surgeons' hands move in small, precise arcs. But on the screen, *the controlled violence of their art* is clearly visible.**

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## ***The Story of Two Marthas***

 TAP TO WATCH VIDEO



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Kosoy, he stitches the organ’s veins and arteries to their corresponding vessels in Martha’s body, and connects its ureter (the tube through which urine exits the kidney) to her bladder. The task is so delicate that the men wear magnifying loupes on their goggles, yet they manage to tell jokes and discuss movies with the crew as they work.

Meanwhile, anesthesiologist William Connell is pumping immunosuppressant drugs into Martha’s veins to prevent rejection. When the connections are complete and the kidney has been slipped into its new home, he removes a clamp. Yellow fluid pours into a catheter bag, showing that the organ is already doing its job. “We have urine,” Connell calls out. “Operation Golden Flow is working!”

The surgeons begin closing the incision with stitches and [MORE](#)



staples. And at 10:15 a.m., a little less than four hours after the surgery began, Browne walks out to the waiting room.

Hector and Christian gather around him, along with Martha's mother and five sisters. "We're good," Browne says, and eight tense faces erupt into smiles.

**S**IX WEEKS after the transplant, Martha bustles around her kitchen. Her daughter and granddaughters sit at the table, the little girls busy playing with Abuelita's tablet computer. A Mexican soap opera is playing on the TV, and the spicy fragrance of chiles rellenos fills the air.

Marthita left Sharp Memorial two days after the surgery; five weeks later, she'd recovered sufficiently to return to work. The only unexpected side effect, she says with a laugh, has been a pleasant one: "Everybody tells me I'm a hero. That feels really good."

Martha spent a week at the hospital; after she was discharged, she stayed for a while at a friend's apartment in San Diego rather than commute from Calexico for frequent checkups. On the first evening, two of her sisters cooked dinner, and she ate frijoles for the first time in a year. "They tasted better than any beans I'd ever eaten," she says.

Now she's well enough to cook for herself and her loved ones, overjoyed to be liberated from dialysis. Her new kidney is behaving just as it should. Although she'll have to continue taking an array of antirejection pills, she considers that a small price to pay for the reprieve she has been granted. "I'm looking forward to getting my old life back," she says.

So far, Martha adds, the deepest change the transplant has wrought is in her relationship with Marthita. "I can't find words to express my gratitude. How do you repay someone for a miracle? Every feeling I had for her is stronger now. The connection between us is tighter than ever." ■

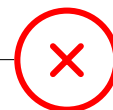
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**"I can't find words to express my gratitude.**

***How do you repay someone for a miracle?"***

—MARTHA

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## Living-Donor Transplants: The Risks And Benefits

**First, the bad news:** Although most people recover fully within a few weeks after donating a kidney or part of a liver (the only organs that can be transplanted from a living donor), complications can occur. They crop up only rarely for kidney donors, but can include high blood pressure, adrenal problems, blood clots, pneumonia, infection and chronic pain. About 40 percent of liver donors suffer aftereffects, but most are mild, ranging from infections to incisional hernias. There's also a small but real risk of death: 3 in 10,000 for kidney donors (lower than other major surgeries because the donors are healthy), and 1 in 500 for liver donors (due to the more complex nature of the operation).

**The good news:** The benefits of living-donor transplants clearly outweigh the risks. Although deceased donors remain the most common source of kidneys and livers for transplant (19,018 in 2015, versus 5,987 from living donors), there aren't nearly enough to go around. A would-be recipient must put her name on a national waiting list; it can take months or years for an organ to become available, and thousands die annually before that happens. When a living donor volunteers an organ, however, the wait lasts only as long as it takes to conduct the necessary tests and prepare for surgery.

What's more, the odds of a successful transplant improve with a living donor. "An organ from a brain-dead person has already been negatively impacted," says Kenneth Newell, former president of the American Society of Transplantation and a kidney and pancreas transplant surgeon at Emory University School of Medicine in Atlanta. "Then we have to store it on ice and ship it, which can cause further damage." **LIVER**  
An organ from a living donor is healthy. It's implanted in the recipient in an hour or so. And unlike organs from deceased donors, which can take time to begin working, a living-donor organ generally starts functioning immediately." **KIDNEYS**

Those advantages translate to increased longevity. For patients who received a living-donor kidney in 2004, the 10-year survival rate is 83 percent, versus 75 percent for deceased-donor recipients. Among living-donor liver recipients, 65 percent survive for 10 years, versus 57 percent for those who receive a deceased-donor organ. According to the National Kidney Foundation, living donation does not change life expectancy for the donors. —Sondra Forsyth

