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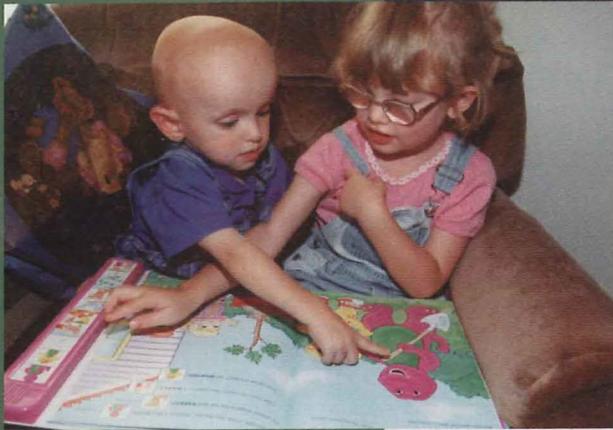




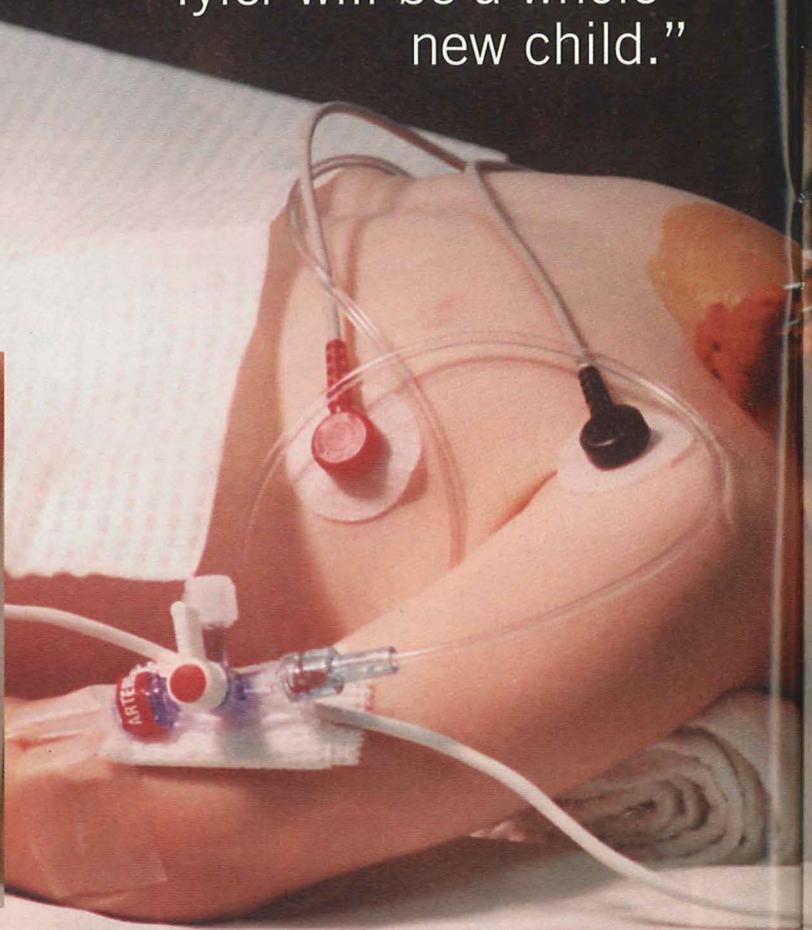
Two-year-old Tyler Watson is used to battling the odds. Born with incurable kidney disease, the Vernon toddler has led a life fraught with pain and discomfort, constantly struggling to gain enough weight and strength to endure a life-saving kidney transplant, his only chance for long-term survival. But on July 27, 1998, after months of arduous waiting, Tyler's chance would finally come. A new, healthy kidney, donated by his father Corey, would hopefully provide Tyler the final means to complete his desperate quest for a normal existence. A successful operation would be a medical marvel, making Tyler the youngest and smallest kidney transplant recipient in British Columbia history. Through the eyes of a frightened little boy, however, the procedure would be merely another milestone along the perilous and difficult road that has thus far been his life. ►

Missing of Tyler

Story by Troy Berg
Photos by Desmond Murray



“It really is the most amazing thing. After the transplant, Tyler will be a whole new child.”



Top photos: Tyler with sister Tenille at home and with mom before surgery. Bottom right: Nurse Carolyn Panucci blows bubbles to calm Tyler as Dr. Eleanor Reimer administers the anesthetic.

Clad in his stark white, B.C. Children’s Hospital pajamas, two-year-old Tyler Watson drops his pink felt marker, no longer distracted by the colouring book on the floor in front of him.

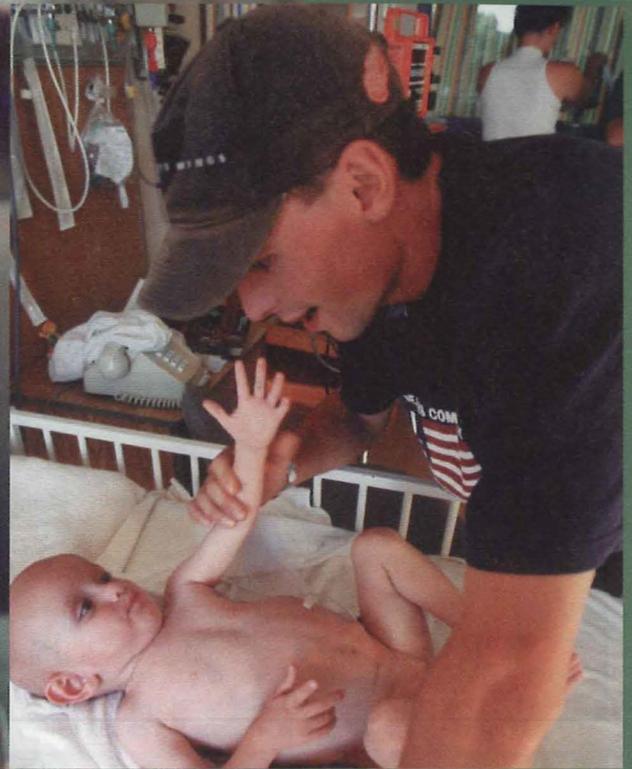
His clear grey eyes, normally vibrant with toddler curiosity, are uneasy and apprehensive. Visibly uncomfortable, he looks warily at the towering intravenous unit feeding him vital fluid through a clear plastic tube inserted in his bandaged left hand. As they always do when he’s nervous, his fingers fumble with the sterile surgical gauze hiding the hole in his stomach where his feeding tube enters his abdomen.

“Mama, ba-ba,” he says, pointing to the sink and faucet in the corner of the room, again pleading with his mother for a drink of water.

“No drinks, Tyler,” says Renee Webber. “We can’t have a drink until after.” She hates to deny her son, but Tyler’s bowels and bladder must be completely empty for the operation.

Renee checks the clock on the wall, then casts a tired gaze at the blue sky outside the hospital room’s third storey window. It is 11:50 a.m. Blocks away at Vancouver General Hospital, Corey Watson, Tyler’s 25-year-old father, will





Centre: A complicated system of tubes and wires dwarf the tiny two-year-old's body.
Above: The biggest day of their lives before them, father and son share a special moment together in the hospital.

now be resting. By now, Renee knows, the surgeons have successfully removed Corey's kidney and are preparing the organ for transplant into Tyler. Renee turns her attention back to her son. They will be coming for him soon.

Tyler drops his head in frustration, eventually finding momentary interest in a toy airplane near his bare feet. He's small for his age, weighing a mere 9.2 kilograms — almost a full kilogram short of the requisite 10 for a normal transplant. His tiny teeth are stained yellow, tarnished from the acidity of months of frequent vomiting and his bald head appears large and cumbersome compared to his undeveloped body. He moves around the room awkwardly, his diminutive frame pallid and vulnerable from supporting the relentless burden of two useless kidneys.

Renee sits on the floor beside her son. Markedly sedate for her 22 years, she is exhausted, the strenuous task of keeping her son distracted for the past five hours eroding her cheerful demeanor. The waiting already seems interminable, though the most punishing hours are yet to come.

Outside Tyler's private room, the business of the busy pediatric ward

continues. Across the hall, the nursing station is a picture of proficiency. A bulletin board behind the desk confirms the morning's agenda: carefully scribed in orange block letters, Tyler's name stands apart from the rest, followed by Lirenman, the name of the nephrologist, printed in deep purple.

At 12:10 p.m., the phone call for which they've been waiting finally arrives and a nurse forwards the brief message to Renee: "They're ready."

Helping Tyler clear a path through the pile of toys, Renee savours her final seconds with her son. She's been waiting for this moment for hours — for years, in fact — yet she must fight the urge to not let him go, to hold him in her arms as long as she can.

The prognosis for the transplant is excellent but Renee is still concerned about Tyler's size. He will be the smallest and youngest person to ever undergo such surgery at this hospital and, regardless of the outcome, Renee knows her son will never be the same. At best, Tyler will emerge a revitalized, healthy young boy; at worst, the surgery intended to save his life will be responsible for ending it.

As his bed is slowly wheeled into the corridor, Tyler clings uneasily to



Above: For Corey, the loss of his own kidney (pictured top inset) is a small price to pay toward the purchase of his son's future. Below: Renee kisses her son's forehead following the surgery.

Renee; his fingers, stained pink from his efforts with the marker, clutch tiny handfuls of her white and black summer dress. Nearby, the nurses gather and offer a cheerful goodbye. They know Tyler well from his numerous visits and from the lengthy preparatory stay he's endured so far this week, but he will not be coming back to this floor. After his operation, Tyler will be transported to the intensive care unit where he will begin his long and painful recovery.

Navigating the bustling hallways to the surgical ward two floors below, Tyler becomes increasingly unsettled. Outside the operating room, as Renee dons a yellow surgical gown and hat, the little boy manages an even tighter grip around his mother's neck.

Finally, Renee carries her son into the brightly lit operating room, where the transplant team methodically prepares for the operation. To the left, two nurses inventory trays of gleaming surgical equipment; to the right, a group of masked figures in green surgical garb surround the massive table where Tyler will lay for the next three hours. Between them, resting unobtrusively on the dark red floor, a small, blue and white cooler preserves Corey's life-giving kidney, infused with protective solution and patiently awaiting the transplant's next phase.

As the doctors reach for him, Tyler screams and starts to cry, struggling furiously in his mother's arms. But within seconds, a powerful anesthetic courses through his veins, forcing him to surrender. His strength subsiding, the little boy is delicately placed on the operating table. Doctors can now begin the painstaking procedure of intubating the child and connecting him to the

complicated series of cords and tubes that will keep him alive throughout the surgery.

Moments later, Renee is led out of the room. In an instant, her job has ended; she now has nothing to do but wait. A reassuring nurse asks her if she needs anything.

For a moment, Renee is silent, watching as the heavy doors to the operating room close softly behind her. Finally she finds her voice. "Give him a kiss for me," she says quietly. "I didn't have a chance to kiss him."

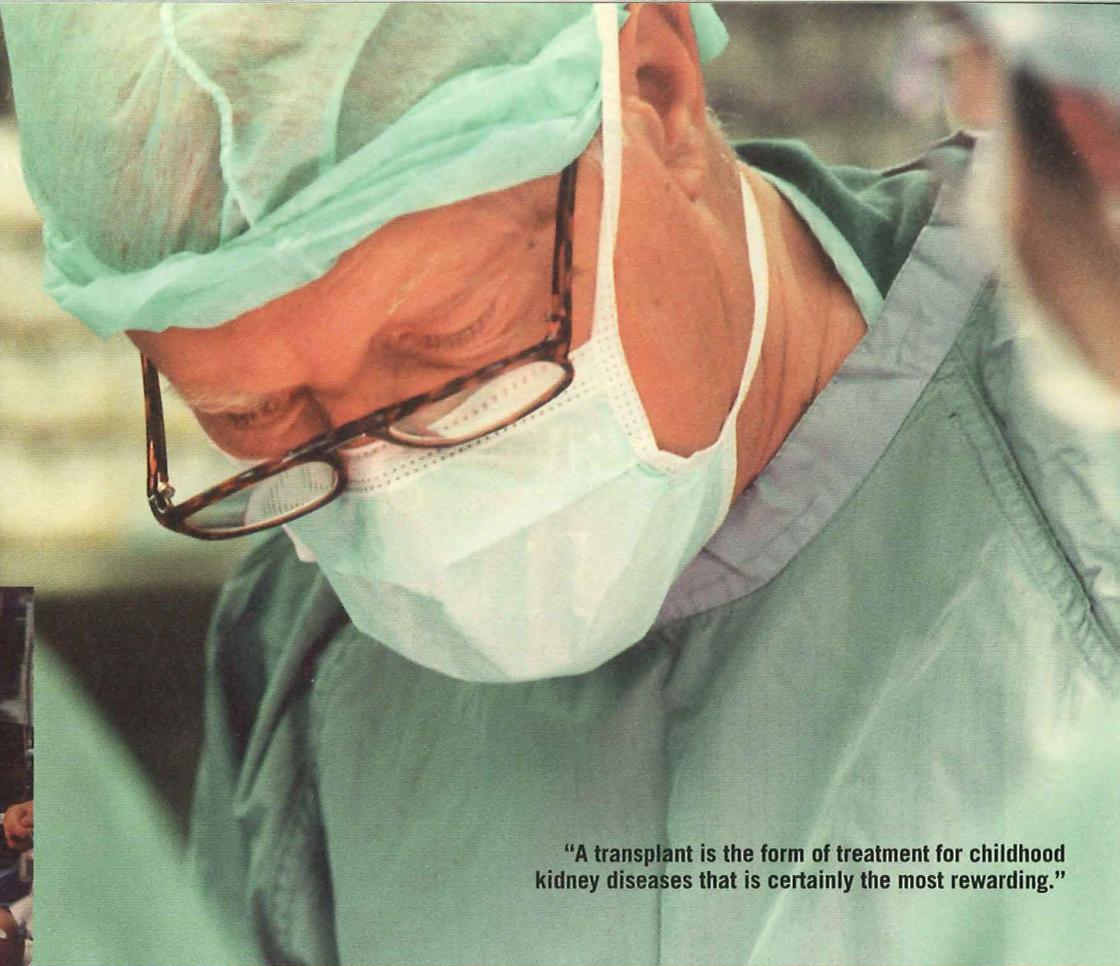
March, 1996. Something's wrong.

In the cool darkness of the ultrasound lab at Vernon Jubilee Hospital, Renee lies motionless on the cushioned examination table, mesmerized by the glorious sight. Captivated, she watches as the images of her unborn child dance on the small, black and white television screen before her, while the unmistakable sound of her baby's heartbeat resounds steadily over the speakers of the fetal monitor. For the first time, Renee can actually see the tiny human form growing inside her womb.

About 17 weeks into the pregnancy, Renee and her fiancée Corey are still debating different names for a daughter, but have determined that if she is carrying a boy he will be called Tyler Devyn Watson.

Renee stares with rapt attention as the blurry, prenatal pictures of her child float





"A transplant is the form of treatment for childhood kidney diseases that is certainly the most rewarding."

Transplanting miracles

silently on the dark screen. But as the minutes tick by, happy thoughts of her healthy child slowly turn to thoughts of alarm. Renee looks at her watch — she has been inside the room for almost an hour, much longer than she had expected for a routine ultrasound. As the images are examined over and over again, Renee's tension begins to mount. This is taking too long, she thinks. Something's wrong.

A radiologist finally confirms her fears. "We have a problem. Your baby, he can't pee."

The doctor explains that, although the diagnosis needs to be double checked, his examination has discovered a blockage in the baby's urethra. The blockage, found only in male fetuses, is stifling the baby's flow of urine, dangerously enlarging his kidneys and bladder.

Three days later, Renee and Corey sit in the lobby of B.C. Women's Hospital in Vancouver, the original diagnosis verified by a second ultrasound. Their unborn son most certainly has a blockage, a congenital obstruction known as posterior urethral valves that affects only one male baby in approximately 11,000. The obstruction prevents their baby's kidneys from eliminating the body's poisonous waste and toxins and the situation is critical. The pressure on the baby's bladder and kidneys will relentlessly build and, without immediate medical intervention, survival is impossible.

Renee and Corey are stunned. This baby will be their second: their daughter Tenille was born two years earlier. Although healthy, Tenille is legally blind, delivered with a degenerative eye condition called retinitis pigmentosa, an incurable, hereditary affliction preventing her from seeing in dim light. Moreover, Tenille is doubly unfortunate, suffering also from severe photophobia, a secondary condition resulting in blindness in bright light and sunshine. Despite her limited

Hours after leading the surgical team that transplanted a new, healthy kidney into the tiny body of two-year-old Tyler Watson, Dr. Gerald Coleman's day is far from over. Sitting in his office at Vancouver's B.C. Children's Hospital, the 59-year-old surgeon has grudgingly shelved his scalpel in favour of a pen as he methodically works through the endless piles of forms and reports on his desk. These days, the business of performing miracles produces a mountain of paperwork.

But despite his administrative misery, the amiable, white-haired physician is smiling. Few events in medicine are more extraordinary than the astonishing transformation of a child with a new kidney, and he expects young Tyler's recovery to be no different. For Coleman, after treating Tyler for more than two years, witnessing the little boy's stunning improvement will prove especially gratifying.

"It really is the most amazing thing," says Coleman, a veteran of more than 100 transplant operations. "(A transplant) is the form of treatment for childhood kidney diseases that is certainly the most rewarding. Tyler will now be able to eat properly, grow properly, talk properly. Functionally and developmentally, he will surge ahead. Tyler will be a whole new child."

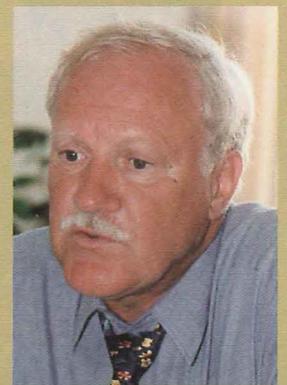
Of all organ transplants, Coleman explains, kidney transplants are generally the most successful, with the typical survival rate among recipients around 97 percent after one year and around 90 percent after five. Such statistics are richly satisfying for Coleman who, as chief of the hospital's pediatric urology department, works primarily with patients like Tyler, young children requiring transplants and other surgical procedures to repair the debilitating effects of congenital abnormalities.

Among Coleman's patients though, Tyler's case was unique. Tyler was small, weighing only 9.2 kilograms, making the child's biggest problem the comparatively large size of the adult kidney donated by his father. The organ would barely fit inside the toddler's diminutive body and, if accepted, would absorb massive amounts of Tyler's blood, dangerously depriving other organs like the brain, heart and lungs. However, despite Tyler's size, Coleman remained confident the operation would be successful and proceeded with the surgery undaunted, making Tyler the smallest and youngest kidney transplant recipient in the history of British Columbia.

But for Coleman, the making of medical history falls a distant second in priority to his goal of renewing children's faltering lives. Such a goal was, after all, one of the main reasons he switched to pediatrics in the first place in 1982.

"I'm a urologist, and most urologists deal with adult cancer patients, cases that are fraught with difficulty and haunted by frequently poor outcomes." Working in pediatrics, says Coleman, is far more constructive.

"Besides," he adds with a smile, "kids are more fun."



vision, Tenille is a caring, delightful child who brings constant joy to her parents' lives. No matter what the affliction, Renee and Corey decide, their son Tyler will undoubtedly prove to be a similar blessing; they solemnly vow to do whatever is required for the sake of their new little boy.

A long, hard road.

To relieve Tyler's ailing kidneys, Renee immediately underwent a demanding pattern of strenuous visits to the specialists at B.C. Women's Hospital. Through a process called fetal bladder aspiration, doctors inserted needles through Renee's protruding abdomen and directly into Tyler's bladder, withdrawing the virulent fluid excreted by his body. The process was precarious and painful, and commanded that Renee travel to Vancouver from her Vernon home as often as twice a week.

Due to Tyler's condition, a premature birth was imminent. Renee was quickly put on steroids to stimulate her son's failing development. As Tyler grew stronger, doctors eventually proceeded with the insertion of a vesico-amniotic shunt, a small, corkscrew-like drainage device. In a perilous procedure that risked Tyler's death, the shunt was inserted into Tyler's abdomen, allowing his bladder to bypass the restricting blockage in his urethra. Because the first attempt failed, Tyler underwent the procedure twice, the second attempt finally easing the critical nature of Renee's pregnancy.

Outside the womb, the pregnancy was just as difficult. For Renee and Corey, their wearisome regime of daily ultrasounds and constant trips to the Lower Mainland were both emotionally and physically exacting. The rigor also put an exorbitant strain on household finances, stretching to the limit the family's single income earned from Corey's job as a labourer for his father's excavation company.

The traumatic timetable, however, was cut short when an ultrasound discovered yet another problem during Renee's 34th week of pregnancy. Though more than six weeks premature, Tyler was quickly running out of amniotic fluid, the life encapsulating liquid inside his mother's protective womb. With only hours to spare, Renee and Corey made the emergency trip to Vancouver where doctors induced Renee's labour. After an uneventful, two-hour labour, Tyler was born July 4, 1996, weighing a hearty six pounds, 10 ounces. As she watched the doctors cradle her tiny son, Renee was fraught with dismay. He looks so healthy. How can anything be wrong with him?

Although Tyler indeed appeared a healthy baby boy, a series of tests quickly revealed the terrible truth. X-rays confirmed the agonizing

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details: the obstruction in Tyler's urethra had caused cysts and deformities in his two tiny kidneys. His damaged kidneys, underdeveloped and barely functioning, had already abandoned their owner to the ravaging effects of critically high levels of toxins in his fragile, newborn body. One such toxin, a muscle waste product called creatinine, was particularly high. Ideally, an infant's creatinine level is about 30 millimoles per litre of blood — Tyler's registered more than 380.

Tyler was equally hindered by his premature delivery. Born a month and a half early, his immune and respiratory systems were not fully developed and likely not ready to battle the onslaught of probable infections. Premature delivery is the single, most common cause of sickness and death among babies worldwide today and, coupled with the hindrance of two failing kidneys, Tyler was less fortunate than most. Renee and Corey were advised to prepare for the grim reality that their son might not survive more than a week.

Day after tormenting day, the couple maintained their hopeful vigil beside Tyler's incubator in the hospital's special neonatal care unit. Thankfully, their son was not yet ready to surrender. Although fed intravenously and attacked by a variety of infections, the little boy slowly began to stabilize. His toxin levels remained dangerous, but Tyler steadily gained strength, bravely and deliberately surmounting

every obstacle in his path.

Within two weeks, Tyler grew healthy enough to undergo his first major surgery, a cutaneous vesicostomy that raised his bladder to the surface of his skin to accommodate a permanent catheter to complement his already present abdominal feeding tube. Finally, weak but stable, Tyler was able to leave the hospital August 5, 1996, 32 days after his birth.

Living with kidney disease.

As an infant, Tyler's condition was rarely easy to handle. In addition to the normal challenges of caring for a newborn, Tyler needed considerable attention, requiring as many as 10 different medications a day. Breast and bottle



Community Support

Many people have forgotten the timeless adage: it takes a village to raise a child. But when a child named Tyler Watson needed help, the village of Killiney Beach was there.

When members of the small, Westside Road community were told that Tyler required a kidney transplant, word spread quickly through the quiet, 3,000 resident subdivision. Judy Brown, an area resident for almost three decades, spearheaded the effort to help Tyler and his family, prominent members of the lakeshore community for years. Brown quickly discovered she needn't look far for support.

"All I said was one thing about helping them and, the next day, people all of a sudden started dropping off cheques and asking how they could help," says Brown, who immediately established a fund in Tyler's name at the Vernon branch of Canada Trust. Within a few short weeks, cash donations from residents of both Westside Road and Vernon, where Tyler and his parents now make their home, totaled nearly \$3,000.

Brown hopes the funds might ease part of the ongoing financial strain pinching Tyler's parents Corey Watson and Renee Webber. Although health insurance and the efforts of the B.C. Kidney Foundation have covered most of the exorbitant cost of Tyler's medical supplies and dialysis equipment, the family has been left largely on their own to cope with the expenses of regular trips to Vancouver for Tyler's treatment. Coupled with the fact that the family will rely on disability income for at least the six weeks expected for Corey to recover from donating the life-saving kidney, Brown knows the fund will eventually prove helpful.

"The fund is intended for the Watsons when they need it most," says Brown. "If they have medical expenses they can't cover, or if they just need something at home, the money will be there."

Many local businesses also pitched in to help the toddler. Fueled by corporate donations of food, entertainment and prizes, Brown was able to organize a fund-raising dinner and dance at the Parker Cove Community Hall last month.

As for the grateful family, they are overwhelmed by the support, but are more thankful their two year ordeal is almost over.

"It's incredible," says Renee. "It's like we've been riding this huge roller coaster. We climbed and climbed, but now we've survived the first big hill. They'll be many more bumps along the way, but I can't imagine anything else ever like this."



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feeding was impossible — Tyler was fed a special, prescription infant formula by means of a soft, pliable tube which Renee inserted through his nose and down his throat. Even with the special formula, however, Tyler was often unable to digest his food, and his days and nights were haunted by frequent bouts of violent vomiting. Furthermore, the tube running through his abdomen needed perpetual sterile care and Tyler still required regular trips to Vancouver where doctors could monitor his progress.

The laborious efforts inevitably impacted every member of the household. With her brother demanding constant attention, Tenille often felt overlooked and ignored. Corey, meanwhile, had difficulty coping with his son's ceaseless discomfort and for almost a year, Renee combated the merciless effects of depression.

The family, however, adapted and were once again prepared when Tyler, at the age of 16 months, returned to Vancouver for a second operation in November, 1997. Again Corey and Renee walked the familiar hospital halls, this time while surgeons reversed Tyler's original vesicostomy and corrected the obstruction in Tyler's urethra. Surgeons also inserted a second tube into Tyler's abdomen, enabling the toddler's daily connection to a peritoneal dialysis machine which, for 10 hours each night, would remove excess water and waste products from his body.

Amazingly, despite his debilitating illness, Tyler matured into a cheery, easygoing youngster. Though often tired and lethargic due to high levels of toxins in his bloodstream, Tyler remained friendly with a radiant, boisterous smile. He maintained his animated demeanor throughout countless hospital visits, painful surgical procedures and daily dialysis. And, although his wasted kidneys significantly impaired his bone and muscle development, Tyler continued to grow, slowly but steadily, never comprehending the nature of the adversity he was repeatedly overcoming.

His ability to prevail was inherent. Tyler's inability to chew and swallow food, for example, inhibited the growth of the muscles around his mouth, impairing his ability to talk. Instead, Tyler acquired his own unique brand of sign language, using a series of gestures and signals to communicate with his parents. And though his brittle bones and frail muscles kept him immobile for most of his life, Tyler finally learned to crawl by the age of 14 months and, just weeks prior to his second birthday, managed to walk his first wobbly steps.

But there was no escaping the threat of his incurable disease. Left untreated, Tyler's chronic renal failure would inevitably lead to further complications such as skin and nerve problems, heart irregularities and bone and blood disease.

Tyler's only chance for a normal life would be a kidney transplant.

Corey seized the chance to save his son in an instant. He was tired of temporary measures; the torture of watching his son endure day after brutal day of relentless sickness was unbearable. Although both he and Renee proved compatible donors, Corey asked to be first to donate one of his kidneys to Tyler. For Corey, the loss of his own kidney was a small price to pay toward the purchase of his son's future.

With the course of action decided, the family began the painstaking wait for the diminutive Tyler to gain enough weight for the operation. After almost a year, the transplant was finally scheduled for July 27, 1998.

A mother's torment.

In sharp contrast to the unyielding fluorescent lights of the hospital, the private waiting room is silent and dark. The windowless sanctuary, reserved solely for parents of children in intensive care, is illuminated by only a solitary lamp on a table in the corner. Renee lies on a short sofa beside the wall, covering her eyes with her arm. She has barely eaten or slept for the past five days and the trembling exhaustion is taking its toll.

It's 5:20 p.m. Tyler is already inside the intensive care unit, but Renee is not yet permitted to see him. Due to the ward's sensitive environment, Renee must wait to be escorted into the unit by a nurse, who will first try to prepare Renee for the sight she is about to witness. Her first visit with her son since his surgery will undoubtedly be the most difficult.

Renee has spent the afternoon with husband Corey, holding his hand while he sleeps. He lies in considerable pain but his operation was successful. Although in the future he must be careful to avoid injuring his remaining kidney through sports or an accident, his health will remain unchanged. Aided by his slim and muscular build, his recovery will be swift and he will be released from hospital within a week. Renee's relief is immeasurable.

Ironically, despite her family's hardships over the past few years, Renee considers herself fortunate. Tyler's affliction is often difficult to bear, but she knows there are many people in worse circumstances. "We've been so lucky," she says. "Although I know Tyler's not curable, he's treatable. You see all sorts of kids around, kids with cystic fibrosis, with cancer, in wheelchairs..." Her voice trails as she contemplates the thought.

"But sometimes I feel guilty, and a little jealous. It's terrible to watch your child in pain. My part was only the first 17 weeks, the rest has been all Tyler. I just have to find a way to cope,

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THE CLEANSING OF TYLER

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he has to live with this his entire life.”

With that statement, the shadows of the waiting room no longer conceal the true extent of Renee's torment. She would absorb her son's pain in a second if she could, because it is the only act that would ease the terrible burden she herself must carry. Hers is not the pain of a surgical incision, but rather that of a tortured parent, which runs just as deep. She bears the excruciating anguish of witnessing her son's suffering. Tyler is enduring immense pain for reasons he cannot comprehend and though Renee hears his cries, she is powerless to prevent them. With time, Tyler will forget his agony resulting from this operation. His young mother, however, will never forget hers.

When Renee is finally allowed entry to the ICU, she is overwhelmed at the sight. Barely recognizable under a mass of tubes and monitors, her son lies motionless, dwarfed by the huge machines surrounding his bed.

Tyler is sleeping. He is heavily sedated, kept alive only by the life supporting ventilator

For now the worst is over; her son is once again safe. Gently, Renee hold Tyler's hand, still stained with colour from the marker with which he was playing only hours before.

breathing at his bedside. The sedation is required to both minimize his pain and keep him immobile, ensuring he doesn't resist and dislodge the crucial oxygen and drainage tubes that pass through his nose and into his lungs. Tyler's wrists are strapped to the bed, protecting his intravenous unit, feeding tube and catheter from similar disruption.

Renee has already been told the operation was a success. Intimidated by the tubes trailing across Tyler's body, Renee places a cautious finger on her son's cheek. She reconfirms her son's prognosis with the nurse.

The surgery went well, even though Corey's kidney was too large, forcing surgeons to place the organ into Tyler's abdomen instead of the more ideal pelvic region. The kidney was inserted successfully and Tyler is responding suitably, but the next several hours are critical. In most cases, the kidney will begin

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to work almost immediately and Tyler's blood volume must be quickly adjusted accordingly. When it works, the transplanted organ will demand most of the toddler's blood, depriving other major organs like his heart, lungs and brain. Compensating fluid already flows from an intravenous unit beside the ventilator.

Renee asks when she can hold him, but it will be days before he is free from the ventilator. For now, however, the worst is over; her son is once again safe. Gently, Renee holds Tyler's hand, still stained with colour from the marker with which he was playing only hours before.

A new beginning.

The next morning Renee is bright and rejuvenated from her first comfortable sleep in days. In her hand, she carries a shiny, silver and purple balloon depicting Tyler's favorite character, Barney the dinosaur.

Tyler is awake when she arrives. He is uncomfortable and frightened but has survived his first night marvelously. When he sees his mother, he squirms in his restraints and tries to speak, but his efforts are stifled. Renee instantly soothes him, stroking his head while his tiny fingers clutch the purple string of the new balloon floating above his bed.

Tyler is finally comforted, reassured by the look on his mother's face. "I'm so proud of you, Tyler," Renee whispers softly to her son. "You're going to be a whole new little boy."

The morning brings exhilarating news. Holding Tyler's hand, Renee is informed that the kidney has been accepted and is working wonderfully. Renee's eyes sparkle with joyful tears as she discovers that, for the first time in Tyler's remarkable young life, his creatinine level is a healthy 31.

Renee beams at her child. Tyler has prevailed, once again risking death in order to sustain his life.

As his trusting eyes gaze at his mother from beneath the mass of tubes, he is finally comforted, reassured by the look on her face that his ordeal is almost over.

"I'm so proud of you, Tyler," Renee whispers softly to her son. "You're going to be a whole new little boy."

And now . . .

Today, Tyler is indeed a new little boy. Five days following his surgery, Tyler was strong enough to leave the ICU and was released from the hospital within a month. His transformation has been extraordinary. In four weeks, he gained almost three kilograms and is stronger than ever before. He is now eating normally and learning to speak, and for the first time is growing hair. On September 4, six weeks after receiving his new kidney, Tyler underwent surgery to remove his dialysis and feeding tubes, casting away the final reminders of his restricted life.

Though his new kidney could fail anytime, it has so far shown no sign of rejection. But like all transplant recipients, eventually Tyler's body will recognize that the transplanted organ is not its own and will mobilize Tyler's immune system to fight against it. Tyler will then be forced to revert to his familiar routine of daily dialysis, at which point Renee is ready to give her own kidney. That moment might arrive in two years or 20, it is impossible to know. When that eventuality occurs, however, the family will be ready.

But for now, such worries are in the future. As Tyler continues to discover the wonders of his new future before him, he clearly has better things on his mind.

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