

## **Surgery facts and my personal thoughts on surgery consideration and recovery:**

**-First and most important there are no words that can express the amount of respect and gratitude that I have for both Dr. Matthews and Dr. Witkowski as well as their nurses and support staff. You all saved my life and I thank you dearly for doing so.**

-Establish a local endocrinologist in your area and tell him/her what you are having done.

-Have detailed talks with your primary doc about the procedure and pre-schedule for an appointment upon your arrival home.

-There is a good chance you will lose your spleen so schedule to have appropriate vaccines before the surgery. I did this 1 month or so prior.

-Have one of the docs above start the paperwork for the DEXCOM continuous glucose monitoring system. You may not need it right away but you will in due time.

-Educate your employer as to the complexity of this surgery and get doctors' letters stating you won't be able to dive back into work immediately.

-Arrange a care giving plan/network post-surgery (before the surgery is ideal). For me I was in bad shape before the surgery so it was essential that my wife managed my medications and insulin dosing. I personally slept non-stop for several weeks post-op.

-Morning of the surgery while being prepped I spiked a fever and it turns out I had septicemia, both staphylococcus and yeast in my blood. This infection started before we arrived in Chicago but Dr. Matthews went forward and treated and resolved the infection.

-Roughly 3 days post-op I developed a pulmonary embolism and partial blockage due to a blood clot in my superior mesenteric artery. The docs had already put me on blood thinners and these issues resolved in a few months post-op. I also had three incisional hernias which were repaired in November that same year (2015) by Dr. Witkowski.

-I was in the ICU for approximately 3-4 days and then in regular room for another 9 days also (total hospital stay post-surgery was 13 days). It was extremely difficult to walk the hospital halls daily, but it is essential to do so.

-Also, my wife and I rented a nearby condo for a month after the surgery so we could stay in the local area for recovery.

-Another issue for me was the amount of pain and controlling that level of pain following the surgery. I was on heavy doses of strong painkillers via a PICC line for two months prior to the surgery. My local GI doc resorted to this aggressive treatment in hope to keep me out of the hospital for the 2 months waiting on insurance approval. However, this posed problems for the pain management team at University of Chicago due to my enhanced tolerance levels. Despite these issues, the pain management team lead at the time by Dr. David Dickerson, did a

phenomenal job both pre- and post-op treating my pain levels. I won't lie, there is a lot of pain associated with this surgery and keep in mind recovery is a marathon and not a sprint!!!!!!

-This is indeed life changing surgery and that fact should be considered before going through with the procedure. For me, it saved my life and was essential. In fact, it was the best decision I ever made.

-It is imperative that one has a strong family and friends network because it does take several months for recovery; at least for me it did. Do not count on going back to work a month after this type of surgery, to heal properly it takes time and lots of rest with low to moderate exercise.

-As previously mentioned, the islet transplant part of my surgery wasn't a typical one because the number of islet cells recovered was drastically reduced due to the extensive damage done to my pancreas in the previous two years before I got to the UChicago. However, I did get some relief with my diabetes control for about the first two years following my pancreatectomy.

Today, three years following the surgery, diabetes is a pretty difficult part of my life to manage. For me, and because of the glucose swings (I stay busy and exercise daily) I was experiencing I had to ditch the insulin pens and switch to an insulin pump. I was initially on the Medtronic Minimed 670G but have switched to the OMNiPOD system with the latter being more conducive to individuals with active lifestyles. Also, and of course this is personal, I could NOT stand being tethered to a 3' insulin tube that is required for the Medtronic 670G. It was constant connect, disconnect, tube kinking and twisting, tube tangles on my clothes while trying to disconnect etc, etc, etc.

Exercise is essential (with moderation) and it helps with the regulation of my blood sugar levels. As far as dosing insulin, there is a fine balance between the amount of short and long acting insulin one has to take daily and with a consistent diet, exercise and the help of your endocrinologist this can be figured out. As mentioned above I ended up switching to an insulin pump to circumvent some of the pitfalls I was experiencing. I have found IT TAKES TIME AND PATIENCE and there is always a fix!!!

-Feel free to contact me directly, I will share any and all of my story and medical issues to potential surgery candidates in addition to folks that have already gone through with the surgery. It is the little aspects of this life changing surgery that really help and only those of us who have gone through this can really elaborate on the pros-and-cons.