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The Moment that Changed Everything

Two years ago Kaitlyn Lasitter's injury at an amusement park was national news. The story of how VMC and her extraordinary family helped her walk again.

Flashlight Phantoms

BY WAYNE WOOD

At 10 o'clock at night the whistle would blow.

My Mom had a police whistle that she had picked up somewhere, and when it was time for my brother Tim and me to come in the house on summer nights, she would walk out the back door and blow the whistle two or three times. You could hear that thing all over the neighborhood, and beyond. There were probably submarines in the middle of the Pacific where the sailors, when Mom blew her whistle, would look up and ask each other, "What the heck was that?!!!"

In Knoxville, where I grew up, summertime twilight stretched to 9 o'clock or after, and all the guys in my neighborhood played hide-and-seek in the evening. But let's face it: "hide-and-seek" sounds so kid-like, so when our ages reached double digits, we came up with another name for it. We called it chase. Or, the way I think of it, with an initial capital and exclamation point: Chase!

So beginning after supper and until the 10 o'clock whistle, it was chase time.

This started out as a pretty informal thing. Barry Suffridge, who lived two doors down, the Llewellen brothers Jimmy and Steve from next door, Alex Coleman, who lived one block over, and often a few other kids from further afield, would somehow or another show up, and we would divide into teams.

Then one team would have five minutes to go anywhere in the neighborhood, defined as the yards of houses on the south side of Maple Drive where kids lived. We stayed out of the yards of people without kids primarily because old man Everheart was extremely picky about having kids running through his garden, so his place was off limits. Mrs. King and Mrs. Martin

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TRANSPLANT CENTER celebrates 20 YEARS

This year the Vanderbilt Transplant Center celebrates its 20th anniversary. The milestone is being celebrated throughout year. A kick-off event was held in April—Donate Life Vanderbilt, a 12-hour donor registration drive.

There are several stories highlighting patients and donors to help raise awareness of the need for organ and tissue donors. Although support for organ and tissue donation remains high, only 30

percent of licensed drivers or ID card holders nationwide have enrolled in a state registry.

Here is how you can help:

- Register online at www.tndonorregistry.org, or check “yes” to be a donor when you renew your license.
- Go to www.donatelifetn.org or contact Tennessee Donor Services at 234-5251.
- Tell your family of your wish to be a donor.

Although Tennessee does not require family consent to carry out your wishes to be an organ, eye or tissue donor, it is recommended to avoid any confusion or delays.

Michayla's new life

Family says Vanderbilt's first pediatric liver transplant shows importance of donation

BY JESSICA PASLEY

On the morning of June 17, 2008, Rachel Nelson had the hardest time reaching her husband, Michael.

Just two months before that day, the pair had been instructed to keep their cell phones turned on and with them at all times. The call they prayed for could come at any time. Their daughter's life depended on it.

Their daughter, Michayla, 8, was set to be Vanderbilt's first, successful pediatric liver transplant. Vanderbilt has performed six transplants since Michayla in children ranging in age from 2 months to 14 years old.

"It's odd," Rachel recalled. "You know the call is coming, but you never think it's going to be *today*. I started making phone calls, but he would not answer the phone at first.

"It was a crazy day. I was running around like a chicken with my head cut off. I'm not sure anyone is really ever prepared."

For the record: she *did* reach her husband and the family packed up and drove from their home in Lebanon, Tenn., to the Monroe Carell Jr. Children's Hospital at Vanderbilt. Upon their arrival they presented the admitting office their golden ticket—a pass of sorts alerting the

staff of the importance and urgency of the patient's circumstances.

"During the evaluation process, the transplant team gives you golden tickets," Nelson said. "I had one, my husband had one, and my mom had one. We had all the bases covered. All we had to do was present that to the person in admitting and they would take it from there."

When Michayla was 6 months old, she was diagnosed with a rare liver cancer—hepatoblastoma. After aggressive chemotherapy, removal of the mass and further therapy, she was given a good bill of health. Every six months, she had scans to check her liver's status and growth.

"Because they took the majority of her liver when they removed the tumor, we watched it closely to make sure it was doing what it was supposed to," said Nelson. "It was not rejuvenating like we hoped. We had been warned that this could happen."

Michayla was suffering from portal hypertension, which can lead to a life-threatening disorder called esophageal varices. This condition causes an increase in the blood pressure in the portal vein, which branches into smaller vessels throughout the liver. When the portal



NEIL BRANE

vein becomes blocked, pressure builds up causing a backflow of blood. As time passed Michayla began experiencing these episodes more frequently.

She was placed on the transplant list in April 2008, and received her new liver two months later.

"Things have been great since her transplant," Rachel said. "She is off most of her medications. She is in school full time and she is enjoying piano lessons, looking forward to attending camp this summer and playing basketball in the fall."

The transplant did more than save Michayla's life—it made a huge impact on the Nelson family, most specifically Rachel. She said she is embarrassed at how she once looked at organ donation.

"I just was not interested in it at all," she said. "It was the stupidest, most ignorant way of looking at things. And now my child is living on this Earth because someone else saved her life?"

"She is here because another family set aside their feelings. If they had any negative thoughts about donation, they was put aside. They looked beyond their loved one and thought about how they could help someone else."



NEIL BRANE

The surgical team works on transplanting the new liver into Michayla during the surgery.



NEIL BRANKE

(above) Michayla with her father Michael Nelson as she shows him the liver on a puppet named Bill used by Jamie Bruce, a Child Life Specialist, before Michayla's surgery. (below) Rachel Nelson stands in front of a quilt at the Ronald McDonald House with Michayla, 8, and her son Michael, 10.

"I don't like that I used to think that way. But it tells me that there is a whole lot of educating that needs to occur. I know I was not alone in my thinking."

Today Nelson is a big part of the solution. She frequently speaks to groups about their story and encourages others to sign up as donors.

"I was one of those people who said, 'If I came into the world with it, I'm leaving with it,'" recalled Nelson. "I cannot believe I thought that way and I am helping change that. One step at a time."

Nelson said her family would love to meet Michayla's donor family and prays for them every day.

"Not one day goes by that we don't pray for them," said Nelson. "We don't have a face or a name, but God knows. I don't even know how to thank them for this precious gift. But I am grateful to everyone who has made that decision to give of themselves, in whatever capacity. It's going to change someone's life."

Michayla's doctors are pleased with her progress and will continue to follow her recovery during routine checkups.

"As VCH's first successful pediatric liver transplant recipient, Michayla embodies the courage and fortitude that is present in all of our liver recipients," said Beau Kelly, M.D., surgical director of the pediatric liver program at Vanderbilt.

The creation of a pediatric liver transplant program at Vanderbilt in 2007 means that children with end-stage liver disease no longer have to travel great distances for care, Kelly said.

"They can receive exceptional state-of-the-art care here. It means that kids can grow up with their families doing the wonderful things that children were made to do."



JOE HOWELL

To save a brother

How do you say thanks for three decades of life?

BY JESSICA PASLEY

Growing up, Ed Cooper always looked up to his older brother, Tom.

So it was quite fitting for him to be the one to save his brother's life.

"He was seven years older than I was," said Ed. "He's the one who helped me learn to read and write, throw a baseball, hit a baseball. He has always been my hero.

"When the doctors said that he would definitely need a transplant, I told my parents that I was ready to be tested. There was not much to think over.

"I really don't consider it anything special on my part because I think most people in that situation and with that opportunity would do the same thing."

It's been 30 years since Ed, 49, donated his kidney to his older brother Tom, 56.

Recently the brothers, Vanderbilt's longest surviving living donor and recipient, returned to Vanderbilt to observe the anniversary. A reception was held in their honor. The pair was able to visit with some old friends who have since retired from the Vanderbilt Transplant Center.

In 1999, 20 years post transplant, Tom was the second longest living kidney recipient at Vanderbilt. According to 2008 data, there are 70 living donor patients worldwide surviving for 30 years or more, with 49 of those survivors living in the United States. Vanderbilt's first living donor transplant was performed in 1970.

The milestone is one the brothers have been only too happy to celebrate, because in 1967 a kidney failure diagnosis was considered a death sentence.

No hesitation

When Tom was 9 months old, doctors discovered that his kidneys were damaged from crystallized sulfur drugs. At



Brothers Tom and Edward Cooper are Vanderbilt's longest surviving kidney transplant donor and recipient.

14, the family was told that Tom's kidneys would probably fail in about 10 years.

Over the years, his kidneys slowly deteriorated but it did not keep him from a normal childhood. It wasn't until he was 24 that his health status began to change. Although dialysis became routine, it was evident that the regime was no longer useful.

"I didn't really feel bad," said Tom. "I didn't really know what feeling good was, but I felt as good as far as I knew. I had been pretty active in school and in sports. But once I graduated from college and started my first job, things began to change."

The entire Cooper family was tested, but only one of them was a perfect match.

"Ed never hesitated," said Tom. "It

was quite encouraging to me. My life has been amazing. I have been very blessed and fortunate to have my faith and my family because they have brought me through a lot.

"Because of what Ed did, I have been able to have a normal life. I understand that it is a special gift and that not everyone has this opportunity, but by his giving me one of his kidneys I was able to live."

Tom, retired from the Federal Bureau of Prisons, lives in Fredericksburg, Va., with his wife, Karen. They've been married 25 years and have two daughters.

Ed was a freshman in college when the donation process began. During the examination period, doctors discovered that Ed's left kidney had three arteries, while his right kidney had two. Typically, a kidney has a single artery and tradi-

Because of what Ed did, I have been able to have a normal life.

I understand that it is a special gift and that not everyone has this opportunity, but by his giving me one of his kidneys I was able to live.

Expanding the definition of family

George Blank didn't have a family member who needed a kidney; he donated one to a stranger

BY JESSICA PASLEY

tionally the medical team removes the donor's left kidney for transplantation. This raised the stakes for Ed's role as a donor and the transplant was postponed.

But six months later Ed got the call that would save his brother's life.

"I was at work," said Ed. "They came over the PA system and said I had a call from someone with the Vanderbilt transplant team. I remember them saying, 'We decided to take the right kidney and make it work if you are willing to think about it.'"

"I remember saying 'what was there to think about?' We need to do it. That was a defining moment for me and knowing that it was all going to really happen."

Great testimony

Both brothers woke up surrounded by their parents, Bill and June, who are now deceased. Ed was allowed to leave the hospital 10 days after the surgery, while Tom stayed 21 days, and both have been healthy since.

"Physically I have never had any limitation or problems," said Ed. "Even though I am involved with Tennessee Donor Services, I don't want any attention for what I did. One of the most rewarding parts of all of this is being able to tell his story in hopes that it will bring awareness to others."

Ed, who lives in Nashville, has been married 28 years and has two daughters and a son. His personal experience propels him before others in an effort to raise awareness. But having a family has been an eye opening experience as well.

During his many talks and volunteer opportunities, Ed admits that if he can help educate one person, the good it can do is far reaching.

"Oftentimes, people have to have a personal experience with organ donation to understand the crisis and shortage or even how easy it is to sign up. But if you can enlighten that one person, who can share with someone else, the gift continues.

"People who receive transplanted organs, and those who are able to be living donors, often have very full and healthy lives. That in itself is a great testimony."

George Blank, 59, admits to being spontaneous.

One of his most impulsive acts is probably his most enduring – donating a kidney to a complete stranger.

"I was watching a news story about a father and son," said Blank. "One of them, I can't remember which, donated a kidney to the other. The story mentioned the great need for organs and it got me thinking: I had two perfectly healthy kidneys and I just needed one. So why not help out someone who needed one?"

In 2004 he became Vanderbilt Medical Center's first altruistic kidney donor.

Finding a way to donate "just because" was not an easy task. Many transplant agencies Blank contacted were unfamiliar with his type of donation request and unable to assist him. But his tenacity paid off. After weeks of thumbing through the phone book, he finally found what he was looking for.

"Although this renal care facility was not able to assist me immediately, they showed interest and took my contact information," recalled Blank. "A couple of weeks passed, I got a phone call. I needed to come in for preliminary testing so that they would have all my information on file.

"A few weeks later they had identi-

fied a potential recipient."

Blank turned out to be a good match for a young woman who had already received a cadaver kidney, which had failed. She had become dependent on dialysis and was in failing health.

On Nov. 11, 2004, he donated his left kidney. The next day when he woke up the medical team asked if he was interested in meeting his recipient.

"I was very interested," recalled Blank. "The patient and her mother came over to my room and it was a very humbling experience. When people ask me why would I do something like this—if you hear her story, that was the answer right there. Organ recipients are incredible. They endure so much. I'd have to say they are the best group of people I've ever come in contact with."

Blank stayed in contact with his recipient—sending her an e-mail on their anniversary asking "how is our kidney doing?"

It was soon after his altruistic donation that he realized there was still much more to do. Others needed to learn about the benefits of donating. He began to volunteer at Tennessee Donor Services.

Aside from spending his free time educating people about the critical need for organs and recruiting donors, Blank's life is full. He is a high school and college soccer referee, rides his motorcycle, pilots, scuba dives, snow skis and sky dives.

"Donating my kidney has not affected my lifestyle at all," he said. "These are all things I did prior to donating and I am still active."

Not only is he an example for the hundreds of folks he comes in contact with during donor recruitment events, he said for those who say they are not interested, he asks them: "If your child needed an organ, wouldn't you want them to have one? Where would it come from?" he asks. "Usually they never really think of it in those terms. It's just a way of letting them know they must take the first step."



George Blank has been recognized several times as an altruistic donor.



“Being a 15-year-old girl, I love being dangerous.

They took that joy from me, and I wanted that back.”

The **MOMENT** that changed everything

BY LESLIE HAST

PHOTOGRAPHS BY DANA JOHNSON

Kaitlyn Lasitter’s terrible accident was national news — she became known as the girl who was hurt at the amusement park. Now, for the first time, she and her parents discuss her life, the injuries, and the determination of Kaitlyn, her family and a medical team at Vanderbilt Medical Center to save her severed foot.

The night before her recent visit to Vanderbilt Orthopaedics, 15-year-old Kaitlyn Lasitter went to a concert with her best friend, Arin Valsted. They danced and jumped in the packed crowd and even got their arms autographed by the musicians.

But what seems like a typical night out for a teenager was an amazing accomplishment for Kaitlyn. Just two years before, she was lying on an operating table at Vanderbilt Medical Center, her feet were apart from her body and on ice on a nearby table after being severed just above the ankle by a faulty cable on a Kentucky amusement park ride.

Talented surgeons were able to reattach her right foot but not the left. In the time since, Kaitlyn has learned to walk again on one foot and one prosthesis.

“It would have been really hard to do nothing, looking at this child and her disembodied feet with pink toenail polish on,” one surgeon explained. “I’ll never forget; it was a perfect pedicure.”

The last two years have been a waiting game for Kaitlyn to see if her body would accept her replanted foot and whether it would regain motor and sensory function. She got the all-clear only a few months ago.

“Ever since I heard that, I’ve been confident to try running and skipping and hopping and jumping. But before then, I was afraid for a long time it was going to fall off,” she said.

With jeans and sneakers on, her gait looks perfectly normal. She can wiggle her toes and flex her ankle, and she has learned the pressure points that can scratch her big toe or tickle her pinky toe on her phantom left foot.

Now that she is confident in her reattachment, Kaitlyn’s resilience shines through.



An X-ray shows the intricate work required of surgeons to reattach Kaitlyn’s foot.

“Everybody says, ‘I don’t know how you went through that,’ but I don’t know what they mean because I just did it. You really don’t know what you would do unless you’re in that position,” she said.

“Everything happens for a reason. Everyone has their own life story, and mine was supposed to have this huge detail put into it at some point.”

A 50 m.p.h. drop

That plot twist in Kaitlyn’s life story started with another typical outing for teenagers. June 21, 2007, was to be a fun day at Six Flags Kentucky Kingdom in Louisville, Ky. Kaitlyn’s parents, Randy and Monique Lasitter, were just starting to let the 13-year-old do things on her own and dropped her off at the park with a group of friends. Kaitlyn met Arin for the first time that day, but the two would become best friends after what happened next.

The two decided to ride the Superman Tower of Power, which lifted passengers 177 feet into the air before dropping them straight down at speeds up to 50 m.p.h. The girls rode once and decided to go a second time since the line was short.

At first, Kaitlyn recalled, the ride seemed normal as the chair slowly ascended up the tower, but it began to jerk and make noises and she could smell smoke.

“We started screaming anything to get people’s attention—‘Help,’ ‘We’re going to die,’ curse words—anything to get people to turn around,” Kaitlyn said. A crowd began to gather, but the ride continued.

Then a cable fell, splitting Kaitlyn’s lip and bloodying her nose, scratching her arms and legs and wrapping around her neck and shoulders.

Normally, when the ride reaches the top of the tower, there is a thrilling pause as passengers wait for the drop. Instead of counting down to an exhilarating ride, Kaitlyn said she counted down to her death.

“I covered my face so nothing got hurt,

but I looked down at my thighs and saw red and watched the cables slide down my legs. I felt a burning sensation and then couldn’t feel my legs. I was so scared, and it was the absolute worst feeling because I couldn’t control anything that was happening,” Kaitlyn said.

During the drop, the errant cables were pulled taut by the dizzying plunge of the ride and cut through Kaitlyn’s lower legs, severing both feet.

When the ride stopped at the bottom, Kaitlyn checked that her friends were safe before asking about her own injuries.

Arin, who had a bump on the head and a few scratches, said Kaitlyn was eerily calm as they waited to be released from their seats.

“She hardly bled at all. She was calm and wasn’t crying. She just said ‘Please don’t leave me,’” Arin recalled.

“I kept saying to them ‘I just want to walk home. Please tell the guys to unlatch me. I want to go home.’ But I knew that I didn’t have legs,” Kaitlyn said.

Kaitlyn’s friends gave her parents’ phone number to a stranger at the park. Monique answered, and although Randy was in the shower, the caller insisted on talking to him. After confirming Kaitlyn had red hair and was at the amusement park, he delivered the news.

“It’s just not what I expected,” Randy recalled. “I wondered what kind of sick dream I was having. It was too weird. I didn’t want to tell Monique, and I just said ‘We’ve got to get to the hospital as quickly as possible.’”

They were able to see Kaitlyn about two hours later.

“I remember seeing my parents for the first time and I said, ‘Mommy, I don’t have my feet, but I still have my eyes and I can see you and Daddy,’ and I remember her crying about that,” Kaitlyn said.

When she heard those words, Monique knew her daughter would make it.

“That was within the first five minutes of seeing her, and as a mother, I didn’t expect that. I knew right then and



Kaitlyn Lasitter, left, has her reattached foot examined by Marc Tressler, D.O., one of her surgeons, as her mother Monique and Doug Weikert, M.D., look on.

there that she was going to be positive," Monique said. "That made me know that she's realizing what she has at this point more than what she doesn't have, and it just made it so much better for us to try to get through it."

Monique tears up as she remembers this, but Kaitlyn is stoic. "I've told this story so many times, I can't cry anymore," Kaitlyn said.

Pink toenail polish

Then the fight began to save Kaitlyn's feet.

Doctors at University of Louisville Hospital thought there was too much damage to try replantation, but the Lasitters were determined to find a hospital that would at least try.

"Double amputation was the easy way out, and we've never been the easy way out type of parents, and that's why Kaitlyn is strong," Monique said. "We just had to give her some kind of chance."

Two other academic medical centers

refused Kaitlyn's case before a call came in to VMC's Marc Tressler, D.O., assistant professor of Orthopaedics. Tressler told the transfer center: "We can't do any worse than what she has, so I'm up for trying to save her feet. Bring it on, I'm up for the challenge."

"I took the doctor's hat off and put the parent's hat on," Tressler said. "I've got two children of my own, and if one of my boys was in that situation and I thought there was any chance in the world that they could have their feet back, that's what I would want. I understood the odds. I understood the unlikelihood of either success or function, but that was the assumption that everyone else made and didn't even bother to try."

Once he accepted the case, Tressler assembled the team. Erika Mitchell, M.D., assistant professor of Orthopaedics, saw Tressler staring at the OR board and asked what was going on.

"He said, 'Well I just accepted this

girl with bilateral foot amputations,' and I just looked at him like 'Are you crazy?' We were both taken aback by it because it's not something you're used to dealing with," Mitchell said. She knew the case would require two teams of surgeons and offered to help.

Tressler also called in Doug Weikert, M.D., associate professor of Orthopaedics, who was not on call and enjoying a quiet dinner out with his wife. After hearing the details, Weikert knew Kaitlyn was the perfect candidate for replantation.

Kaitlyn was young enough to have the capacity to regenerate nerves. She was old enough to be skeletally mature and remove the possibility of bone growth making one leg longer than the other. And the 11-millimeter-wide wire cable had made a remarkably clean slice just above the ankle. Injuries like this usually have a wide zone of damage and the tissue is ripped and pulled, but



Kaitlyn Lasitter, with her mother Monique, smiles as she sees her medical team in Vanderbilt's Orthopaedic Clinic.

Kaitlyn's was like "somebody guiltotined it off," as Tressler vividly put it.

Despite these positive indications, the doctors still had a moment of hesitation about replantation. Because the risk of infection and rejection is so high, it can take months to know if the replantation is successful.

"Sometimes it's actually better to have a prosthesis than have a foot that's not functional or that's painful," Mitchell explained. "But at her age, you want to do everything you can to save her limb. I think you try harder to make that work knowing full well that you may lose a year in which she's suffering with a bad limb and may ultimately end up with amputation anyway."

All the doctors agreed they at least had to try, whether the surgery would

be successful or not, and Mitchell factored another intangible into her decision: pink toenail polish.

"It would have been really hard to do nothing, looking at this child and her disembodied feet with pink toenail polish on," she explained. "I'll never forget; it was a perfect pedicure. I could just imagine that she got it done to go to the park and have this great time. I knew we just had to give her all the care we could."

The worst thing you can imagine

While waiting for Kaitlyn to arrive via helicopter, Tressler and Mitchell went down the block to eat at Sportman's Grille. They fueled their bodies for the long night of surgery ahead, fielded phone calls and made arrangements for the surgery, and tried to catch details about the accident on TV.

Kaitlyn touched down on the roof of Vanderbilt University Hospital around 11 p.m., six hours after her feet were severed. Standard practice says limbs should be replanted within the six-hour mark. With the clock against them, the team immediately went to work.

"I hope to never have to walk into a room like that again because you see a little bit of your own kids in these patients," Weikert said. "It's just about the worst thing you can imagine to have to try to put yourself in a position to help this poor girl who started out the day going to an amusement park and ended up in an OR with both of her [feet] on the back table. It's a pretty sobering experience."

The first task is debridement, basically a good cleaning. All the surfaces must be as clean as possible to prevent infection. Then Tressler and Mitchell each took a foot and connected and stabilized the bone. Then Weikert led the team in repairing an artery and vein in each foot to restore blood flow.

While the right foot immediately

"pinked up" after it was replanted, the left foot was problematic. The falling cable had also broken Kaitlyn's femur, and the surgeons had difficulty getting blood flow past that injury and down into her foot.

"We gave her blood thinner, we passed catheters up and down the blood vessel to try to get rid of any clot or injury, and we actually did a couple of repairs to the blood vessel just to see if we could stroke blood down, and after probably four or five different ways to get blood, we just couldn't achieve it," Weikert said. Kaitlyn's left leg was amputated below the knee the following day.

The all-night surgery took a physical and emotional toll on the physicians.

"I've been up operating plenty of nights, but the emotional toll of that suddenly hit me that morning," Mitchell said. "I just couldn't imagine this poor girl just going for a day of fun and having something that horrific happen. It was something I needed to sleep on, literally."

A rock in her shoe

Kaitlyn has had seven surgeries, many of them multiple procedures to repair the bones, tendons and nerves that make a foot function. She originally spent 23 days in the hospital—the first 10 in the adult trauma unit and the rest at Monroe Carell Jr. Children's Hospital at Vanderbilt—and has had three other admissions since. She has made 20 clinic visits and encountered 30 different physicians over the past two years. She has had innumerable therapy appointments for prosthesis training on her left side and range of motion and functional training on her right.

"Right from day one she was very committed to her own success," Tressler said. "I had her changing her own dressings the first week she was in the hospital. She did everything you could want her to do to get better."

**I've got two children of my own, and
if one of my boys was in that situation
and I thought there was any chance in the world
that they could have their feet back,
that's what I would want.**

Everyone on the medical team agrees that Kaitlyn was a fighter but also had a great support system in her recovery.

"Her parents are great parents," Weikert said. "They push her but they also love her. They were quick studies in terms of how to push but not overwhelm Kaitlyn."

The Lasitters, however, said every parent would do what they did.

"I can't see any parents not doing that for their child," Monique said. "The first year, Randy carried her everywhere. She couldn't walk and wasn't keen on the whole wheelchair thing, so she would get piggybacked around everywhere. Throughout all this, she hasn't had one caretaker but us. We haven't left her side, and that's what it's all about. She knows we'll always be there."

In the media and legal frenzy that surrounded Kaitlyn's ordeal, the Lasitters took refuge at VMC.

"As soon as we got here, it was just an instant sigh that we're in the right place. We just felt very comfortable," Monique said. "We're very private people, but we had no privacy. This hospital was a shelter for us and protected our privacy. People can never understand until they are put in this type of situation what a competent staff like the one at Vanderbilt really means to a family. We can never thank them enough."

The Lasitters sued Six Flags Kentucky Kingdom for negligence in maintaining the ride and reached a settlement that will provide lifetime care for Kaitlyn. The Lasitters are also working with the Consumer Product Safety Commission and U.S. Rep. Edward Markey from Massachusetts to lobby for tighter amusement park regulations.

Throughout the media and legal battles, there was always the worry the replantation would fail.

"I basically told her we may do all this reattachment process only to give her a choice at the end of her recovery to whether she either likes the right foot or she doesn't," Weikert said.

He admits it is a blow to a reconstructive surgeon's ego to have a patient opt for amputation, but if the nerves don't recover, the bones don't heal, the ankle doesn't flex or the foot is infected, amputation really is the best option.

Luckily, Kaitlyn's right foot is fully functional. She can sense when a rock gets in her shoe, she can rotate her ankle, and she can wiggle five perfectly manicured toes. And she says she'll always have memories of sticking both feet in

the sand or walking on hot pavement.

Having one of each, Kaitlyn is in a unique position to compare replantation to prosthesis.

"It's not that I favor one or the other, but sometimes I get mad at one because it's hurting me, but then the other one is hurting me the next day," she said. "It's like I have two kids—they both have different personalities and one may be more annoying than the other, but I still love both of them."

Back on a rollercoaster (!)

Like any teenager, Kaitlyn has a lot of ideas about the future.

"I want to do fashion, I want to do makeup, I want to be an inspirational person. I want to set up something for amputees who can't afford prosthetics," she said. "It's just all so wide open right now. A few months ago, I wanted to be

a professional chef, now I want to be a designer."

Right now she can't play sports and doesn't have the shopping stamina she used to, yet—but she's still Kaitlyn: "Bubbly and loud and happy about everything," in her self-description.

A few months ago, Kaitlyn got back on the proverbial horse and rode a rollercoaster again at Walt Disney World. It was a kiddie coaster and she jokes about how she and her dad were squished into the tiny seats, but it helped her get her confidence back. And after growing up in Florida and visiting Disney World more than 50 times, it was an amusement park she trusted.

"Being a 15-year-old girl, I love being dangerous. They took that joy from me, and I wanted that back," she said. "I wanted that feeling again of putting my hands up in the air."



Kaitlyn Lasitter walks with Doug Weikert, M.D., one of her surgeons, to test her gait during a check-up at Vanderbilt's Orthopaedic Clinic.

Megan Shifrin's day: save life, finish half marathon

BY KATHY WHITNEY

As Megan Shifrin waited nervously in the corral at the starting line of the Country Music Half Marathon on April 25, she had one thing on her mind: running the 13.1 miles in two hours and 10 minutes.

It was an ambitious goal, given that temperatures were expected to be unseasonably warm that day, reaching upward of 80 degrees before the race was to end.

"We were thinking that the Country Music Marathon was going to be one of those races that we hoped would improve our times," she said.

When the starting gun fired, she took off and ran a faster pace than she normally runs for the first two miles. As she headed up a hill on Demonbreun Street and passed mile marker two, she noticed a couple of people gathered around a runner who was lying on the sidewalk, apparently having a seizure.

Shifrin hurried over to the runner, whom she guessed was in her late 20s or early 30s.

"I basically told everyone to calm down because everyone was pretty upset. I rolled her over onto her side and tried to keep her airway open (by repositioning her jaw) so if she vomited she wouldn't aspirate," Shifrin said.

The seizure continued for several minutes, and Shifrin's friends ran ahead to

find an ambulance. One of the individuals gathered around the runner was her sister, with whom she had been running.

"I began to ask questions of the people standing around her to see if anyone had witnessed what had happened. Her sister said she just got a strange look on her face and then collapsed. She said she had no history of seizures, wasn't diabetic, but had taken diet pills the morning of the race."

When the seizure ended, the runner lay unconscious.

"During that time, she stopped breathing and I opened her airway to make sure her tongue wasn't obstructing. I watched for awhile and she still wasn't breathing, so I then started mouth-to-mouth resuscitation. She still had a pulse, so there was no need to do chest compressions. I did mouth-to-mouth for a little while and then backed off to see if she would resume breathing on her own, and she did."

The runner was still unconscious when the EMTs arrived and took over. After their arrival on the scene, Shifrin resumed running in the race. She estimates she was out of the race for about 15 minutes.

"I was actually still very concerned about her. She hadn't regained consciousness and was still in an unstable state. I definitely had an adrenaline surge and



Shifrin, second from left, with friends on marathon day.

that helped me the next couple of miles. I do think that mentally it was hard for me to get back into the race."

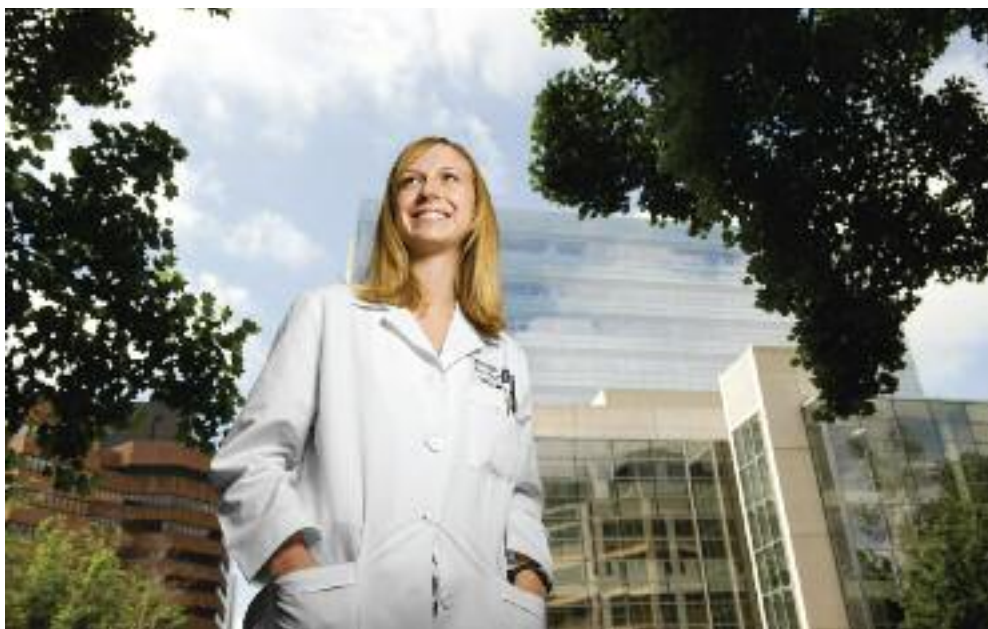
Shifrin finished the race in two and a half hours, fighting a sore knee the last few miles. She found her husband, who crossed the finish line earlier.

"I didn't really intend to tell a whole lot of people about the incident. The girls I was running with are the ones who started telling people," she said, somewhat embarrassed by the attention.

"In hospitals, there are resources available to you. You have other people who are knowledgeable available to you. When I was on the sidewalk with this girl, I was kind of looking around and there was no one else available," she said. "I guess it's just one of those things; it was instinct to stop and help."

Shifrin returned home that evening to hear a news report that a Country Music Half Marathon runner had died. For a split second she feared it was the woman she had helped. Instead, it was Staff Sgt. Benjamin "Levi" Pigman, a 25-year-old native of Hamilton, Mont. Shifrin went to bed that night knowing that she did her part to keep the death toll to one.

"I guess it's just one of those things; it was instinct to stop and help."



JOE HOWELL

Green acres is the place to be

■ The Monroe Carell Jr. Children's Hospital at Vanderbilt and Health Plus are partnering to offer a weekly farmers market.

The market will feature fresh fruits, vegetables, herbs and flowers from local farmers each Thursday from 3 to 6 p.m. on Medical Center plaza, across from Langford Auditorium.

Cash, credit and debit cards will be accepted.

The final farmers market of the season will be Oct. 29. The market is in collaboration with the Nashville Farmers Market. For more information, please contact jennifer.rice@vanderbilt.edu.



PHOTOS BY JOHN RUSSELL



Partners in Health looks for \$1.9 million

■ The annual Partners in Health fundraising drive, in which Medical Center staff and faculty are asked to give financial support to Medical Center programs, runs through June and has a goal of \$1.9 million.

"Charitable giving is key to Vanderbilt's growth as an institution and is more important now than ever," said Corey Slovis, M.D., professor and chair of Emergency Medicine and chair of this year's campaign, along with Carol Etherington, R.N., assistant professor of Nursing and Susan Wentz, Ph.D., professor and chair of Cell and Developmental Biology. "The focus of the campaign is participation at every level—not the size of the individual gift."

The campaign has a participation goal of 40 percent. Staff

and faculty may designate their gifts to any area of the Medical Center they like.

The chairs noted in a statement that the support of this campaign helps the Medical Center not only with key financial support, but is a demonstration to other potential donors about the staff and faculty's dedication to the institution.

"Support at all levels allows for new and innovative ideas in prevention and treatment, and training tomorrow's leaders," Etherington said.

Campaign updates and other information can be found at <http://www.mc.vanderbilt.edu/partnersinhealth/>, which provides opportunities for giving through payroll deduction, credit card, mail and stock transfer.

were older ladies who went to bed early, so their yards were off limits, too—they didn't need full throttle chases occurring around their houses.

That still left a fair amount of real estate, though, with a lot of trees and shrubs and shed rooftops to hide in or on. And when somebody was spotted, the hide-and-seek part turned into a game of tag in which the chaser was supposed to actually touch the chasée. So the game was a lot of fun and pretty simple: hide, seek, tag.

If you think about it, somewhere back there, baseball was a pretty simple game: hit, run, catch. And then people started keeping records and figuring batting averages and earned run averages, and sooner or later the infield fly rule came along.

Same thing with chase.

We started making things more complicated. I think the first thing that happened was that somebody realized that a white T-shirt stood out like a beer sign in the moonlight, porch lights, and street lights of the chase territory. So part of the after-supper ritual was that we would all change into dark shirts, the better to be less visible in the dark. So we sort-of had "uniforms."

Then the flashlights showed up.

Whoever decided to do this first is lost in the mists of time; all I know is that pretty soon whichever team was doing the hunting was charging about in the gloaming and dark brandishing ever-larger and more powerful flashlights. We started out with standard-sized two-D-battery type flashlights, but pretty soon somebody got a bigger one, and things took off from there, like a flashlight arms race. I imagine if one of us had access to one of those sky-sweeping spotlights like theaters use to announce movie premieres, we would have hauled it into somebody's back yard to sweep the underbrush for people hiding out wearing their dark T-shirts.

Then came the record keeping. One Christmas I had gotten a stopwatch, which, for some reason, we all thought was cool and lots of fun. We would use it to time who could hold their breath the longest. We had our own 100-yard dash contests, precisely timed within a margin of error of several seconds. I think one time we used it to time who could hang upside down from the swing set bar the longest, until one endurance champ turned extremely red and threw up. Sure, we could have timed any of this stuff with a regular old watch with a

second hand, but this was a STOP-WATCH, so it was LOTS cooler.

Anyway, we began to time who could stay hidden the longest. We would turn on the stopwatch and then turn it off when the last team member was captured and write down the results. I am sad to say that I was the record keeper. I am proud to say, however, that I am also the record holder, having once spent two hours and 18 minutes squished behind a line of bushes on the edge of Everheart's garden while the flashlights holders swarmed and then eventually got bored and stopped looking. (The garden was off limits, but the bushes weren't. That's my story and I'm sticking to it.)

The record still stands after all these years, mainly because we all grew up and stopped spending several hours a night running through the neighborhood in dark clothes carrying enormous flashlights and shouting "Get him!" at the tops of our lungs.

The fact that I still remember that winning time—to the minute—is either a nostalgic detailed remembrance of a time gone by or an indicator of derangement. This is a question upon which I don't choose to dwell.

Susan McGrew shows new paintings at The Renaissance Center

■ Susan McGrew, M.D., associate professor of Pediatrics, says she focuses on capturing the vitality of the natural settings that she paints. She creates oil paintings that convey the dynamism in her surroundings. She has a show of paintings through June 12 at the Renaissance Center, 855 Highway 465, in Dickson, Tenn.

"In this series, I turn my focus to the transitions and the transformations of color and form along the Fiery Gizzard River; from rocks and waterways carved out by moving water to blooming mountain laurels in spring," she says. "I paint with attention to the fluidity of the forms; a characteristic derived from the water which surrounds and supports. My paintings strive to capture the manner in which the natural elements along the watershed of the river flow and interact."

