

I am Gail Jasne and I am suffering from End Stage Liver Disease due to Non-Alcoholic SteatoHepatitis (NASH). As a result, I am in desperate need of a partial liver donation from a living donor.

How did I get to this point?

In college I was diagnosed with colon and thyroid cancer. I left school in my last semester (Spring 1978) to have 2 separate surgeries 6 weeks apart to remove the cancers. Surprising my doctors, I recuperated well enough to return in September to finish my degree and graduate in December 1978, still part of the class that I started with. I have had many medical issues since then, but they have not stopped me from working, traveling, getting married and having 2 wonderful children. My medical issues were just a part of my life.

In 2009, my true diagnosis was uncovered - I have a disease called Familial Adenomatous Polyposis (FAP) which is even more serious than the presumed diagnoses up to this point. As a result within a 9-month period I underwent 3 surgeries, Whipple, Ileostomy and Thyroid removal. Having an ostomy may sound horrible to many people, but from my perspective, it saved my life. FAP consumed my medical focus, so much so, that in 2019 when I experienced bleeding from my stoma, I connected it to FAP issues.

I was wrong.

For many years my primary care doctors informed me that I had a fatty liver. Just that statement. When I asked my primary care doctor what to do about it, I was told – there was nothing to do and nothing to worry about.

He was wrong.

My fatty liver progressed to NAFLD (non-alcoholic fatty liver disease) and has now reached the most severe form called NASH. NASH is quickly becoming the most common reason for needing a liver transplant, overtaking alcoholism and hepatitis.

It was NASH that was causing my stoma to bleed. The solution was to have TIPS surgery and for the next 2 ½ years my life returned to my “normal”. Late 2021 I experienced more bleeding due to clotting and blockages within my TIPS and underwent an Interventional Radiology procedure that was intended to revise my TIPS and “clean them out”. After months of complications, infections, and Covid my recovery seemed underway.

In July 2022 my hepatologist (liver doctor) thought I had 6-7 years before needing a liver transplant. Those were wonderful words to hear.

My doctors cannot explain what changed, but in September 2022 I was admitted again to the hospital with severe bleeding and this time, with very few options. The medical team started to prepare me that I would not survive. They managed to put in a 2nd set of TIPS, parallel to the first

set, but this is the last set of TIPS my liver can support. Thankfully, and probably with a lot of prayers from many faiths, I pulled through for the moment. But my condition has advanced, making a liver transplant now rather than in years my only option for survival.

The likelihood of receiving a full healthy liver through the traditional path of a deceased donor from the national donor registry is low – there are those known to have only days of life left in immediate need of these livers. The little liver function I have left is enough to make a partial liver donation from a living donor viable now, before I progress to the point of requiring a full liver.

And so I am at that point – in search of a compatible living donor willing to provide me a small portion of their liver.

A note about NASH:

As a silent and progressive disease, NASH can often remain undetected until the disease has already progressed to more serious and life-threatening stages. Early detection is one of the biggest challenges related to NASH diagnosis and management. Awareness and education can help change that. Ask your doctor to test your liver function – it is not acceptable to disregard a fatty liver.