



I awoke in the dark abruptly.

It was silent, but I sensed I had just caught the tail end of a loud bang. Before I could collect myself, a loud hollow thumping sounded out. It was clearly a fist pounding on the front door. Three distinct urgent thumps. It was well after midnight, and a raging wave of anxiety rushed over me. My eyes would not adjust fast enough. I scrambled to find something to cover up. Urgency, caution, fear boiled off hot tension. Who in God's name would be wrapping on the on the door this late? No doorbell? A neighbor? I doubt it. Certainly, an emergency. Thunder echoing through the slumbering house as I stumbled down the staircase in the black.

Thud, Thud, Thud.

I finally reached the door. The porch light switched on quiet. My eye pressed to the spyhole but I could not make out much. A dark image bubbled through the distortion of the fisheye.

"Who's there? ", I challenged,

"Police".

"Show me some ID".

"I'm in uniform".

..... "I can't see", I muffled through the door.

An unnatural pause began to stretch as he apparently contemplated the standoff.

"Look, I've turned my flashlight on".

I still couldn't see much but impulsively decided we were descending into la la land. I swallowed the apprehension and clicked open the door.

Posed on the porch was one of Fremont's finest, comically spotlighted under the torch he was holding over his head. He left it shining down like a flood light until I was satisfied. A quick authentication. Then an urgent message to call the hospital regarding my blood results from the draw taken earlier that day. I recognized the phone number he precisely sounded out. That was it. I thanked him, closed the door and stood for a moment staring at it in the dark. My platelet level was dangerously low. A normal reading is in the 120 to 400 range. Mine had followed a trail down to around 10 to 15: on the threshold of spontaneous internal bleeding. In spite of the mid-night drama this was not new news to me. I had been aware of this condition for a while. It was the cause of a collection of assorted bruising, blooded gums when I brushed my teeth and the worrying pattern of blood stains scattered across my pillow each morning that had become my welcome to the day. If there was anything positive it was that the system was watching out for me. Someone on the night shift at Kaiser thought it critical enough to send an urgent notice through the police, just to be on the safe side. Trudging back up the stairs was a lot more ponderous than the earlier alarm that had me cascade down. My world was narrowing.

The gold standard in diagnosing liver disease is a biopsy to inspect the degree of tissue damage. In order to get one, you typically pierce the skin from the back and through a large hollowed needle, trigger a "bite" of the tissue and extract. This is called a percutaneous liver biopsy. The dilemma for me was that the low platelet level itself posed an internal bleeding risk, which would be difficult to see and control using this standard technique. An alternative procedure called a trans jugular biopsy was recommended. A guided probe is inserted in the

neck with as many attachments as a Swiss army knife. Guided, it snakes down to the liver through a highway of veins. Once in place it cuts out enough tissue and then retracts. The smart part is that any bleeding is contained in the blood circulation itself. That then was now the plan to provide conclusive proof of what seemed obvious: my liver was dying.

Having the utmost confidence in your doctor as you work through a complicated diagnosis is essential to how you cope with the tearing stress of it all. A gnawing doubt will build and leave you feeling like you've fallen overboard, adrift in a tempest. But there is a compelling desire to try and at least question. In the world we have crafted today a few keystrokes will tap you into a seemingly endless repository of human knowledge in any subject matter you might care to name. Your medical records start to grow long enough for you to write a dissertation. Your vocabulary evolves to include near unpronounceable medical terms. Drawn to this ocean of information you can spin yourself down a spiral of despair. From scholarly articles, which typically only touch on the more exotic conditions to the endless ill-informed jibber jab of posting and pleadings. Urgency to find reassurance keeps you turning the page. It's your life you are searching for. Hours pass. You are looking to catch just the slightest wave of vindication and with it the relief and calm that hope injects. You become a mainliner for information. Each and every new observation, symptom, drug, result or procedure spells out a new set of keywords to conjugate. Desperate internet hunting sessions leave you drained and with a heightened dread that afterwards takes days for you to rationalize. But it will leave you deeply informed in the sliver of your particular condition. And in such an educated state I headed off for my trans jugular biopsy.

I arrived early in the morning to a warm and well-lit medical suite at the hospital for the procedure, consciously working to manage my apprehension about having a probe pushed into my neck. A gaggle of young nurses took the edge off as they set about the standard preamble of paperwork and the ever more familiar IV set-up. They were all pleasant, friendly and funny and worked at putting me at ease. I was the only patient in the large room. Pat, my wife was there. I was anxious but quietly reassured.

We were all set and waiting, trying to find something to say. After a while, the double doors to the left swung open and the doctor entered with a bit of a flurry. He did not make eye contact with me lying conspicuously in the gurney "wired up". He moved swiftly across the room to the nurse's counter in the center of the room and struck up an animated and loud conversation mostly about his vacation. He picked up a folder on the desk opened it, appeared to study it intently for quite a while and afterwards sauntered towards me. He awkwardly introduced himself to me and Pat. If I were to be unkind I would style his tone as professional condescension. He told us that he was going to be doing the procedure.

"Do you know much about what is going to happen?" he asked.

"A little" I replied. Underwhelming the fact that I had read everything available to me. Since I was on the receiving end of this deal.

He started his pitch. "O.K. Well, we are going to do a percutaneous liver biopsy. It's a standard procedure. It is routine, and I am well experienced in performing it."

I started thinking to myself "Is he for real?" "Did he just say he was doing the standard procedure?"

He went on. "We will use a needle inserted into you back to"

Before he could get another word out he was stopped abruptly, mid stride, with a heavily accented Scottish, "No chance, Pal! We're done! I'm done!! Take these off right now!", gesturing to the IV's, "you're describing the wrong procedure!"

Chaos set in. He tried to recover with an edge of desperation, fumbling through his papers and mumbling while the nurses were scurrying reacting to my clear insistence to take out the needles that had minutes before been deftly inserted. It was intense. I was upset. All the contained angst poured over the edge. It was left to Pat to drip the logic of the situation into the mayhem and I gradually began to feel trapped. I had to get this done. There needed to be a definitive diagnosis before treatments could be planned and that was only going to come from a tissue sample. Although I still had residuals of reservation I stared myself down. There was a desperation to get an answer to it all and rescheduling would just push it out even further. I was close to eighteen months into this now and still had no "official" answer. My wife calmed the storm and after thirty minutes of facing realities I was persuaded to go through with it. The IV's were once again threaded back in.

The procedure itself was a strange experience. Mildly sedated I could not feel the prep on my neck. You lie on a bed underneath which soft x rays produce an image on screens overhead that I could see myself. You are conscious and can see the probe moving down the image as a black blob. The tricky part came when there was a tight corner. I was not in any pain or any real discomfort, but I could feel the tug and pull imagining it like a roto rooter working its way around a corner bend in a drain. The background noise was the beeps and blips of the monitoring equipment and the doctor's occasional frustrating commentary about the twists and turns. It took more than a few minutes but finally nestled within the liver it was in position and with a triumphant announcement the cut was triggered. The probe, now with the sample in tow, began to retrace its path back and out of the neck. There was relief all the way around when the tissue was coaxed into a sample vile and held up like the Scottish Cup at Hampden Park. Done, finally! Leaving the hospital that day felt like the last piece of this tortuous journey to get a diagnosis was done. The last piece of the puzzle. Mission accomplished I thought.

I waited. After a couple of weeks, the results were reported. Guess what? The sample was not big enough for a definitive diagnosis. A pause at this point. Anyone who has gone through a long medical journey knows that fate will not trace you a steady trail. You become accustomed to minimizing your expectations. That's not to say despondent but realistic to the vagaries. You build a mental stamina that keeps you always running forward even through a stumble. After this particular set back the only other option was a laparoscopic surgical biopsy. I'll cut to the chase. It was done, although the sensitivity to the whole bleeding deal was lost to me. The results showed that I had cirrhosis induced by alpha 1. Eighteen months had gone by since the first consult. It had started with "You don't look sick enough to have end stage liver disease", then the elimination of leukemia, autoimmune disease, an interminable set of blood tests and imaging tests that skirted around getting to a conclusion: multiple Ultrasounds, CT scans, PET scans, MRI, Nuclear Imaging, that were all inconclusive and burned up a lot of time to coordinate, test and review. I had enough pictures of my insides to publish a coffee table book.

Finally, I had a definitive diagnosis and was now able to enter the Liver Transplant Beauty Contest.