Ernie Gillispie: Double-lung transplant gives former miner new chance at life

It’s easy to take your breath for granted. Most of us probably never think twice about it.

But for Ernie Gillispie, breath was a precious commodity, and he seemed to have less and less of it with each passing day.

Gillispie, 68, spent 37 years working in Kentucky coal mines, and 25 years living with black lung disease. His lungs were full of coal dust, and it was, quite literally, killing him.

“If you can’t breathe, you can’t do anything,” Gillispie said.

By December 2010, it was so hard for Gillispie to breathe that he could not walk five feet on his own. He was forced to use a wheelchair. He became weaker and weaker, and his prospects were grim. “I didn’t think I was going to make it,” he said.

But then Gillispie and his wife, Vanessa, came to UK HealthCare. The couple have been married for 34 years. They have three children and four grandchildren.

“We met with Dr. Charles Hoopes to see if there was anything we could do,” Vanessa Gillispie said. Dr. Hoopes, director of UK HealthCare’s Heart and Lung Transplant Program and the director of the Ventricular Assist Device Program, told the Gillispies about an option that could save his life, but since Ernie would be the first patient at UK to have the therapy, there were significant risks involved.

“I can breathe again, and before the ECMO I couldn’t do anything.”
Dr. Hoopes recommended Gillispie undergo surgery to allow the use of an artificial lung and double lumen catheter, an extracorporeal membrane oxygenation (ECMO), to improve his condition and quality of life with the hope that this improvement would make him a candidate for a double-lung transplant.

And it keeps getting better from there. It’s a new breath of life.

“The goal of artificial lung technology in patients like Mr. Gillispie is to demonstrate that lung transplantation will be effective therapy,” Dr. Hoopes said. “If replacing the lungs with an artificial membrane allows a patient to exercise and function normally, then lung transplantation will benefit the patient and dramatically improve quality of life.”

ECMO, used in cases so severe that the usual therapy of a respirator, machines and extra oxygen are ineffective, allows blood to receive oxygen from the artificial device. This particular device was created by UK HealthCare’s surgeon-in-chief, Dr. Jay Zwischenberger, and is used worldwide.

With the assistance of the device, Gillispie proved himself to be a candidate for lung transplantation. Without it, he would not have been strong enough for a transplant surgery, Zwischenberger said.

Not only is this lung technology significant to Kentucky, “This [lung technology] sets us up to be able to bridge patients to lung transplant rather than having their condition continue to deteriorate while waiting for a transplant,” he said. “Dr. Hoopes is an early adopter of this technique, and we are now one of only a very few places in the country that utilize ambulatory ECMO as a bridge to transplant.”

Zwischenberger has been working on the development of an artificial lung for 25 years and nine years ago began partnering with co-inventor Dongfang Wang, MD, PhD, director of the UK Artificial Organ Laboratory, on the double lumen catheter project.

After only three days of Gillispie using the artificial lung, a successful double-lung transplant was performed on April 11, 2011.

“I can breathe again, and before the ECMO I couldn’t do anything,” Gillispie said. “Before the surgeries if I tried to walk 25 feet, I’d collapse. But, two hours after the ECMO surgery I was riding a bicycle and four hours after that I was walking down the hallway.

“And, it keeps getting better from there. It’s a new breath of life.”

Gillispie says he plans to live life to the fullest. He continues clinic visits at UK HealthCare and is looking forward to taking his grandchildren fishing.

To see Ernie’s full story, visit ukhealthcare.uky.edu/ernie or call 800-333-8874 for information.