ROLE OF CONSULTATION-LIAISON PSYCHIATRY IN THE CARE OF SOLE RECIPIENT OF TRACHEAL TRANSPLANT

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BACKGROUND

Pioneering Transplant Surgeries

The first successful tracheal transplant was performed at Mount Sinai Hospital (MSH) in New York City in 2021.

- There is limited guidance on the management of patients who undergo first-time transplant surgeries.
- During these pioneering procedures, quality of life concerns intersect for the first time with the challenges of a transplant.
- Palliative care is a specialty that focuses on improving the quality of life of patients with serious illness (Kelley 2015), including transplant patients.

OBJECTIVE

Case Report: We discuss a case of the first and only living tracheal transplant recipient for which psychiatry was consulted to guide in the management of suicidal ideation (SI), and in which a recommendation was made to include palliative care for goals of care discussions.

HPI

- 2014: Asthma exacerbation requiring prolonged intubation, complicated by permanent tracheostomy
- 2016: patient "severely depressed secondary to adjustment of life with tracheostomy" with active SI
- Patient expressed interest in palliative measures
- 2018 begins tracheal transplant evaluation at MSH
- Patient was evaluated by Transplant Psychiatry as part of clearance for the procedure
- Patient expressed difficulty regaining sense of agency in a situation in which she felt hopeless
- 2021: Successfully receives first tracheal transplant
- 2022: Patient presents to MSH for planned, elective closure of tracheal stoma, which she felt was contributing to poor quality of life.

Case

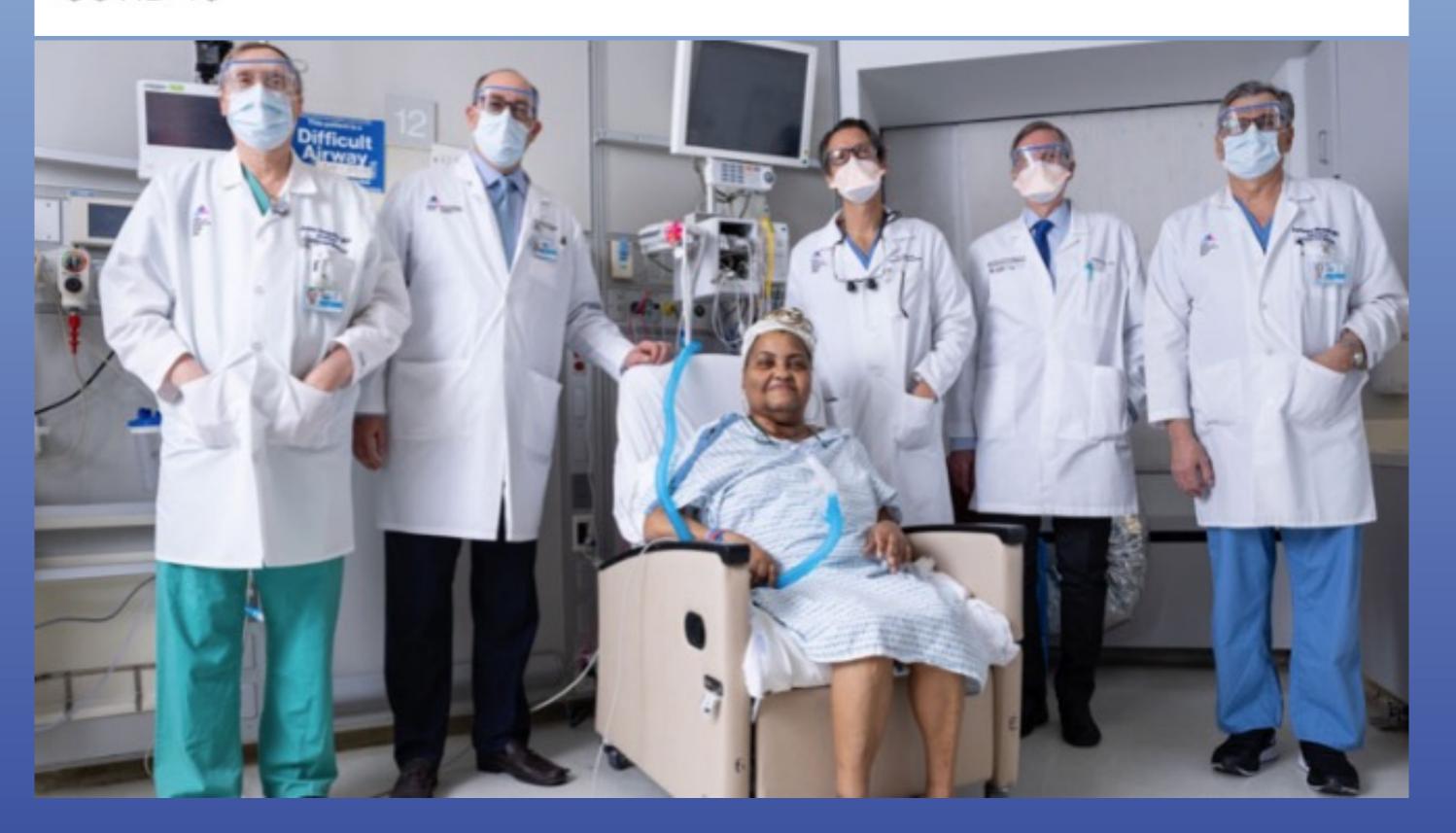
- This is a 57 year old single female, first-time recipient of tracheal transplant, admitted for planned bronchoscopy with plan for closure of tracheal stoma which was aborted.
- Following the aborted closure, the patient reported that she would be "better off dead" and expressed a decision to decline medical care. Psychiatry was consulted for SI.
- On evaluation, the patient characterized her SI as chronic frustration with her quality of life, which persisted since receipt of her transplant.
- Frequent interdisciplinary discussions were held with the patient's medical teams and a recommendation was made to consult palliative care for a goals of care discussion centered on quality of life.
- Following ongoing discussions with palliative care and support from Psychiatry, the patient's mood improved with resolution of SI rooted in frustration regarding quality of life.
- Subsequently, patient did undergo successful stoma closure. She is now engaged in psychotherapy. She reports satisfaction overall with her surgery.

FIGURE 1: PRESS

Press Release

Mount Sinai Surgeons Perform First Human Tracheal Transplant Surgery

Historic case launches Mount Sinai's Tracheal Transplant Program for treating patients worldwide, including those with severe intubation damage after COVID-19



CONCLUSIONS AND DISCUSSION

- This case highlights the challenges with undergoing a pioneering procedure, and the potential of psychiatry in advocating for quality of life discussions throughout a transplant patient's care.
- Despite the potential benefit of palliative care in transplant care, few transplant patients are enrolled in palliative care (Song 2009).
 This may be due to a limited understanding of the types of services that palliative care offers (Nolley 2019).
- Much of palliative care focuses on quality of life goals, which is critical to address in unprecedented procedures where ongoing challenges and suffering can result even with successful surgeries. This is an important consideration as we venture into new territories in organ transplant.
- Through goals of care discussions, palliative care can facilitate patient autonomy, interdisciplinary communication, and achieve common ground between the patient and medical teams' goals.

REFERENCES

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