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Days of Our Lives

## Did Days Skip a Beat With Julie's New Heart? Ask the Experts!



Randee Dawn

About 5 Mins Ago



Image: XTArroyo/JPI

**Despite a number of roadblocks – including her age – one of our favorite heroines received a new lease on life.**

Over the past few weeks, Julie Williams (Susan Seaforth Hayes) went through hell on *Days of our Lives*. She had a heart attack, was left for dead by Gabi Hernandez (Camila Banus) who thought she was faking, she made it to the hospital, learned she was too old for a heart transplant, fell into a coma – and miraculously woke up with a new

heart, courtesy of Dr. Kayla Johnson's (Mary Beth Evans) superior transplant skills... and [the late Stefan O. DiMera \(Brandon Barash\)](#). But it all moved so fast our hearts were left racing – along with our thoughts. So Soaps.com spoke with two experts: Anne Paschke, spokesperson for the United Network for Organ Sharing, and Dr. Maria Mountis, a staff cardiologist in heart failure and heart transplant at the Department of Cardiology at the Cleveland Clinic, to find out how many of these (heart) beats actually made sense.

**Soaps.com:** Julie is 80 years old, and has a heart attack that damages her heart so badly she needs a transplant. Does that happen often?

**Dr. Maria Mountis:** That can happen. If you have a heart attack, and didn't get to the hospital right away and didn't have catheterization or a stent to open the artery, you may have a significant amount of damage to the heart muscle. They don't usually say you need a transplant right now – we're likely to have them on temporary devices or something like a balloon pump. But yes, you could have a first attack and it could be devastating.

**Soaps.com:** Julie's told that due to her advanced age, she can't be on a donor list. What is the cutoff age?

**Dr. Mountis:** Over the age of 70, most centers won't offer it. Maybe 72 or 74, if an individual is otherwise very healthy – but over 74, it's not realistic that a transplant would be offered.

**Anne Paschke:** Age is one thing that's taken into consideration when someone is evaluated for a transplant. They'll look at other criteria – the entirety of their medical picture. Also, do they have a support network, can this person take care of a transplant if they get one, are they compliant – do they take their medicine and follow a doctor's orders?

**More:** [Julie's Shocked Gabi Donated Stefan's Heart to Her](#)

**Soaps.com:** Julie goes from the heart attack to it being suggested that she need a transplant, without any real middle-of-the-road possibilities. Are there things that can be done to help a damaged heart that aren't as drastic as a transplant?

**Dr. Mountis:** The state of cardiology has really improved, and we've been able to take care of patients longer because we have stents and medicine. There are intermediary decisions, and a lot of them have to do with medications or temporary heart pumps. You'd use those to see if you could get someone stable enough to leave the hospital so they don't need a transplant.

**Soaps.com:** Well, it seems it's either a transplant or death for Julie, and she's not eligible to be put on a list. But then, Stefan dies and a heart becomes available. Is it as simple as that?

**Paschke:** Only about 2 percent of us die in a way where we're potential organ donors. The blood has to be pumping to the organs to keep them viable. You might have an incompatible blood type, or it could be the wrong size. A really small woman would need a heart that would fit, and a really big person would need a heart that could pump the blood in the body.

**Soaps.com:** It takes a little convincing, but Gabi ultimately donates Stefan's heart to Julie. Can she just do that?

**Paschke:** Directed donation is allowed, and it does happen.

**Soaps.com:** Before she knows she's getting a transplant, Julie leaves the hospital because she doesn't want to die there. Then, she passes out and falls into a coma. Is that a likely scenario?

**Dr. Mountis:** She could pass out because she had a dangerous heart rhythm, and go into a coma because she didn't get enough oxygen to her brain. But if you go into a coma, we wouldn't be able to offer a transplant right away. You need the patient to wake up, to make sure they didn't have a stroke, to make sure their brain is working properly, and that they can be functional. We have a limited amount of organs – so they have to do due diligence with patients to get to the transplant.

**Soaps.com:** Julie's just woken up – from her coma and the transplant surgery. What are her long-term prospects with a new heart?

**Paschke:** There's the immediate recovery from the surgery. She'll have to be on drugs to suppress the immune system for the rest of her life,

and that makes you more susceptible to viruses and germs. Long-term, there's a greater chance of cancer because of the drugs. The drugs affect your kidneys, so a lot of people ultimately get a kidney transplant down the road. The one-year survival is about 90 percent; five-year is 77 percent. Ten years, 57 percent. The further out you go, the less likely it is that you'll go because of the transplant - those numbers are for people who've died for all reasons, including accidents.

**Final Verdict:** B+ for accuracy, C- for rushing Julie (and us!) through it.



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