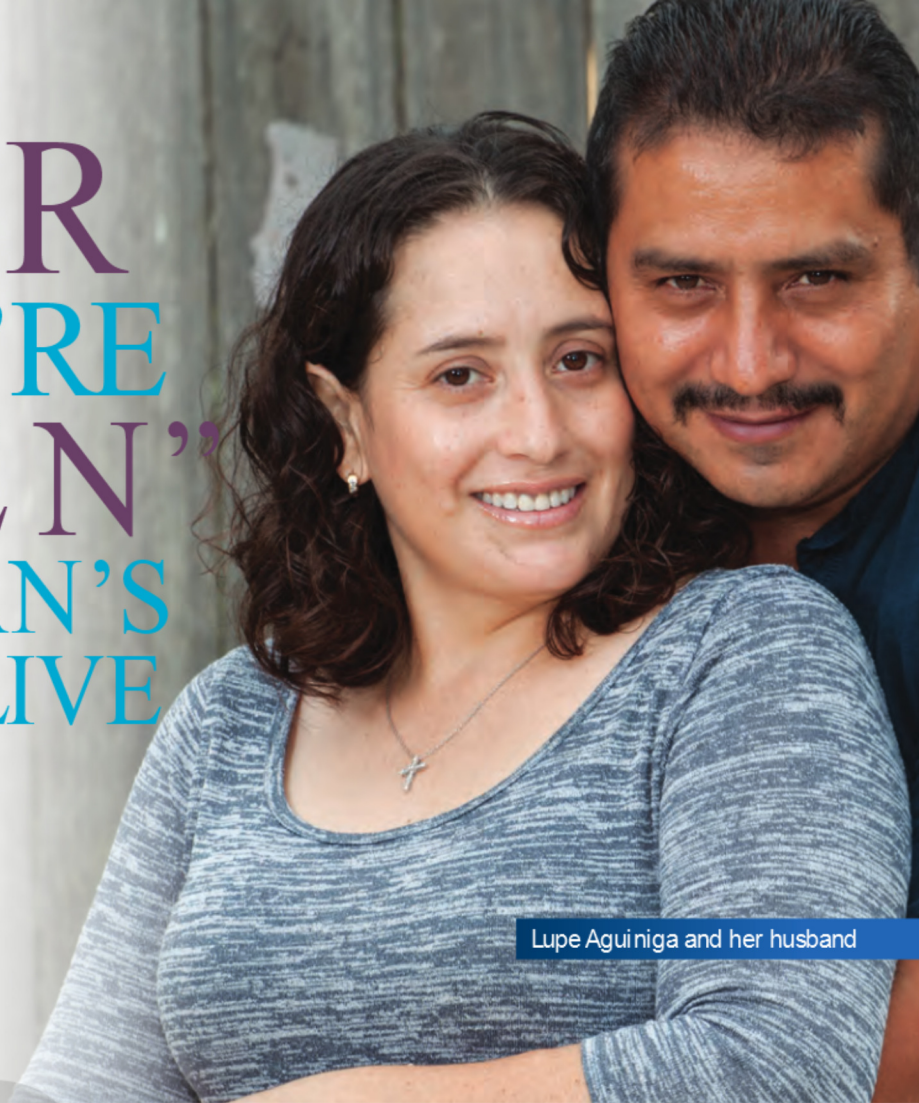


# “NEVER SAY YOU’RE BEATEN” ONE WOMAN’S BATTLE TO LIVE



Lupe Aguiniga and her husband



Dr. Seyed Khoddami

During a health scare five years ago, Lupe Aguiniga discussed treatment options with a series of doctors, but often felt she had no options. Instead of mulling choices, she would return to the same facts. She had a growth on her kidney. She was not a good candidate for surgery. She had a daughter and a son who needed her.

As usual, the Oxnard resident, now 36, spent time with her husband and kids and attended all of the meetings at school. But she was not herself. She didn't leave the apartment to go on walks

and makes you reflect,” she said in her native Spanish.

Although Aguiniga had not in fact been diagnosed with cancer, she had reason to worry. Unexplained abdominal pain had led to a CT scan, which showed a mass on her kidney. She needed to know what was happening to her.

For most patients, the recommended course of action would have been to remove at least the part of the kidney adjacent to the mass. However, before the birth of her second child, Aguiniga

Aguiniga had been diagnosed with the autoimmune disease lupus and started taking anticoagulants. Her condition made any surgery a high-risk proposition.

She didn't pay much attention to her fish making their way around the tank. Instead, she asked herself questions that had no answers.

“You hear cancer and you think death. How much time do I have to live? It's very depressing

had been diagnosed with the autoimmune disease lupus and started taking anticoagulants. Her condition made any surgery a high-risk proposition.

All of the doctors she met with were wary

of moving forward with open surgery, especially a conventional partial nephrectomy with an elevated risk of internal bleeding. Meanwhile, Aguiniga wondered what her health would be like over the long term with lupus and just one kidney, if it came to that.

The lowest moment for Aguiniga came after a surgeon decided not to move ahead with cryotherapy—an attempt to isolate the mass and kill any cancerous cells using extreme cold—because of the probability of harming nearby internal organs. She was then informed that the renal mass had doubled in size.

By that time, she felt she needed a miracle.

“And then one day my doctor said there was someone who could operate with a robot. Was I interested? He said that it was a good surgeon who had experience and could look into my case.

“Sure enough, he was very nice and very human. A good person. I didn’t look at him as a doctor as much as a person who had compassion for others. That’s why I’m doing this interview, I owe it to him. Because of him, I’m all right. Because of him, I have my kidney.”

When Dr. Seyed Khoddami met Aguiniga in December 2010 and when he operated on her in June 2011, the da Vinci robotic surgical system had been FDA-approved for only a decade. In the region around Ventura, its use in partial nephrectomies was quite new.

The da Vinci system, which is not an autonomous robot, precisely reproduces the skilled movements of a surgeon, though with superhuman freedom of motion in the “wrists” of its miniaturized operating arms. After inserting surgical tools through four small incisions, Dr. Khoddami cut away the renal mass and sewed up the kidney to heal. He was able to view the operation in progress in high resolution, using the da Vinci system’s three-dimensional magnification camera.

Aguiniga woke up to the news that the intervention had yielded no complications at all. A religious person, she began to regard it as a miracle from God, who’d worked through a person at the controls of a robot.

“It’s impressive, a doctor with so much knowledge and foresight that when four or five doctors say, ‘I’ll operate but I’ll take out the whole kidney,’ he comes and says, ‘I don’t want you to lose your kidney, because you’re very young,’” she said.

“And here I am, still with my kidney, though he removed a part of it. The other one is working harder, but I don’t have kidney problems.”

Aguiniga has faced many health difficulties and is not inclined to exaggerate them. “You never know how my illness is going to react,” she said. She has suffered from arthritis, a brain

embolism followed by swelling, a blood clot in her leg, and “many more things” including a bout with pneumonia the week before her interview for this article. Her husband has supported her through times of depression.

Over some stretches since her diagnosis with lupus, she has been admitted to the hospital on almost a monthly basis, she said. So it was a great relief to her to be released only a few days after the kidney surgery. Just before the procedure, she said, the doctor “told me again that my situation was very difficult and asked if I was sure about going ahead with it.”

“If I don’t have the operation because I could lose my life, and I do have cancer, I’m going to lose it anyway,” she reasoned at the time.

“If they can do something about my case, I thought, let them do it. Because I have two kids. And who’s going to look after my kids? It’s true that they had their father, but it wasn’t the same. I didn’t want to leave my kids. I didn’t want to die. Nobody wants to die. So I said yes, I’m sure.”

Aguiniga had no problems with bleeding during or after the minimally invasive surgery. Later,

she said, Dr. Khoddami “even arranged things so that for the first two weeks I had someone coming here to check my creatinine level, my blood levels. I didn’t have to go out; the nurse came here.”

The 36-year-old says that her difficult health and her good fortune alike have changed her.

“Now I don’t think about myself very much. I think about my kids. I would like them to be people who are fulfilled, with the kind of education I didn’t have.” Now a senior in high school, Aguiniga’s daughter aspires to work as a nurse helping to deliver babies. Her son is a diligent middle-schooler.

“I’m a big believer in God,” Aguiniga said. “He’s lifted me out of so many difficult illnesses that I’m here for a reason. Well, what is that purpose? Part of it is right here and now, to bear witness to the good this doctor can do for sick people.”

Another part of it may be to encourage others.

“You fight as much as you can. If it’s your destiny to die of a sickness, so be it. But never say you’re beaten. Never, never, never. I don’t want to hear that word.” ▼

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