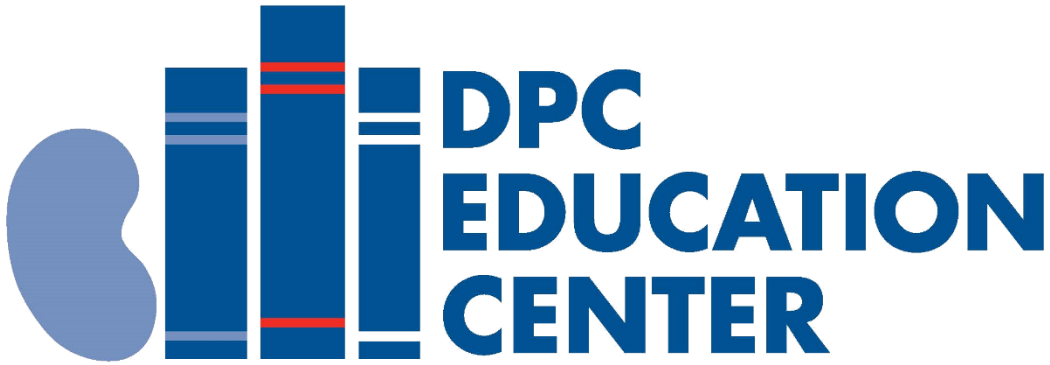


Decisions You Need to Make About Your Transplant Choice

This webinar will start shortly. The slides and the webinar recording will be available at www.dpcedcenter.org

Next webinar: November 21 at 2:00 pm Eastern

Transplant Resources and Information on Our Website at dpcedcenter.org/treatment/kidney-transplant/

Dialysis Patient Citizens Education Center

Home | What Is Kidney Disease? | Treatment | Staying Healthy | Quality of Life | Resources | News & Events

Kidney Transplant

Home > Treatment > Kidney Transplant

Kidney Transplant

Although not a cure, it provides the most freedom for people.

Contents:

Back to Treatment

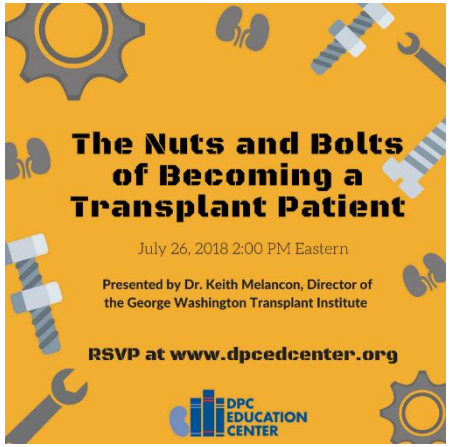
What Is A Transplant?

A transplant is a surgical procedure where a healthy kidney from a donor (either someone who has died or a person who is alive) is placed into your body. The new kidney will then perform the work of your kidneys and will filter your blood and dialysis will not be needed. But it is not a cure and not everyone is able to get a transplant.

A kidney transplant is a treatment choice that may last for many years or for only a short time. Transplants usually last longer when the person:

1. Takes the required transplant medication daily to keep the body from rejecting the new kidney;
2. Is physically active and exercises regularly;
3. Is not overweight;
4. Does not smoke;
5. If the person drinks alcohol, does so only in moderation;
6. Eats healthy food and avoids rare meat and raw fish;
7. Avoids situations that could increase infections, if possible;
8. Has good hygiene and washes hands frequently;
9. Has regular check ups with the transplant team and family physician;
10. Lives a healthy lifestyle.

DPC Ed Center Webinar Recordings of Additional Transplant Programs



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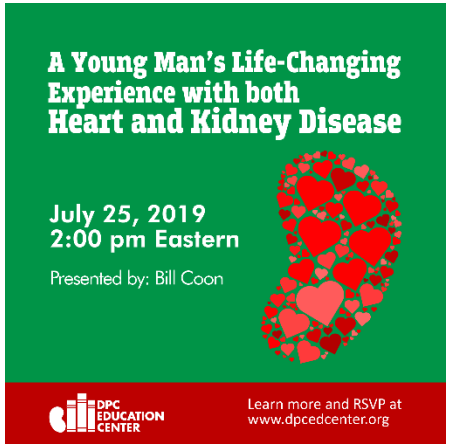

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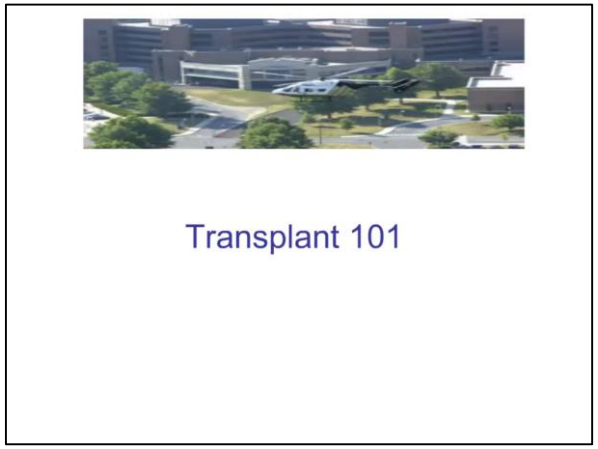

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Reminders

- All phone lines are muted
- **Mute *6**
- **Unmute: #6**
- Unmute your phone to ask questions at the end of the presentation
- Or, ask questions through the Chat Box
- Recording and slides will be available on web site
- Please provide feedback
- Join us next month for another webinar

Dr. Keith Melancon

- Director of the George Washington Transplant Institute
- Professor of Surgery: Specialties include kidney, pancreas and liver transplantation as well as laparoscopic kidney donor nephrectomy
- Research interests: Increasing access to health care for minority patients, particularly for organ transplantation
- Advocate to improve outcomes for the hardest to transplant patients

Living kidney donation

Dr. Joseph Keith Melancon
Professor Of Surgery
Chief – Transplant Institute And Division Of Transplant Surgery
Medical Director – GW/ Ron And Joy Paul Kidney Center

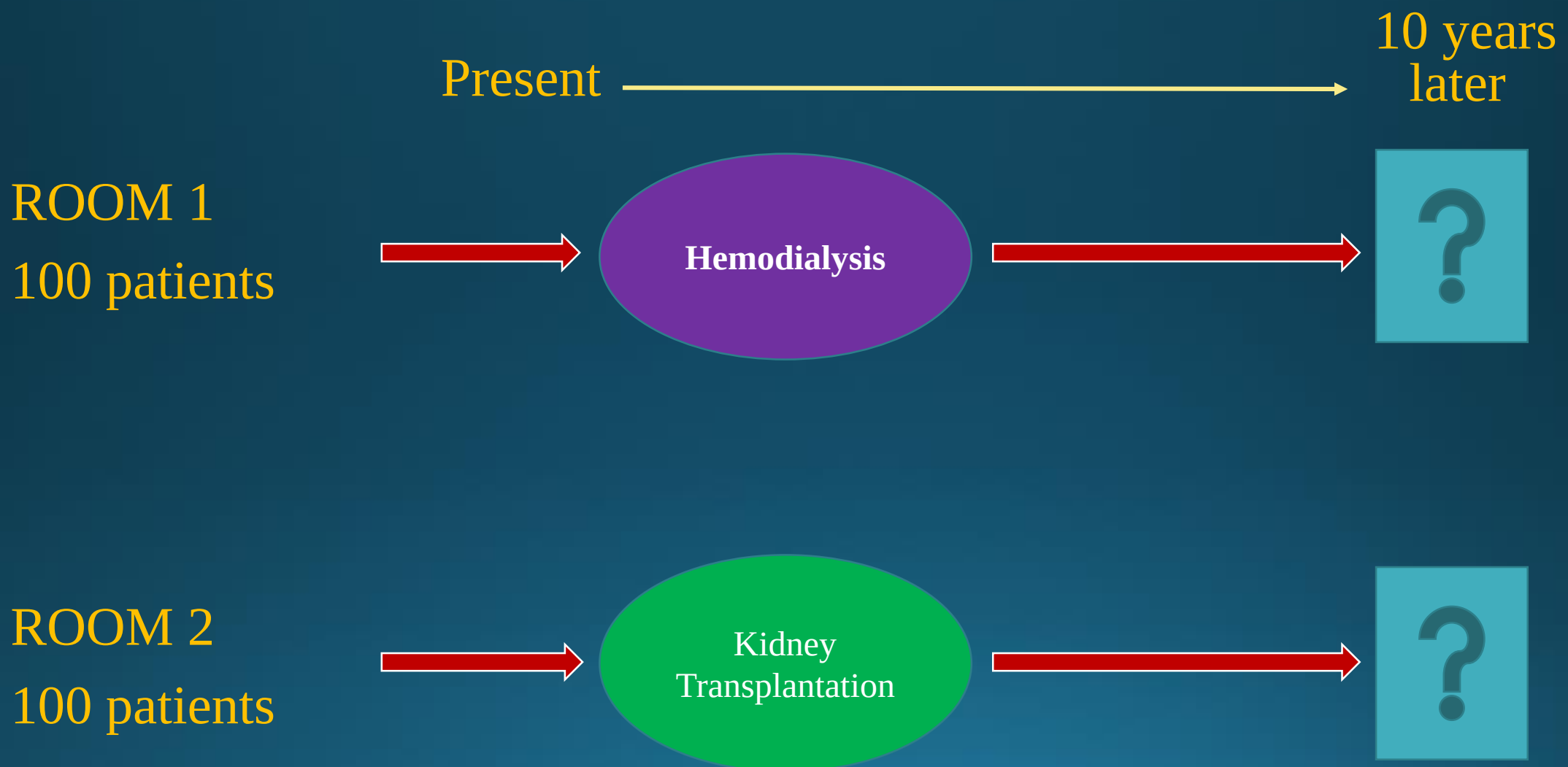
Disclosure

Relevant Financial Disclosures

- Veloxis

Presenter: Joseph Keith Melancon, MD

Scenario


Present
10 years later
ROOM 1
100 patients
Hemodialysis
?
ROOM 2
100 patients
Kidney Transplantation
?

TRUE OR FALSE?

A living kidney donor will usually be in the hospital for about a week after surgery.

FALSE!

TRUTH:

A living kidney donor will be in the hospital for only 2 nights after surgery.

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TRUE OR FALSE?

A living kidney donor will have to change their diet after donation.

FALSE!

TRUTH:

There are NO dietary restrictions after kidney donation. A kidney donor can eat anything, but like everyone, should follow a healthy and well balanced diet.

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Did you know?

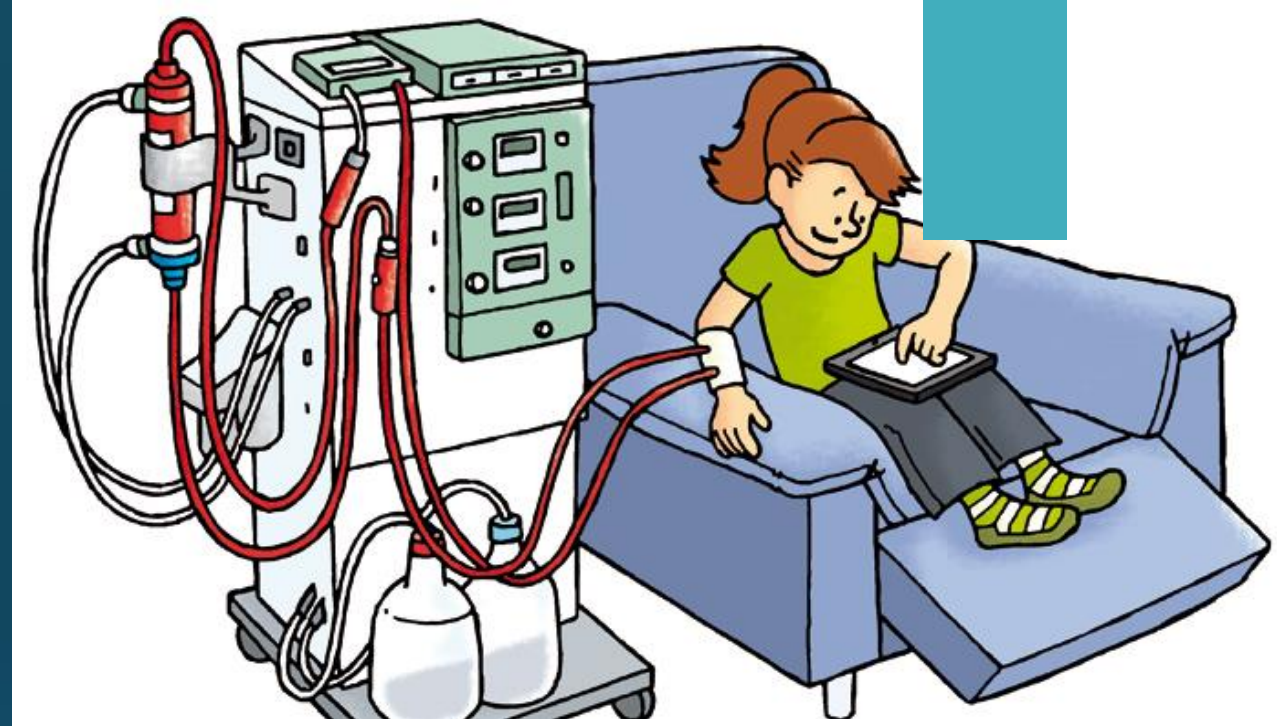
30 MILLION OR 1 IN 7

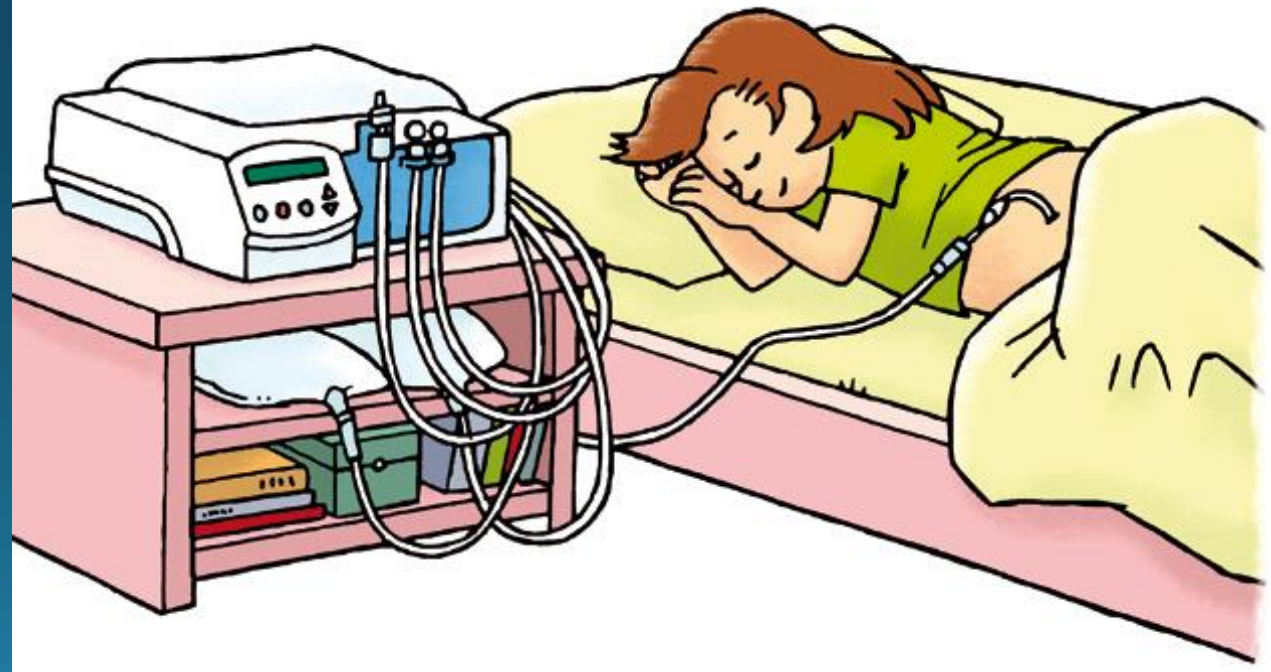
AMERICAN ADULTS HAVE

CHRONIC KIDNEY DISEASE

Renal replacement therapy

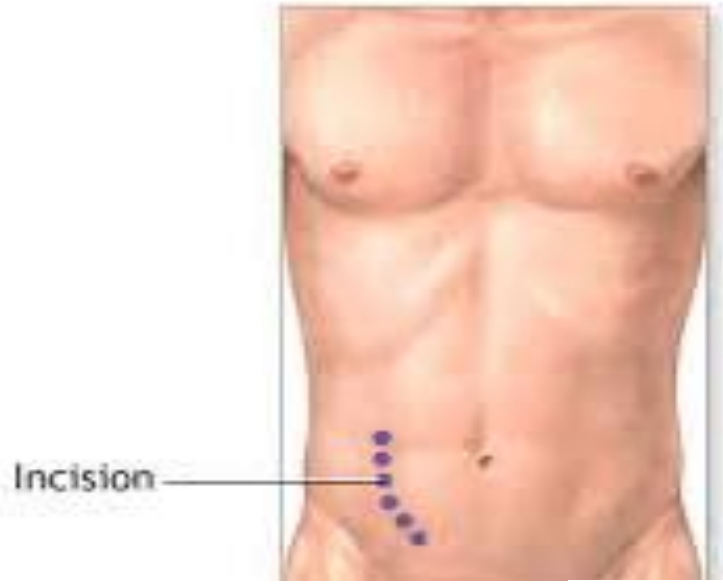
- People with end stage renal disease require renal replacement therapy in order to survive.
- This can be achieved through dialysis – Hemodialysis or peritoneal dialysis, or through kidney transplantation.
- The mortality and morbidity associated with dialysis is 4-5 times higher.

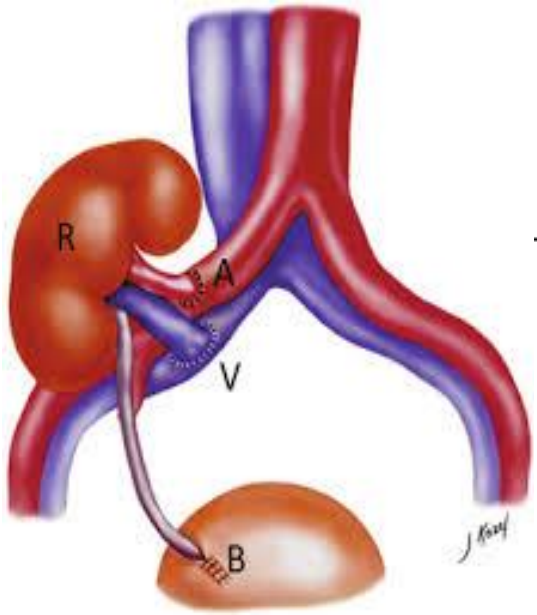


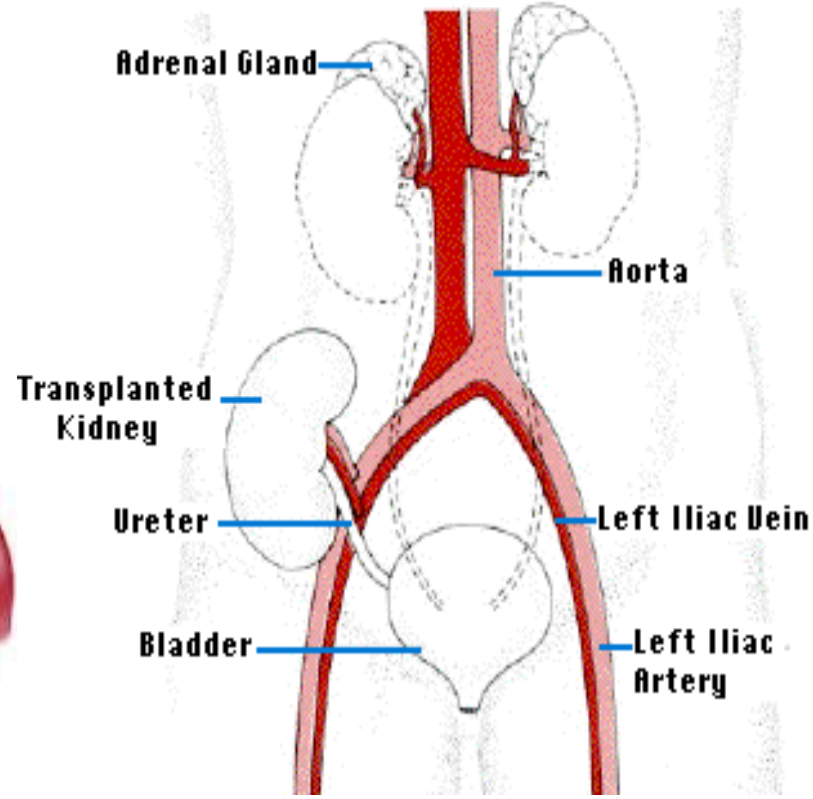


Transplantation

Procedure - transplant recipient







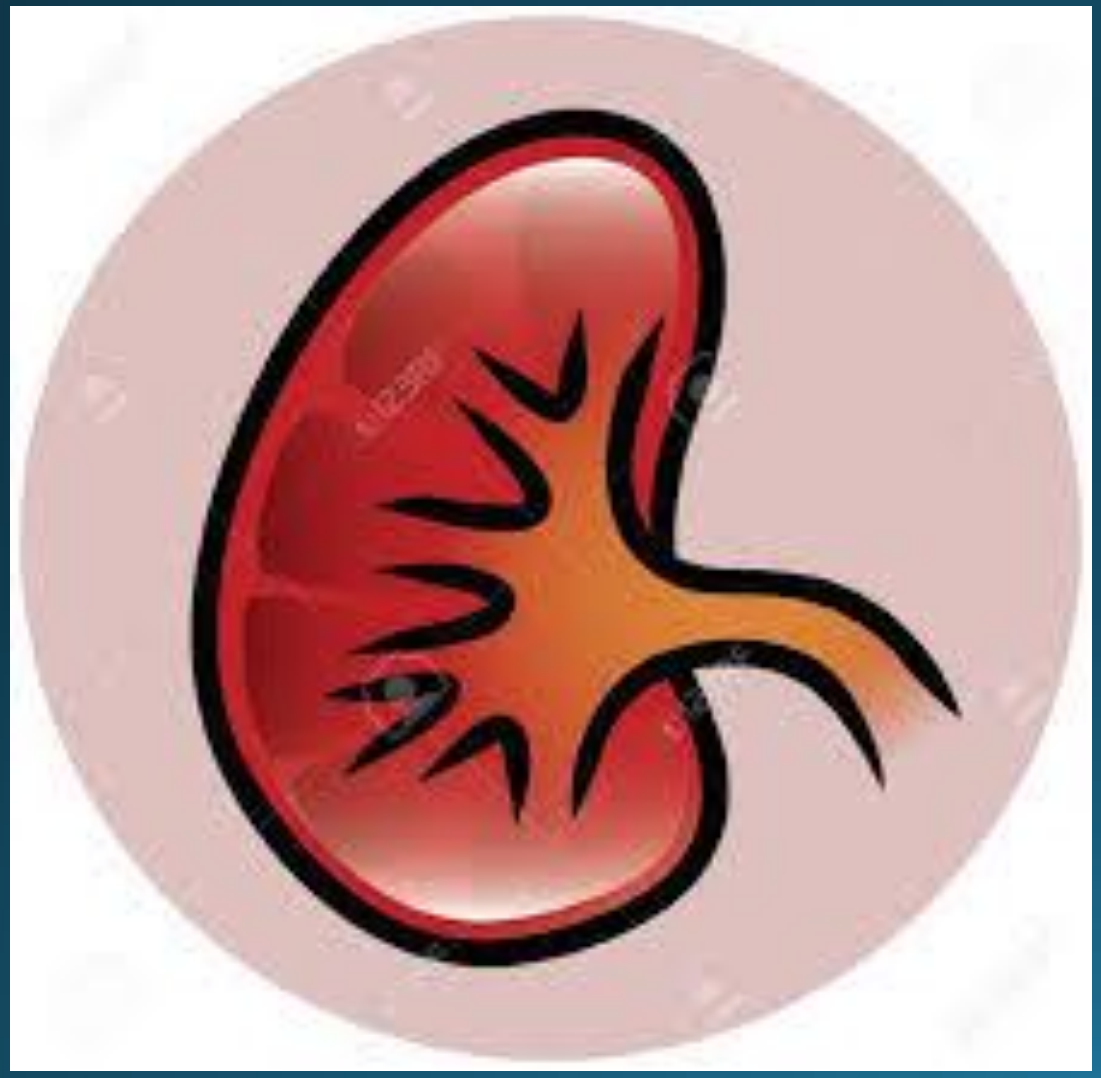
Why transplantation?

- Around 100,000 patients with end stage renal disease are on the waitlist for kidney transplantation.
- Only around 17,000 kidney transplants are done annually.
- Great demand for organs with limited supply.

Types of kidney transplantation

- Living donor kidney transplantation
- Deceased donor kidney transplantation

The donor operation



TRUE OR FALSE?

A living kidney donor is usually in pain for 3 – 4 months after surgery.

FALSE!

TRUTH:

A living kidney donor will have some pain after surgery from the surgical incisions, and from gas and bloating. This pain will decrease in a few days after surgery and can be controlled with pain medications if needed.

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TRUE OR FALSE?

A living kidney donor must be about the same age as the recipient.

FALSE!

TRUTH:

Transplants can work very well even when there is an age difference between the donor and recipient.

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Survival rates in the 2 groups

- The 5 year and 10 year survival for deceased donor kidney graft is 86.1% and 46.7% respectively.

- The 5 year and 10 year survival for living donor kidney graft is 93% and 89.2% respectively.

TRUE OR FALSE?

A living kidney donor can't be older than 60 years of age.

FALSE!

TRUTH:

A living kidney donor can be older than 60 years of age, and have no problems from the surgery for the donation. They kidney from a donor older that 60 years can work very well.

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The living donor surgery

- Donors are selected after careful consideration.
- Routine approach for the procedure.
- Small incisions.
- 2-3 days in the hospital in the hospital after surgery.
- Considerably less pain with the procedure.
- 4-6 weeks for donor to return to normal activities .
- Return to work within a few days provided work isn’t strenuous.

Risks of being a living donor

- Risks involving a surgery – pain, bleeding, infection.
- Post surgical complications – pneumonia, urinary tract infection, blood clots (DVT), wound infection, side effects of drugs.
- Longer recovery than normal for some patients.
- Minimal risk of developing high blood pressure long term.
- Extremely low risk of death – 0.03% (1 in 10,000).

What happens after surgery?

- Quality of life of a living donor is comparable to an average adult with 2 kidneys.

- Donor is in great condition health wise – extensive testing and complete physical work up done prior to donation.

TRUE OR FALSE?

A living kidney donor can no longer play sports or exercise.

FALSE!

TRUTH:

A kidney donor should be able to return to regular activities, including sports and exercise, in about 4 – 6 weeks after surgery.

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TRUE OR FALSE?

A living kidney donor can no drink alcohol after surgery.

FALSE!

TRUTH:

A kidney donor CAN drink alcohol in moderation.

(That said, drinking too much alcohol is dangerous for anyone, and there is a greater risk of dehydration with 1 kidney.)

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TRUE OR FALSE?

A kidney donor has to take medications for the rest of their life.

FALSE!

TRUTH:

A donor will need pain medication and stool softeners for a short time after surgery. After that time, a donor doesn't have to take any medication.

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Insurance coverage

- Follow up care is provided for all kidney donors.
- Recipient’s insurance pays for the living donor’s medical expenses related to the donation (not all issues and complications are covered by the recipient’s insurance)
  - All the pre operative check up and testing of the living donors will be covered by the recipient’s insurance
  - Surgery and immediate post operative care is covered by the recipient's insurance.
  - Limited coverage is provided after surgery.

What's **NOT** covered by recipient's insurance?

- Travel expenses of the kidney donor
- Housing or hotel for donors from out of town
- Food while traveling
- Lost wages
- Costs of childcare

Pregnancy after donation

- Can you become pregnant after donating your kidney?
- What are the risks?

TRUE OR FALSE?

A kidney donor's sex life is negatively affected by donation.

FALSE!

TRUTH:

A kidney donor can be sexually active when they feel well enough.

Sexual libido will not be affected by donation.

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TRUE OR FALSE?

A female kidney donor cannot get pregnant after donation.

FALSE!

TRUTH:

A female kidney donor CAN get pregnant after donation. Although the donor should wait 3 – 6 months after donation to become pregnant.

The body needs time to recover from the surgery, and to adjust to living with 1 kidney before pregnancy.

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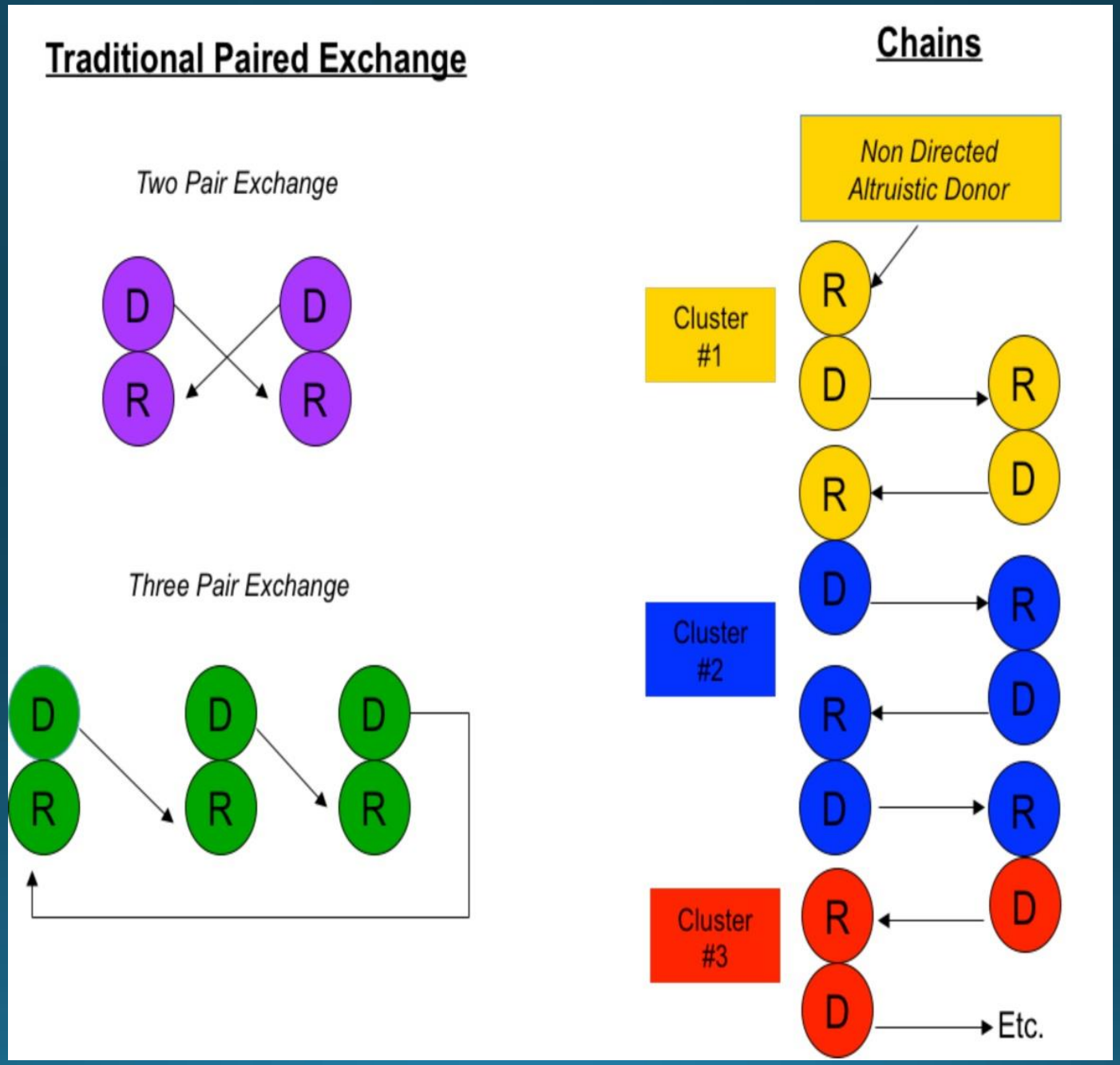
Novel strategies to increase transplantation rates

Paired kidney exchanges.

A2 to B blood group incompatible transplantation.

ABO fully incompatible transplantation.

Paired kidney exchanges



Paired kidney exchange and altruistic kidney donation

TRUE OR FALSE?

A kidney donor and recipient must be related by blood.

FALSE!

TRUTH:

A donor and recipient don't have to be related by blood. People can donate to family members, friends, or even strangers.

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TRUE OR FALSE?

A living kidney donor has to be of the same blood type as the recipient.

FALSE!

TRUTH:

A living kidney donor's blood type need not have to be identical to the recipient. If they don't match, they can enter into a paired kidney exchange OR receive an ABO blood group incompatible kidney transplant if they meet the criteria for it.

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ABO Incompatible Deceased Donor Kidney Transplantation – Time To Remove The Barrier.

Joseph Keith Melancon MD, Mehdi Nayebpour, Karthika Mahendran MBBS, Holden Spivak, Elsie Lee MD, Muralidaran Jagadeesan MD, Naoru Koizumi PhD.

Division of Transplant Surgery, The George Washington University Hospital, Washington, DC.

INTRODUCTION

- We report *the first reported case of a successful directed deceased donor ABO fully incompatible kidney transplantation.*
- Our patient is a 61 year old gentleman who underwent a directed deceased donor kidney transplantation on 10/01/2015. He is currently over 2 years post transplantation, and is doing well. The graft shows no evidence of biopsy proven rejection, and the most recent serum creatinine level is 1.0.

OBJECTIVES

- To prove that the immediate and long term outcomes of ABO incompatible kidney transplantation is comparable with ABO compatible transplantation.
- To introduce more flexibility into the matching algorithm, thereby allowing us to achieve more local and regional matches for kidney transplantation.
- To have better HLA matched kidneys in highly sensitized patients (PRA >80%), thereby increasing the number of kidneys in the donor pool.

METHODS

- A simulation analysis was performed to examine the consequences of implementation of ABO incompatible transplants on the national registry of patients who are waitlisted for kidney transplant.
- Kidney-Pancreas Simulated Allocation Model- a software developed by the US Scientific Registry of Transplant Recipients (SRTR) was used.
- ABO compatibility modified as shown in the table below.

Original/Baseline ABO compatibility

Type	O	A	B	AB
O	I	C/X	C/X	C/X
A	X	I	X	C
B	X	X	I	C/X
AB	X	X	X	I

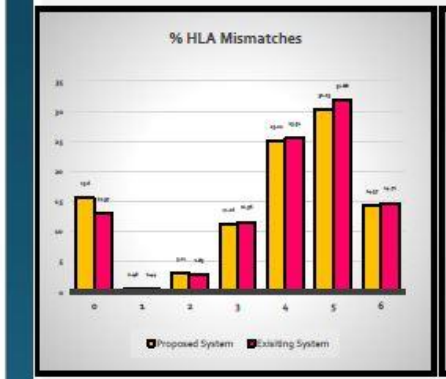
Modified ABO Compatibility

O	A	B	AB
I	C	C	C
C	I	C	C
C	C	I	C
C	C	C	I

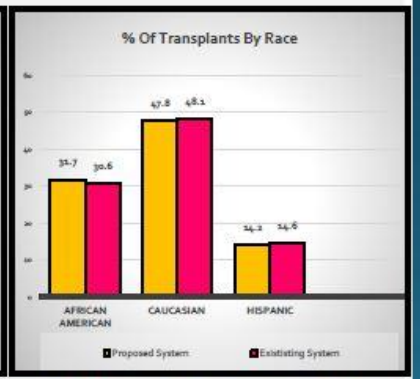
C- compatible; X- Incompatible; I- Identical

RESULTS

	Existing System	Proposed System
# of transplants	10,849	11,049
Race, n (%)		
African American	3,330 (30.6%)	3,502 (31.7%)
White	5,222 (48.13%)	5,290 (47.88%)
Hispanic	1,585 (14.61%)	1,578 (14.28%)
Other	712 (6.5%)	679 (6.1%)
Share Type, n (%)		
Local	8,039 (74.1%)	8,271 (74.8%)
Regional	942 (8.6%)	723 (6.5%)
National	2,018 (18.6%)	2,231 (20%)
HLA mismatch level (mean)	3.9	3.7
Number of PRA>80 patients, n (%)	1,378 (12.7%)	1,523 (13.78%)
Blood type, n (%)		
A	3,952 (36.4%)	2,028 (18.3%)
B	1,357 (12.5%)	1,975 (17.8%)
AB	509 (4.6%)	148 (1.3%)
O	5,031 (46.3%)	6,898 (62.4%)
Age (mean)	49.6	49.1
Probability of acceptance among recipients (mean)	0.059	0.067
Wait time in days (median)	573	622
# of discarded kidneys	2,670	2,440

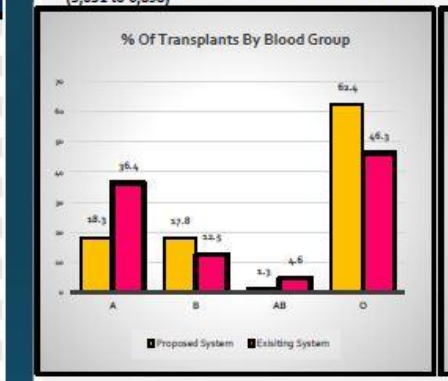


The proportion of HLA zero miss-matches increased from 12.97% to 15.6% (1,407 to 1,724). In general, the miss-match level was reduced.

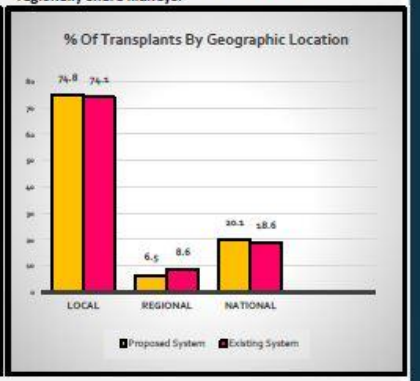


Transplantation in African American recipients increased from 30.6% to 31.7% (3,330 to 3,502). In Caucasians, although the number of transplants went from 5,222 to 5,290, the percentage went from 48.13% down to 47.88%. For Hispanic patients, the number of transplants went from 14.61% to 14.28% (1,585 to 1,578).

The proportion of blood type B recipients went up from 12.5% to 17.8% (1,357 to 1,975), and blood type O recipients went up from 46.3% to 62.4% (5,031 to 6,898)



The proportion of local and national matches increased from 74.1% to 74.8% (8,039 to 8,271) and from 18.6% to 20% (2,018 to 2,231) respectively, with the concomitant reduction in the share of regionally share kidneys.



CONCLUSIONS

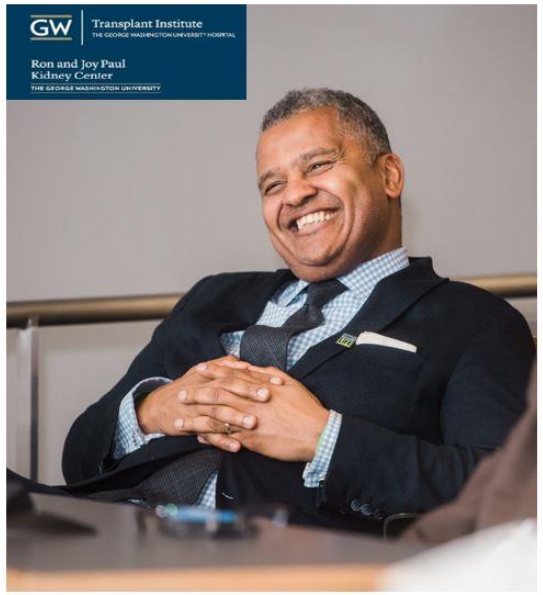
- This case reveals the possibility of a successful ABO fully incompatible deceased donor kidney transplantation.
- The simulation analysis proved that if this modification was incorporated into the national kidney allocation system, it would translate into *maximizing the availability of kidneys* in populations that are harder to transplant.
- The proposed system would be introducing much more flexibility into the matching algorithm - allowing us to achieve *better HLA matched kidneys for our highly sensitized patients, increase availability of local organs, thereby reducing cold ischemia time for these organs, ultimately increasing the utilization of these valuable organs which would otherwise be discarded.*

What are some of the ways we have adopted to increase the awareness and access to health care in terms of kidney disease?

- **Outreach**
- **Education**
- **Kidney screening programs**
- **Dialysis outreach**
- **Health fairs**
- **Social media outreach**

WPGC
WPGC.COM 95.5 FM

Date: February 10, 2019
Time: 7 am
Topic: Chronic kidney disease and free kidney screenings



Celebrating 1000 free kidney screenings!!!

GW Kidney
Published by Karthika Mahendran [?]
Page Liked · 22 hrs ·

Shout out to all the selfless living donors out there who donated an organ! You are true heroes and have given someone a second chance at life!

We want to express our gratitude to the deceased donors' family members who made the decision to save lives at the most difficult time. Please take a moment to appreciate all the lives that these remarkable people have saved.

Sign up to be an organ donor. Lives could be saved some day because of the decision you make now! Help those in need by spreading the message and considering organ donation.

"You make a living by what you get; you make a life by what you give."
~Winston Churchill

Tag Photo | Add Location | Edit

Like | Comment | Share

Write a comment...

Press Enter to post.

Talk to your doctor about kidney screening

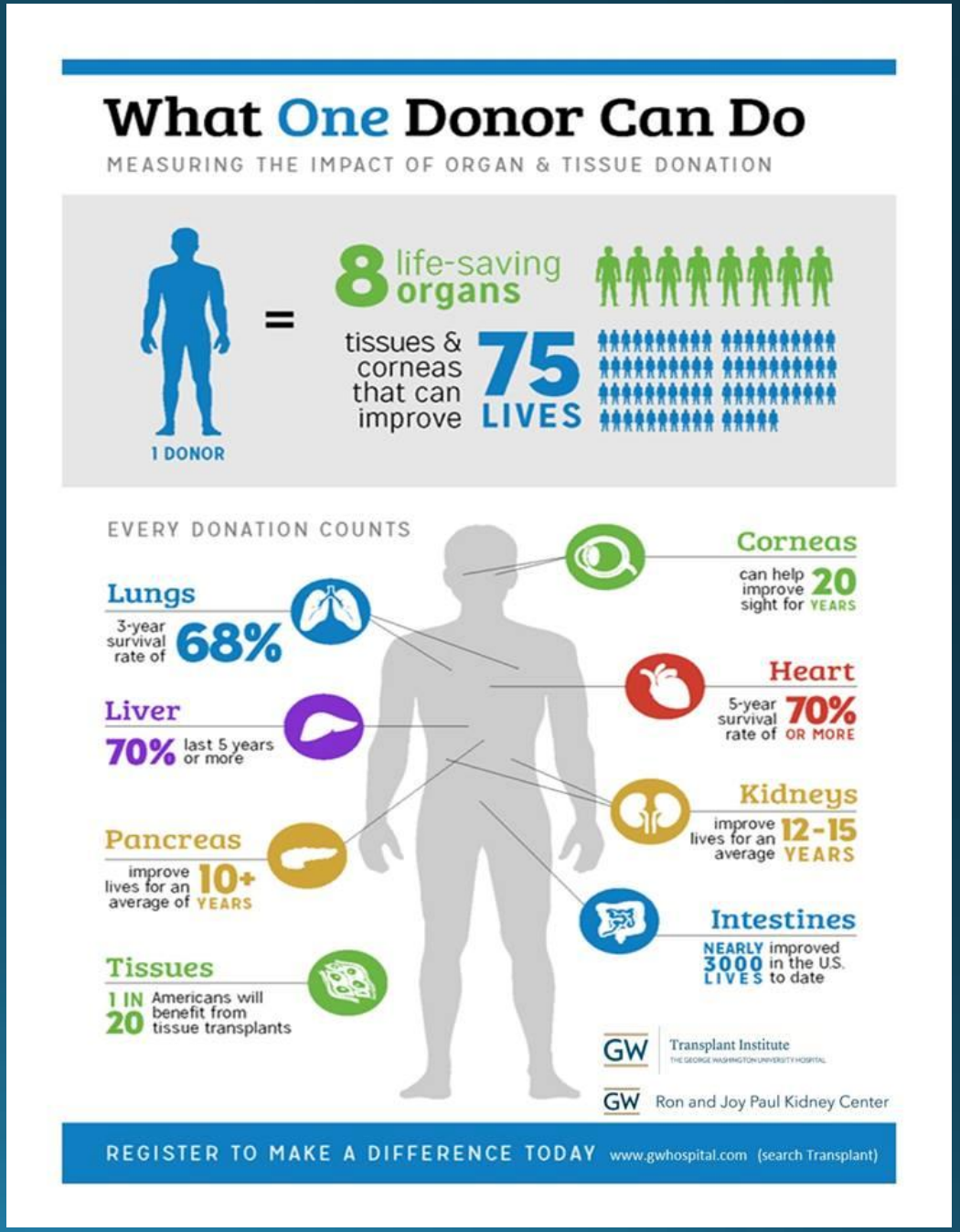
Protein in the urine! – earliest predictor of kidney disease

Blood pressure check

At our center we have screened over 1200 people for kidney disease

- ¼ of these people were found to have abnormal results
- 90% of the people with abnormal results have been referred to a doctor for further care.

Sign up to be a donor today!



Questions?

Chat box or unmute phone line #6

Thank You for Attending Today!

Please complete Feedback Form

Join us November 21, 2019 for