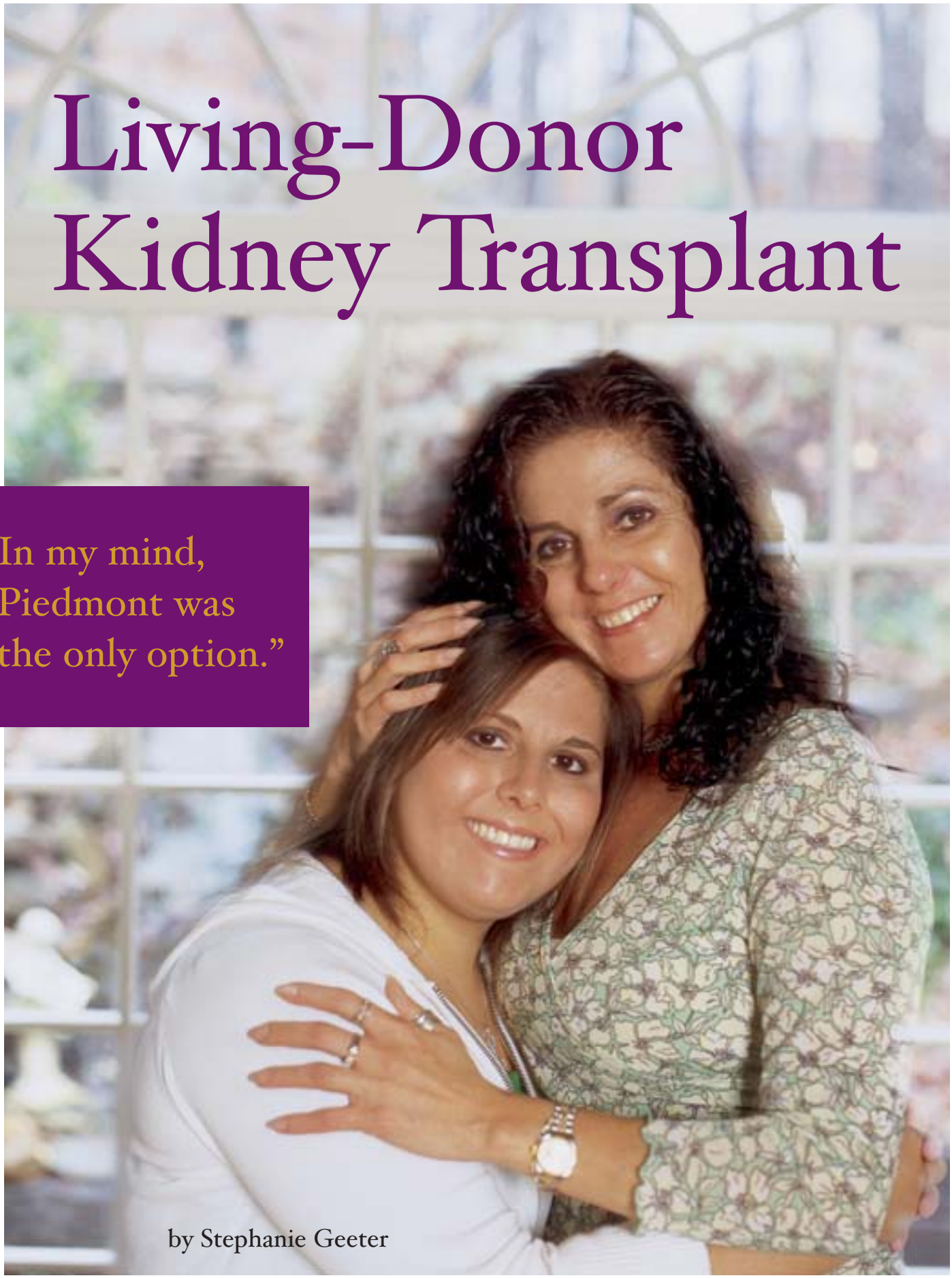
Living-Donor Kidney Transplant



"In my mind, Piedmont was the only option."

by Stephanie Geeter

A urine test is a routine part of many doctor visits—it's not necessarily unpleasant, just cumbersome and somewhat embarrassing. But the test may have saved 22-year-old Jaklyn Burk's life.

During a regular visit to her gynecologist four years ago, Jaklyn's urine test revealed an elevated level of creatinine, a molecule created by muscle metabolism. The concern: possible kidney dysfunction. Jaklyn's gynecologist referred her to a nephrologist, who performed a biopsy and determined that 75 percent of one kidney had been destroyed.

"It was a total shock, especially since I had no notable symptoms," explains the Acworth resident. "I did feel tired all the time, but I had been diagnosed with anemia years before and thought that was it."

Uncertain of the cause of the problem, doctors put her on a long course of drug therapy, hoping to delay a transplant by 20 years or so. For a while, Jaklyn's creatinine level stabilized, but eventually it shot up again, measuring as high as 4.9 (compared to a "normal" level of 1.1 for adult females). A second biopsy confirmed that she would need a transplant as soon as possible.

Jaklyn's physician referred her to Piedmont. "He told us Piedmont is the best for transplants, so in my mind, Piedmont was my only option," she says.

It used to be that when patients heard they needed an organ transplant, the words "waiting list" weren't far behind. To a person suffering from organ failure, there's a sense of futility in being "approved" for a new organ and then not knowing if or when one would become available. But Jaklyn was lucky: Her new kidney would come from a *living* donor—her mother, Viviane Guerchon.

According to Noreen Carew, administrative director of transplant services at Piedmont, living donation is preferable because of its high success rate and the negligible waiting time for the transplant. "A little more than half of the transplants we performed in the last year were made possible by living donors. Every one represents an additional transplant that would not have occurred otherwise. There are approximately 1,300 patients on the waiting

list for kidneys in Georgia, and only a little over 200 are made available annually through deceased donation. Without a living donor, Jacklyn would have waited more than 18 months for an organ to become available."

To ensure that Jaklyn was a viable transplant candidate, she visited the Mason Transplant Clinic at Piedmont Hospital for an evaluation. A team comprised of a nephrologist, surgeon, urologist, psychologist and social worker conducted independent, thorough examinations. About a month later, the team determined she could physically and emotionally handle the procedure. Her mother went through a similar evaluation to see if she was a viable candidate. (The average donor can resume a normal life with one kidney, which assumes the function of both kidneys.) Two months later, both women learned Viviane would be able to give her daughter the kidney she needed.

Mother and daughter entered Piedmont last August for pre-op, and the transplant took place two days later. Viviane's kidney was removed via laparoscopic nephrectomy, a minimally invasive technique that leaves little scarring. "The incision is only about three to four inches long, compared to traditional surgery that requires a large incision in the abdomen," explains Carew. "As a result, it's less painful for the donor, she has a shorter hospital stay, and her recovery is faster." Piedmont was the first hospital in Georgia to perform laparoscopic kidney removal.

For Jaklyn, the surgery and recovery were "far easier than I expected—in fact, the anxiety about needing a new kidney was much worse than going through the transplant itself." Her surgery took place on a Wednesday, she was home by Monday—and two days later she and her mom went out for lunch, though moving a bit slower than usual.

In 2001, for the first time since the United Network of Organ Sharing (UNOS) began recording data, the number of living donors surpassed the number of deceased donors—chiefly because of the advent of laparoscopic donor surgery, according to Mark W. Johnson, M.D., transplant surgeon at Piedmont. "Laparoscopic donor surgery decreases the surgical discomfort and shortens the recovery time without adversely affecting the kidney's function—or the outcome of the recipient," he explains.

Though Jaklyn's body is adapting well to her "gently used" kidney, she still requires ongoing care—including weekly blood tests to monitor her creatinine level. "The fact that Piedmont has an outpatient clinic is really helpful," she points out. "I prefer to have the tests done on a weekend because it's more convenient for me. The nice thing is that the staff calls me to go over the results, and they help me put it all in perspective, which is reassuring."

"If I knew someone in my situation, I would tell them to go to Piedmont in a heartbeat," Jaklyn adds. "Everyone I've come in contact with has been wonderful, and the quality of care is outstanding."

A little more than half of the transplants we performed in the last year were made possible by living donors.

About Piedmont Hospital Transplant Services

- Piedmont Hospital is a recipient of the Organ Donation Medal of Honor by the U.S. Department of Health and Human Services (HHS).

- Piedmont Hospital is one of only two liver transplant programs in Georgia, providing greater access for Georgians needing a liver transplant to remain in state.

- Piedmont Hospital was the first hospital in Georgia to provide a living-donor leave benefit for employees, supporting the cause of increasing for organ donation.

- Piedmont Hospital offers kidney, liver and pancreas transplantation. In fiscal year 2005, 148 transplants were performed at Piedmont Hospital, including 117 kidney transplants, nine kidney-pancreas transplants, one pancreas transplant and 21 liver transplants.

- The number of living kidney transplants exceeds local, regional and national rates. (Living donation is preferable due to shorter wait time and improved outcomes for patients.)

- Piedmont Hospital is the first Georgia hospital to offer minimally invasive laparoscopic nephrectomy (kidney removal) for living donors, yielding minimal scarring and faster recovery.

- Pre-transplant evaluations and after-care are offered on an outpatient basis, with expanded hours for increased convenience.

- New, expanded transplant program facilities opened in December 2005 with 300 percent more space, enabling patients to receive multiple services and examinations in one location.

Piedmont Transplant Survival Statistics Soar

	Piedmont	Emory	Mayo Clinic	Medical College of Georgia	University of Florida
One-year patient survival/ living-donor recipients	100%	98.7%	100%	95.7%	94.6%
One-year organ survival/ living-donor recipients	100%	97.6%	100%	96.2%	93.8%
One-year patient survival/ deceased-donor recipients	96.5%	94.2%	94.1%	91.6%	91.3%
One-year organ survival/ deceased-donor recipients	92.6%	91%	91.3%	88.4%	84.1%
2004 living-donor volume	70 (56% of total)	39 (26% of total)	31 (38% of total)	29 (39% of total)	45 (38% of total)

Source: ustransplant.org

For more information on transplant services at Piedmont, call **404-605-4093** or visit **www.piedmonttransplant.org**.
For more information about becoming a donor, call **1-866-57-SHARE** or visit **www.donatelife.org**.