

## Georges Needs a Kidney

For those of you who are regulars at AHNA meetings, or the Welcoming Committee or who see the blog at RedTruckStonecatcher.com, it is no secret that Georges Annan-Kingsley the refugee and artist from Ivory Coast who has been on dialysis for more than five years needs a kidney transplant. He began last month explaining the process to me, and so my commitment, at least at first was to understand the process, what is really involved.

I'm going to share here, as long as necessary, what I learned.

So far I have had one very in depth conversation with Asamoah "Azzy" Anane, Living Donor Transplant Coordinator at Hartford Hospital. This is where Georges goes three days a week for dialysis. To be clear, dialysis is the only reason Georges is still alive. His Kidneys stopped functioning several years before he came to



Hartford. But Georges' life consists mainly of the days between dialysis. The days when he receives the treatment are split between the hours of dialysis itself and the time recovering from the treatment. As good as the technology is, it's a poor substitute for a functioning kidney.

As you may be aware, we all have the opportunity to become organ donors just by checking a box on our driver's license or signing up online. This is relatively easy to do and painless since you don't part with any organs until you're done using them.

When it comes to kidneys, there's another option. Nearly everyone has two and can usually survive just fine on one. This allows for the added opportunity to become a living donor. This is what I have looked into.

Of the more than 120,000. People in America alone waiting for an organ transplant, more than 80% need a kidney. From the medical point of view, a living donor is by far preferred.

Several months can be used to be sure that the donated kidney and the recipient are the best possible match. The donor and recipient can be in adjoining rooms. The chances of everything going as planned for both the donor and the recipient are greatly improved.

The financial burden of being a donor is covered, either by the recipients insurance or the National Kidney Foundation including all the testing needed to be sure the donor is healthy enough to safely provide a viable organ to the recipient. Giving a living part of oneself to someone else is a special kind of giving. It's more than writing a check or even volunteering weekly or monthly. For one thing, it requires volunteering to experience pain. Medical science gets better every year, but they still haven't eliminated pain.

And then there is the time. On the plus side you get a physical like no other at no cost. Blood tests for everything under the sun as well as all your other vital organs as well. But if everything is a go and you actually do donate a kidney, (only about 10% of those who volunteer are accepted), then you can expect 4-8 weeks to recover. Going from two kidney's to one is a bit of a shock to the system.

On the other hand, the recipient goes from none to one and is usually feeling much better in a day or two, mostly because he or she hasn't felt that well in a while.

At the end of my conversation with Azzy I asked what the next step would be. He said I need to begin with an application, which he emailed to me. Statistically I have about a 1 in 10 chance of being able to donate and if I'm successful I'll be at the upper age range of donors. Even if I'm not compatible with Georges, being willing to donate for him improves his chance of receiving a kidney by a lot. I'll talk more about that next month. In the mean time, if you'd like to play along at home, or if you can't wait until next month's installment, you can reach out to Azzy at [asamoah.anane@hhchealth.org](mailto:asamoah.anane@hhchealth.org) .

Bernie Michel