

## Georges Needs a Kidney Part 4

I'm now in my third month of pursuing the opportunity to donate a kidney as part of a matched pair so that Georges can get a kidney from another living donor. Since my last article I spent a 9 hour day at Hartford Hospital meeting with doctors all dedicated to the task of being sure that I fully understand as much as possible what I've agreed to do without actually having done it. This is informed consent with the emphasis on the "informed". In addition to Assy, my Living Donor Transplant Coordinator, I met with Kate D'Addabbo, my Social Worker; Mary Fearon, my Kidney Donor Advocate, Kari Rancourt, my Living Donor Pediatric & Incompatibility Transplant Coordinator, Dr. Yong Kwon the Surgeon, and Dr. Joseph Singh the Nephrologist. I also had a Pulmonary Function Test and a CTA scan. But that's not what I want to talk about this month. Most of these articles have been about my experiences so this month I want to take some time to let you know about Georges' experiences.

I mentioned in the beginning that Georges has been on dialysis for more than five years. I realize that that means a large machine cleans his blood because his kidneys don't. Beyond that, I don't know much, or I should say I didn't.

So I sat down with Georges and risked asking some very personal questions in the hopes of educating all of us. Turns out that healthy kidneys really do an awful lot for us without our being aware of it. However when they stop functioning we really do need to pick up the slack by being aware. There are a dozen chemical in our blood stream not counting water that need to be regulated including Potassium, Calcium & Phosphorus to name just a few and there is a rather narrow concentration of each required for good health, and another concentration that can cause death. It is the job of the dialysis machine and the technician who operates it to make sure those proper levels are reached after each session. The thirteenth chemical, water is also something that the kidneys regulate along with the bladder. That keeps the blood from getting too thick or too thin. All this now becomes the responsibility of the patient. In the meals between dialysis treatments, the patient has to be sure not to ingest too much or too little Calcium, Potassium or Phosphorus among others, but also not too much or too little water. In short you have to be aware of everything your kidneys are doing naturally and far better.

The other reality is the fact that in order for the machine to clean your blood it has to be removed from your body and returned there, and it's not a one-pass operation. Depending on the patient it can be 3 to 5 hours, for Georges it's usually 3 to 4. This is not done with the same needle that's used for blood tests, and when it's done they don't put a Band-Aid on it; it can take a half hour to stop bleeding. To see just what this means, go to <https://goo.gl/photos/VsPZeCmYuQf1Pm5p6>

