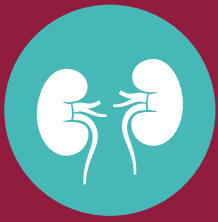


TRANSPLANT CONNECTIONS



KIDNEY | PANCREAS | LIVER

Winter 2018
Volume 2, Issue 2



JOHN C. McDONALD
REGIONAL TRANSPLANT CENTER

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Transplant Surgeon

Kenneth Abreo, MD

Living Donor Nephrologist

Adrian Sequeira, MD

Nephrologist

Welcome

**First Kidney Paired Donation Performed
At John C. McDonald Regional Transplant Center at
Willis-Knighton**

The national kidney paired donation program, which started in the early 2000s, has grown for nearly two decades and now accounts for more than 10 percent of all living donor kidney transplants performed in the country. Read more about our KPD experience on page 2.



Kidney Paired Donation Program

Approximately 6,000 patients on the kidney transplant waitlist have a medically acceptable, willing living donor but are incompatible with the intended recipient due to blood type or cross-match differences. Kidney paired donation (KPD) is an approach in which incompatible pairs exchange donors so that each recipient receives a compatible organ.

Based on distribution of blood group antigens, there is a 35% chance that any two individuals in the United States will be incompatible for living organ donation due to blood type. KPD chains can be formed with two or even a three- or four-way swap in a more complicated chain of transplant that is typically initiated by an altruistic donor. The altruistic donor donates a kidney to a recipient with an incompatible donor. The incompatible donor in turn donates to another recipient, whose incompatible donor donates to yet another pair. These chains of transplants can happen simultaneously or in a stepwise fashion called non-simultaneous extended altruistic donor (NEAD), which occurs more commonly and is facilitated by powerful mathematical modeling and matching algorithms.

The John C. McDonald Regional Transplant Center at Willis-Knighton performed its first KPD transplant under auspices of United Network of Organ Sharing (UNOS) pilot program and as part of an NEAD chain in October 2017. The chain was initiated by an altruistic donor at Ochsner Medical Center in New Orleans who donated to an incompatible husband-wife donor-recipient pair at Willis-Knighton in Shreveport. The wife in Shreveport successfully received the kidney transplant and two weeks later, her husband donated a kidney to a recipient in Ann Arbor, Mich., to continue the chain. The Michigan donor donated to the recipient in New Orleans to complete the chain.

"The availability of kidney paired donation program will enormously help patients at our transplant center," says Dr. Gazi B. Zibari, program director of John C. McDonald Regional Transplant Center.

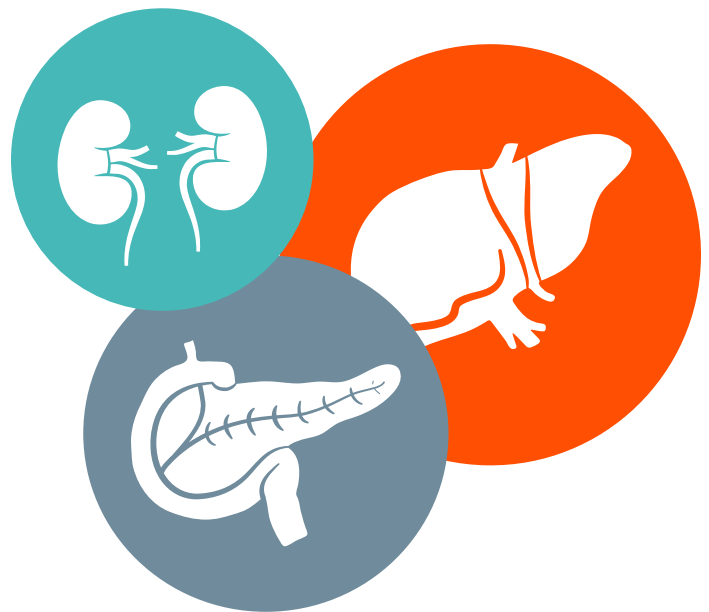
Gazi B. Zibari, MD

Director, John C. McDonald Regional Transplant Center

Transplant in Review for 2017

We hope you are feeling as optimistic and excited for 2018 as we are! Last year was a record one for us with our highest volume of transplants performed. We performed 119 transplants total with 55 kidney, 17 kidney/pancreas, 23 liver, 1 pancreas, and 3 liver/kidney transplants.

Since 2017 was so dynamic, we are setting our sights even higher for 2018. Our goals for the transplant center are to increase living kidney donations as well as our total volume of transplants to more than 140. We are fortunate to have been able to save so many lives this year as well as to have enhanced the quality of life for so many others.



Tree of Life Ceremony

John C. McDonald Regional Transplant Center at Willis-Knighton Hosts Tree of Life Ceremony to Honor Organ Donors

The Louisiana Organ Procurement Agency (LOPA) and John C. McDonald Regional Transplant Center hosted a Tree of Life Ceremony on Dec. 1, an event the groups anticipate holding annually.

Organ and tissue donor families, transplant recipients, and others who have been affected by organ and tissue donation were invited to participate in the Tree of Life Ceremony by placing ornaments in honor of those who gave the gift of life and reflecting on the legacy they left behind. The tree was designed to serve as a reminder of those who have given such a precious gift while celebrating the joy of the season.

"As transplant surgeons, we recognize that we provide this surgery only because we have been blessed by the many donors and their families who have been so generous by giving the best gift, the gift of life, to our patients," said Gazi B. Zibari, MD, director of the Transplant Center. "Without their selfless acts, we would not have the opportunity to help so many patients. We are honored to be a part of this special celebration to honor our donors. I thank the Willis-Knighton administration, transplant staff, and LOPA for helping to promote organ donation and the wonderful gift that someone can give to another person in need."

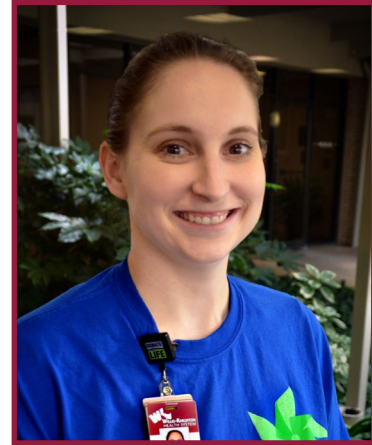


Annual Patient Christmas Party

Transplant recipients and donors were invited to celebrate the season with one another on Thursday, Dec. 14, in the Kerlin Conference Center of the Willis-Knighton Eye Institute. Everyone had a great time socializing and enjoying one another's company. Lori Roy, transplant dietitian, is the mastermind behind the annual Christmas party. She works tirelessly to put together a fun-filled event. This year, all patients in attendance received an ornament featuring our transplant center's logo for their Christmas trees at home.



Meet Our Newest Team Member



Katerina Fagan, RN
Pre-Liver Coordinator



Amanda Herrington, RN
Waitlist Coordinator



Jasmine Stephens, MA
Intake Coordinator

Update on the COIIN Project

The Collaborative Innovation and Improvement Network (COIIN) project is designed to increase the donor pool of potential kidney donors by increasing the utilization of deceased donor kidneys. This pilot project, under the direction of United Network of Organ Sharing (UNOS), seeks to decrease the number of discarded kidneys that are never transplanted but that could have been successfully transplanted. These discarded kidneys could potentially provide a better patient survival and quality of life for patients than remaining on the kidney waitlist. The John C. McDonald Regional Transplant Center is part of the Cohort B pilot study and will be working collaboratively with 35 other kidney transplant programs to collectively improve kidney acceptance practices and increase the number of kidney transplants.

In the first month of the project, our center implemented two process improvement studies to increase our chances of success with the project, one for waitlist management and one for organ acceptance criteria. In the first project, the kidney waitlist nurse coordinator and the kidney medical director established a “hot” list of patients who have consented to receive an increased risk organ and who would be better suited to receive a kidney from an increased risk donor. The list is given to the on-call coordinators and the on-call surgeon for when an organ offer is received so they can appropriately match the organ to the recipient.

With the second process improvement project, we performed a retrospective review of all organ offers turned down by the surgeon and reviewed factors that contributed to the turn-down. We analyzed data to see how the organ was functioning post-transplant and if our intended recipient could have benefited from the offer.

The process improvement projects will be monitored and assessed over the nine month cohort. Our team anticipates adding a care coordination process improvement project in the future. These projects are submitted to UNOS over the course of the study and are monitored along with overall project data to determine if the process improvement projects have an impact on the overall study.



Pharmacist's Corner

Thousands of people around the world have been fortunate to receive the gift of life, an organ transplant. The recipient's immune system protects them against bacteria and viruses. Unfortunately, the immune system also recognizes the new organ as a foreign invader.

At the time of transplant, recipients are placed on a regimen of immunosuppressant medications. There are many different immunosuppressant medications including tacrolimus, mycophenolate, azathioprine, and various steroid regimens. The purpose of these medications is to keep the transplanted organ healthy, working properly, and to prevent rejection.

Immunosuppressant medications used in solid organ transplants carry the potential for numerous side effects, as well as potential complications. Unfortunately, failure to adhere to the medications as prescribed can be the cause of rejection and possible loss of the transplanted organ.

Recipients should not take any new medications prescribed by other doctors without first checking with their transplant team. This also applies to certain over-the-counter medicines. Grapefruit juice may have an effect on some of the anti-rejection agents. Excessive weight gain and smoking also need to be avoided.

Rejection can occur at any time, even long after the transplant. The best way to protect the transplanted organ is to understand everything about the medications and adopt a healthy lifestyle.

Glenn Bernatowicz, RPh
Transplant Pharmacist



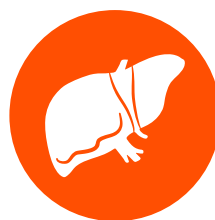
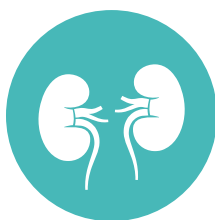
Dietitian's Corner

10 Resolutions for 2018!

These resolutions are great for everyone, not just patients, as we could all improve ourselves in the new year.

1. Eat 5 to 10 servings of vegetables/fruit every day!
Renal patients: Eat 5 low potassium servings.
Non-renal patients: Eat 5 to 10 servings a day.
2. Quit soda.
 – Do not allow children to drink soda at all.
 – Diet soda is just as bad.
3. Limit processed meat 1 to 2 servings a week, such as bacon, sausage, bologna, salami, pepperoni, lunchmeat, hot dogs, etc.
4. Limit fried foods 1 to 2 servings a week, such as chicken, fish, okra, French fries, hot water cornbread, etc.
5. Limit “junk” foods such as chips, most crackers, cookies, candy, honeybuns, ice cream, sweets, Kool-aid, etc., to 100 calories (women) or 200 calories (men) per day.
6. If you want to lose weight, try the 12-hour fasting trick.
 – Eat three meals within 12 hours, and nothing but water the other 12 hours.
Example: Breakfast starts at 7 a.m. Finish supper by 7 p.m. If on insulin, consult your physician or registered dietitian first.
7. Get quality sleep consisting of seven to nine hours every night!
 – Turn off the TV, cellphone, and other electronics!
8. Set a new exercise goal for 2018. It may be as simple as walking three miles a week.
 – You’ll never know what you can do until you start training!
 – If you’re unable to walk far, google “chair exercises”. ***Check with me this fall to see if I survived my 60th birthday first ever 26-mile marathon!***
9. Meditate or pray for five minutes a day to lower stress.
10. Be thankful – a grateful heart is a happy heart!

Lori Roy, MS, RD, LDN
Transplant Dietitian





Important Dates

March 31, 2018

– John C. McDonald Hepatobiliary Symposium

April 2018

– National Donate Life Month

– Flag Raising Ceremony

October 2018

– 5th Annual John C. McDonald Transplant and Dialysis Access Symposium



Let's Do Dinner!

For physicians or practices who want more information on our transplant program and candidate selection criteria, call Rhea Whitlock at **(318) 212-8386** to schedule a dinner or meeting with our physicians. We are happy to come to you whenever it is convenient for you. We look forward to developing relationships with our referring physicians and cherish the opportunity to talk with you face-to-face.

We Want to Hear from You!

To refer a patient or to get updates on a previously referred patient contact

Pre-Kidney Coordinators

Elaine Kilpatrick, RN (318) 212-4251

Sarah Dean, RN (318) 212-4289

Amanda Herrington, RN (318) 212-4341

Jasmine Stephens, MA (318) 212-4315

Pre-Liver Coordinators

Katerina Fagan, RN (318) 212-4215

Amy Bunch, NRCMA (318) 212-4213

Our referral form can also be accessed on our website wkhs.com/transplant. Completed referral forms along with necessary medical records can be mailed or faxed to **(318) 212-4555**.





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REGIONAL TRANSPLANT CENTER

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Statement of Publication

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