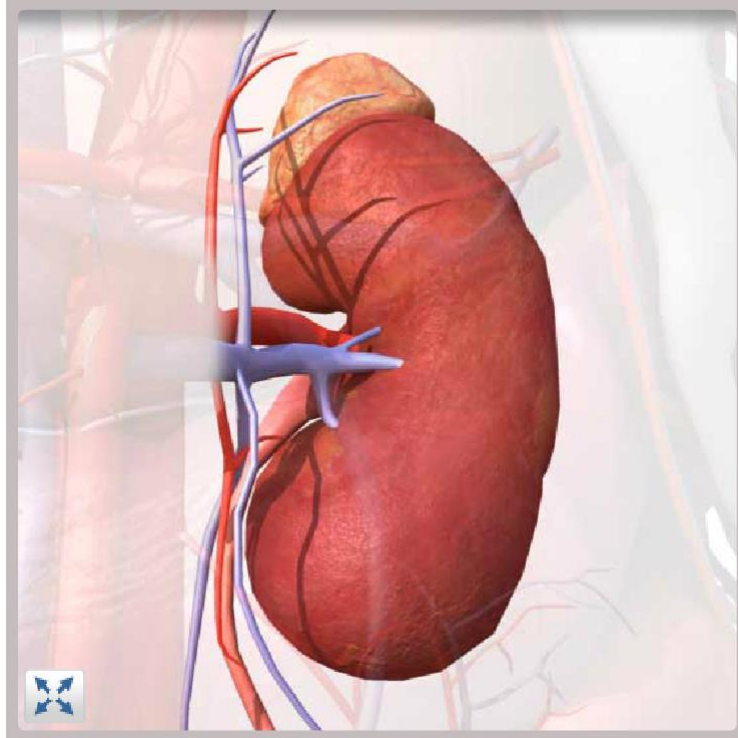


Chapter 21: The Kidney Connection

The kidneys are two bean-shaped organs that extract waste from blood, balance body fluids, form urine, and aid in other important functions of the body.



They reside against the back muscles in the upper abdominal cavity. They sit opposite each other on either side of the spine. The right kidney sits a little bit lower than the left to accommodate the liver.

When it comes to components of the urinary system, the kidneys are multi-functional powerhouses of activity. Some of the core actions of the kidneys include:

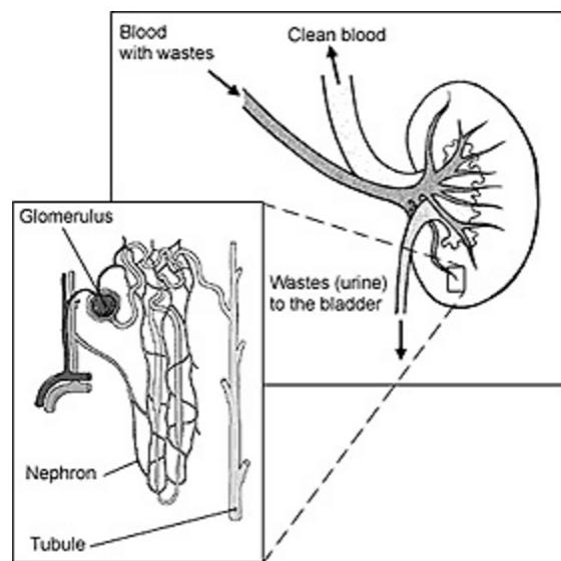
- **Waste excretion:** There are many things your body doesn't want inside of it. The kidneys filter out toxins, excess salts, and **urea**, a nitrogen-based waste created by cell metabolism. Urea is synthesized in the liver and transported through the blood to the kidneys for removal.
- **Water level balancing:** As the kidneys are key in the chemical breakdown of urine, they react to changes in the body's water level throughout the day. As water intake decreases, the kidneys adjust accordingly and leave water in the body instead of helping excrete it.
- **Blood pressure regulation:** The kidneys need constant pressure to filter the blood. When it drops too low, the kidneys increase the pressure. One way is by producing a blood vessel-constricting protein (**angiotensin**) that also signals the body to retain sodium and water. Both the constriction and retention help restore normal blood pressure.
- **Red blood cell regulation:** When the kidneys don't get enough oxygen, they send out a distress call in the form of **erythropoietin**, a hormone that stimulates the bone marrow to produce more oxygen-carrying red blood cells.

- **Acid regulation:** As cells metabolize, they produce acids. Foods we eat can either increase the acid in our body or neutralize it. If the body is to function properly, it needs to keep a healthy balance of these chemicals. The kidneys do that, too.

Most people are born with two kidneys, but many people can live on just one. Kidney transplant surgeries with live donors are common medical procedures today. Because of all of the vital functions the kidneys perform and the toxins they encounter, the kidneys are susceptible to various problems.

The actual filtering occurs in tiny units inside your kidneys called nephrons. Every kidney has about a million nephrons. In the nephron, tiny blood vessels called capillaries intertwine with tiny urine-carrying tubes called tubules. A complicated chemical exchange takes place, as waste materials and water leave your blood and enter your urinary system.

At first, the tubules receive a combination of waste materials and chemicals that your body can still use. Your kidneys measure out chemicals like sodium, phosphorus, and potassium and release them back to the blood to return to the body. In this way, your kidneys regulate the body's level of these substances. The right balance is necessary for life, but excess levels can be harmful.

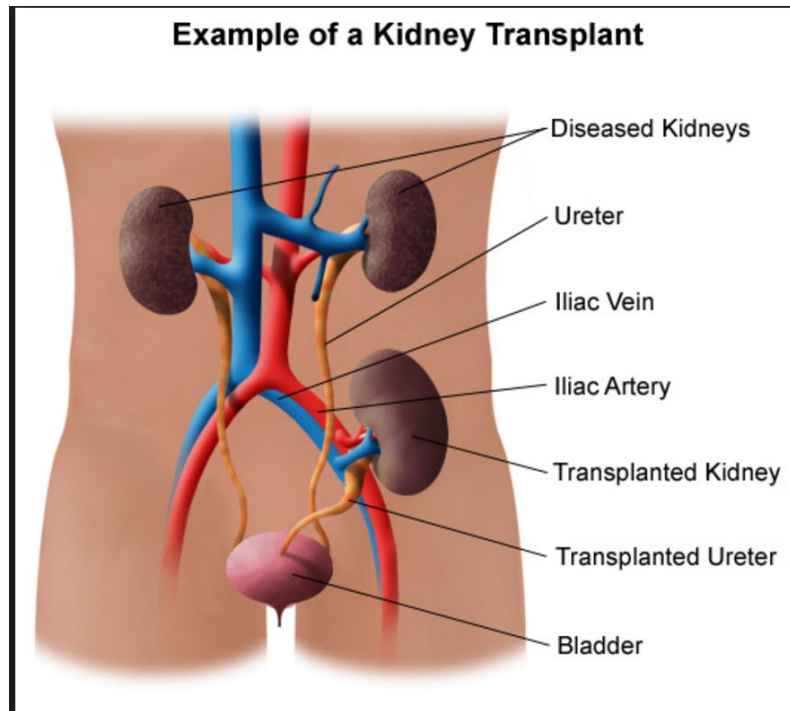


In the nephron (left), tiny blood vessels intertwine with urine-collecting tubes. Each kidney contains about 1 million nephrons.

In addition to removing wastes, your kidneys release three important hormones:

- Erythropoietin (eh-RITH-ro-POYeh-tin), or EPO, which stimulates the bones to make red blood cells.
- Renin (REE-nin), which regulates blood pressure.
- The active form of vitamin D, which helps maintain calcium for bones and for normal chemical balance in the body.

What is amazing that when you get a kidney, no kidneys are removed but a donor kidney is added as you see in following photo:



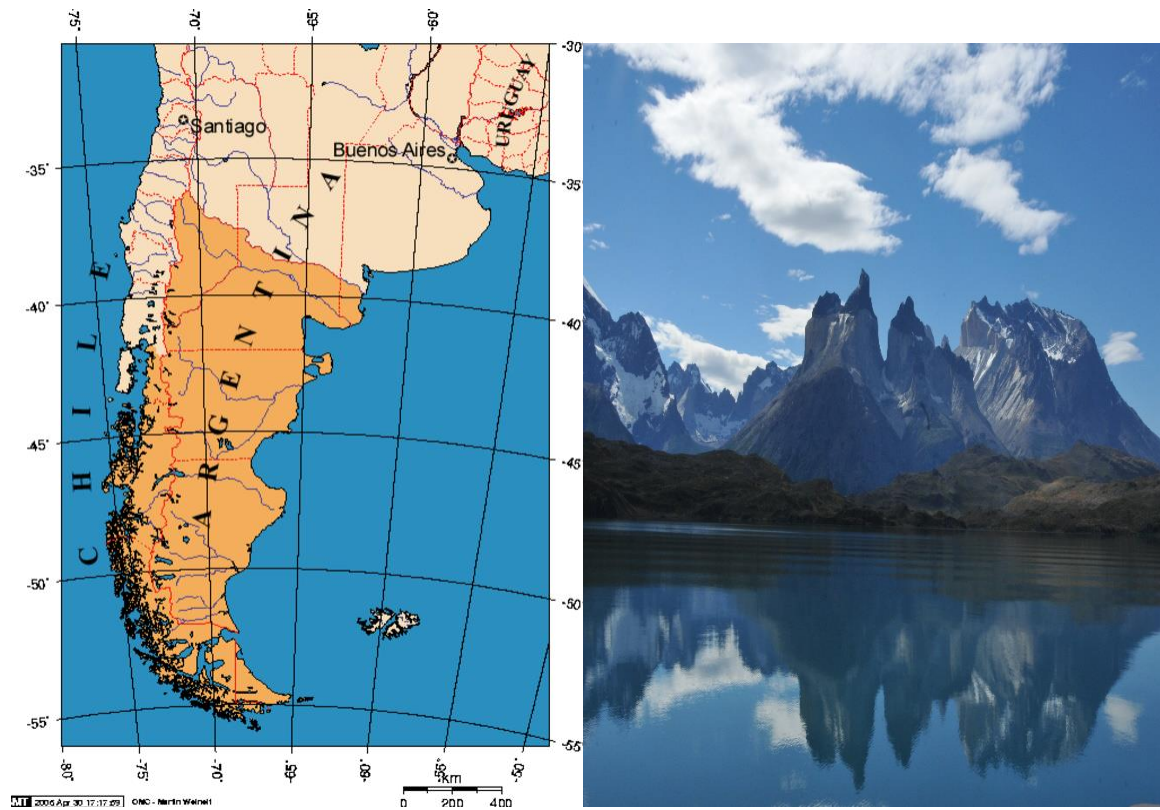
Transplanted Kidney

The donor kidney will be placed in the lower abdomen. The kidney's blood vessels will then be connected to the recipient's iliac artery and vein. The surgeons will then connect the ureter to the bladder.

The old kidneys stay intact and not removed. Kidneys are in a well-protected area of the body, and there are also structures around it, for example, the adrenal glands, that can be damaged if you go digging around in there. Transplanted kidneys are also not attached where the original kidneys are - instead, they are placed in the iliac fossa (in the pelvic area) and attached to a different set of blood vessels. Because of these two things, unless the original kidney actively poses a danger to the patient (for instance, if it has a tumor in it), it creates unnecessary additional risk to the patient to go in there and remove it.

Ann and I were traveling all over the World. We were almost in any country in the World. In 2014, we decided to go to Patagonia.

Patagonia (Spanish pronunciation: [pa.ta.ˈɣo.nja]) is a sparsely populated region located at the southern end of South America, shared by Argentina and Chile. The region comprises the southern section of the Andes mountains as well as the deserts, steppes and grasslands east of this southern portion of the Andes. Patagonia has two coasts; a western one towards the Pacific Ocean and an eastern one towards the Atlantic Ocean.



Patagonia is amazing place and beautiful place. Here are some of the photos we took:





Our trip was organized by Stanford University which every year we took at least one course with them that involve also traveling and allot of walking





Patagonia Expedition

February 16 to 28, 2014

Travel to the tip of South America with biology professor Elizabeth Hadly and explore the prolific terrain and coastal waters of Patagonia.



[see larger map >>](#)

Overview

Faculty Leader

Itinerary

Details

Terms



Description:

Here, where the Andes mountains rise majestically, board the *Stella Australis* and navigate iceberg-dotted waters to reach the region's spectacular glaciers, watching for native penguins, elephant seals and whales along the way. From the southernmost tip of South America, soak in the view at the mythical Cabo de Hornos and explore Torres del Paine at the foot of the Andean range, where soaring mountain peaks disappear into billowing clouds. Enjoy full days of guided hikes and horseback rides along the shores of sapphire lakes, keeping an eye out for guanacos, rheas and foxes, then relax in style at the stunning Explora Lodge.

On one of the trip we had to climb some mountain. For the first time in my life I felt difficulties in climbing. I was out of breath. Among the participates in this course trip was a Doctor by the name Myron Shapiro. I have told him about my sudden difficulties to climb the mountain. He asked me when I saw my cardiologist. "Cardiologist? I have never had a cardiologist..." I answered him. Well, he suggested that I will see his cardiologist in Beverly Hills, California.



Dr. Myron Shapiro

Upon my return to California I contacted Dr. Bathia the Cardiologist that Dr. Shapiro suggested.



Satinder J.S. Bhatia,
MD

Dr. Bhatia

I had the appointment where Dr. Bhatia administered a full Stress Cardiovascular test on me. The results were excellent, did not show any deficiencies. I returned to Coto, my home and the next day I went as usual to the Gym to exercise. While I was on the treadmill running, I received a call from Ann, my wife. "Yes, my darling, what is going on?" I asked. "Gideon, you must go to dialysis immediately, your creatinine is 5.6" Needless to say how surprise I was. I did not feel any difficulties to run on the treadmill. Apparently, my blood work at Dr. Bhatia office shoed high level of Creatinine indicating kidney failure.

Creatinine is a chemical waste product in the blood that passes through the kidneys to be filtered and eliminated in urine. The chemical waste is a by-product of normal muscle function. The

more muscle a person has, the more creatinine they produce. Levels of creatinine in the blood reflect both the amount of muscle a person has and their amount of kidney function.

Most men with normal kidney function have approximately 0.6 to 1.2 milligrams/deciliters (mg/dL) of creatinine. Most women with normal kidney function have between 0.5 to 1.1 mg/dL of creatinine.

Women usually have lower creatinine levels than men because women, on average, have less muscle than men.

Other factors that may affect the level of creatinine in the blood include body size, activity level and medications.

Creatinine and chronic kidney disease

When there is kidney damage or kidney disease, and the kidneys are not able to filter waste efficiently, there will likely be a rise in creatinine levels in the blood. Dialysis is needed whenever kidney function is too low to maintain health. However, creatinine is just one of many factors considered when deciding whether or not to recommend dialysis treatment.

Symptoms of too little kidney function

Some people who have no symptoms of illness at all find out they have advance kidney disease when high creatinine levels are detected in routine blood tests. When signs of too little kidney function do arise, they may include loss of appetite, vomiting, itching, weakness and flu-like symptoms.

Swelling in the legs and shortness of breath may occur if water builds up in the body.

Creatinine tests

Creatinine can be tested in both the blood and in the urine. These tests can help evaluate kidney function.

Serum creatinine is a test that draws blood and sends it to a laboratory to be analyzed to find out how much creatinine is in the bloodstream.

Knowing your serum creatinine allows your doctor to calculate your creatinine level along with your age, gender and race, to determine your glomerular filtration rate (GFR). GFR is a measure of kidney function. If you know a serum creatinine level, you can determine the stage of CKD.

Well, you can imagine what a shock it was for me. I never drink, I never smoke, I exercise all my life and have healthy nutrition. How could it have happened to me.

I contacted my family Doctor and asked him for a Nephrologist in my area. He recommended Dr. Ho which was partially owner of Dialysis center.



Dr. Nathaniel D. Ho, MD

Specializes in Nephrology • Male • Age 45

SAVE

SHARE

Patient Satisfaction



Saddleback Medical Group Inc

24221 Calle De La Louisa Ste 300
Laguna Hills, CA 92653

Phone Number & Directions

Dr. Ho had vast experience in treating Kidney disease.

Nathaniel Ho, M.D. is board certified in Nephrology and Internal medicine. He specializes in all aspects of nephrology with special interest in treating resistant hypertension and kidney stones. He is very accessible, both at the outpatient practice and local hospitals for consultations.

As a kidney donor to his brother with end-stage kidney failure, Dr. Ho has the experience to provide support and answers to his patients and family in regard to kidney disease, dialysis, donation, and the transplantation process. He believes not only in treating but also educating the patient so that

they can become effective advocates on issues related to their health. He in turn has learned tremendously from his patients, allowing him to be a better doctor and person. He looks forward to working together with his patients to build the trust important in any long-term relationship.

Dr. Ho comes from a large family, being the youngest of ten. He currently resides in Orange County with his wife and two children. Outside the office, he enjoys his involvement with his children's activities. He also enjoys spending time at the beach, watching sports, and playing golf.

Nathaniel D. Ho, MD is affiliated with Saddleback Memorial Medical Center, Mission Hospital, and Hoag Memorial Hospital.

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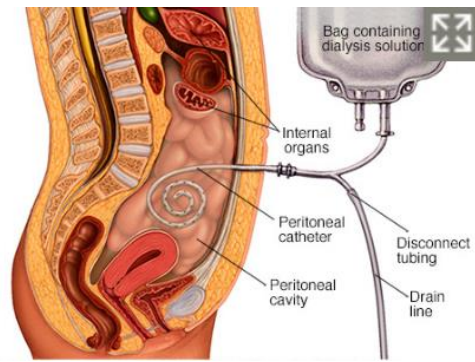
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Well, I was in good hands. Now it was a choice between two kinds of Dialysis. Peritoneal Dialysis and Hemodialysis.

There are two kinds of dialysis. In hemodialysis, blood is pumped out of your body to an artificial kidney machine, and returned to your body by tubes that connect you to the machine. In peritoneal dialysis, the inside lining of your own belly acts as a natural filter. Wastes are taken out by means of a cleansing fluid called dialysate, which is washed in and out of your belly in cycles.

Peritoneal dialysis (per-ih-toe-NEE-ul die-AL-uh-sis) is a way to remove waste products from your blood when your kidneys can no longer do the job adequately. A cleansing fluid flows through a tube (catheter) into part of your abdomen and filters waste products from your blood. After a prescribed period of time, the fluid with filtered waste products flows out of your abdomen and is discarded.



Peritoneal Dialysis

Peritoneal dialysis differs from hemodialysis, a more commonly used blood-filtering procedure. With peritoneal dialysis, you can give yourself treatments at home, at work or while traveling. Peritoneal dialysis giving you more freedom, and the Baxter company make a machine that automatically circulate the fluids through your body while you are sleeping. It is a form of continuous therapy where APD is performed by the cyclor while the patient is asleep. Patients have fluid in their peritoneal cavity at all times during the therapy while the patient is attached to the cyclor, except for the end of the drain period before refilling begins, and fluid remains in the peritoneal cavity after disconnecting. (This definition is used by the Liberty cyclor by Fresenius, while the Home Choice and Home Choice Pro by Baxter use CCPD to define therapy that offers the patient the option to be wet or dry during the day, disconnected from the cyclor).

IPD: Patients dialyze intermittently for a few days a week and finish each intermittent period by draining completely. These are usually patients who were recently initiated on PD and those with residual kidney function, which allows them to get adequate clearance with a smaller dose of dialysis. A variety of this is NIPD, where nocturnal cycling occurs with a dry day, every night.

APD and CCPD are both terms that are used to describe this same treatment. The other words you often hear are the machine or the cyclor. They all mean the same thing. APD is increasing in Australia and there are now more people using APD than CAPD.

What is different to CAPD is that with APD a machine is programmed to control how much fluid goes in and out and how often this happens. First the machine is prepared with lines and these are connected to about 10-15 liters of fluid, usually in 5 or 6 liter bags. The end of the line from the machine is connected to your catheter at bed-time and remains connected all night which is on average 8 hours. The fluid that comes out may go into a large drain bag or if you are close enough can go straight down the drain from a long drain line.

The machine is programmed to control the fluid movement. It uses a series of clamps and pumps, it controls when the fluid should drain out and when to put in new fluid. The programmed will be specially developed to suit you as everyone needs different amounts of dialysis.



The Baxter Machine

It is sound good since you can sleep while the machine doing the work. So I decided to go with this method. Well, first you need to have surgery to insert the catheter in your stomach, then you need to walk all day as if you nine months pregnant and also need to be very careful not to get infection.

While on PD I was exercising every day at the gym and go to the beach in Laguna Beach, where I was walking bar foot in the deep send. One day after the rain I was walking in the wet send and running in the ocean water up to my knees. The next day I felt pain in my ankle that developed to the point where I could not walk. My Nephrologist checked me out and sent me to the hospital where serious of test were performed on me. They could not find anything, and attribute it to a Virus infection. The cardiologist in this hospital ran an EKG on me and decided that I have Congestive Heart failure and wanted to perform an open heart surgery on me. Of course, I refused and left the hospital as fast as I could. At home I could hardly walk. My three daughters were visited with me and I could not move. The pain progressed through my body and Ann had to wash me, feed me and help me to go from the main room at the house to the bedroom to lie down. I was sure that I am going to die soon. I concluded that the reason my heart was malfunctioning is that the pericardium tissue that surround the heart is full with liquid and this why the heart cannot pump the blood out. My heart got down to 25 percent ejection force which is very low. I did not give up, and exercise as much as I could. At all the time I was on the PD dialysis machine every night.

A pericardial effusion is an abnormal amount of fluid between the heart and the pericardium, which is the sac surrounding the heart. Pericardial effusions are associated with many different medical conditions. Most pericardial effusions are not harmful, but large pericardial effusions can cause problems by impairing heart function.

In today medical situation you must have the knowledge and judgment or some doctors will kill you. Any expensive procedure will be preferred to common sense procedure. Second and third opinion are absolutely essential rather than let some doctor perform open heart surgery!

The pericardium is a tough, layered sac that wraps around the heart. When the heart beats, it slides easily within the sac. Normally, only 2 to 3 tablespoons of clear-yellow pericardial fluid are present between two layers, which lubricates the heart's movements within the sac.

In pericardial effusions, significantly larger amounts of pericardial fluid accumulate. Small pericardial effusions may contain 100 milliliters of fluid. Very large pericardial effusions may involve more than two liters of fluid.

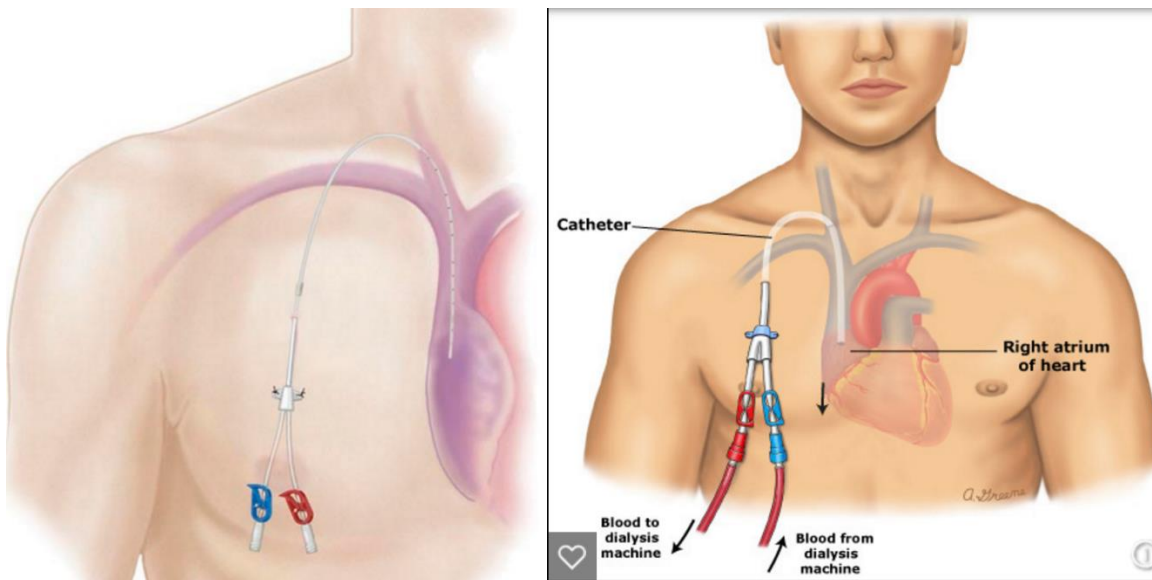
Most pericardial effusions are caused by inflammation of the pericardium, a condition called pericarditis. As the pericardium becomes inflamed, extra fluid is produced, leading to a pericardial effusion. Viral infections are one of the main causes of pericarditis and pericardial effusions.

When a pericardial effusion is caused by pericarditis, the main symptom is chest pain. The chest pain may be made worse by deep breathing and lessened by leaning forward. When pericarditis is causing a pericardial effusion, other symptoms may include:

- Fever
- Fatigue
- Muscle aches
- Shortness of breath

And these are exactly the symptoms that I had. What motivate the cardiologist of this hospital to perform open heart surgery, I don't know. Maybe it is the good medical insurance that I have. Sometimes you need to diagnose yourself than let someone that know you for 5 minutes make decision for you.

In any way, with the PD It was very difficult to sleep at night and draining of fluids was a problem. Finally, after 3 months my Peritoneal system got infected with Flagel a very dangerous infection and the catheter had to be removed. This required another surgery and insertion of Catheter in my neck.



Neck Catheter through the neck to the heart

Can you imagine, 3 times per week to connect to a machine for 4 hours to filter your blood.



Dialysis Machine

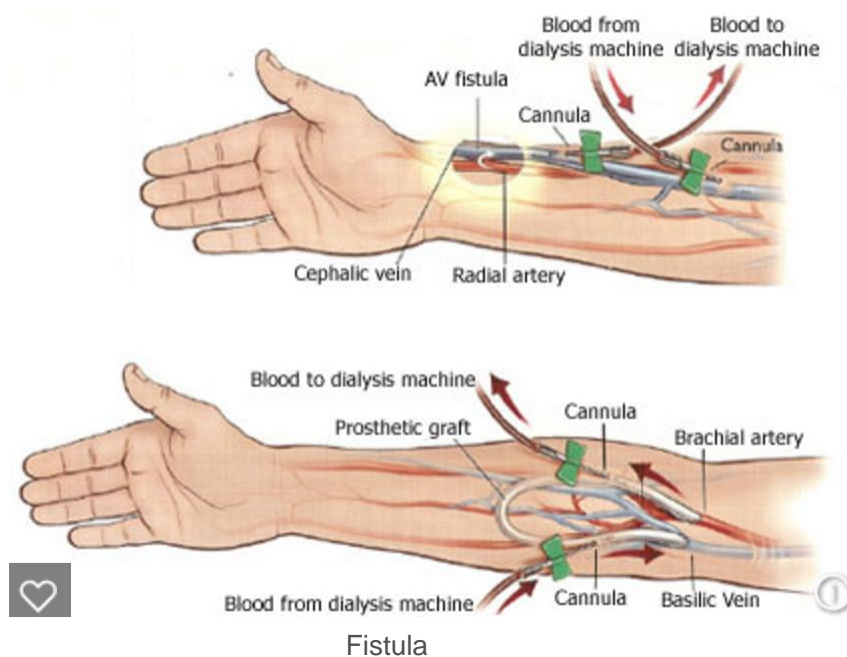
Dialysis patients are all too familiar with the routine of their treatments: Go to the clinic, get weighed, have their temperature and blood pressure taken, get stuck with needles (unless the patient has a catheter access), have tubes connected from their access to the dialyzer and then sit

in the chair until it is time to go home. While waiting, have you ever wondered how a dialysis machine works?

The dialysis machine mixes and monitors the dialysate. Dialysate is the fluid that helps remove the unwanted waste products from your blood. It also helps get your electrolytes and minerals to their proper levels in your body. The machine also monitors the flow of your blood while it is outside of your body. You may hear an alarm go off from time to time. This is how the machine lets us know that something needs to be checked.

Blood tends to clot when it moves through the blood tubing. To prevent this the nurse will give you a drug called “heparin.” Your doctor orders the amount of heparin you get at each treatment. That amount of heparin is drawn up into a syringe then placed on the machine into the “heparin pump.” The heparin pump is programmed to release the right amount of heparin into your blood tubing during your treatment. The heparin prevents your blood from clotting.

This so far was the Hemodialysis using the neck catheter. A very dangerous procedure that can kill you. While you are on this type of dialysis you need to prepare your Fistula.



Can you imagine, a two time Olympian with perfect health for 75 years need to go through such a procedure. This is not life. Death is better than that.



The Dialysis Center



Me, on the machine 3 times per week 4 hours each

In the dialysis center you are not a Human. You are a number. Everything running according to protocol. If you are in a good shape or bad shape you get the same shots same amount

of Iron. Get Epogin, Vitamin D etc. Once a month there is a Blood work and they tell you if some mineral is up or down. The center is basically a "cemetery with lights."

This took one year to suffer. But Ann my wife did not give up. "We must find a Kidney!" she would say many times per day. She would drive me to the dialysis center 3 times a week and take care of me as if I was an infant. She would cook my food and encouraged me to stay alive. And, I am already 76 years old. What a chance to get a Kidney. And it must be a live donor. For cadaver kidney the waiting list is 8 years, I start contact my friends from school in Israel. One friend, Avi Meiri found an organization for me that could perform the Kidney transplant in Latvia, another friend Yosi Tanner found for me an Organization in Israel, another told me about the Philippines. All this required allot of preparation and find a live donor that willing to travel with me. It was not easy and practical. But one thing is for sure. I must find a kidney and for that I must find a live Donor.

Our first stop was at UCSD University where transplants are conducted. I had to go through serious of test to be qualified. At that point my heart was back to normal with injection of 55 percent. This I accomplished by exercising every day specifically with cardiovascular training, walking and running on the treadmill and on the stationary cycling machines. I passed all the exams and had a living donor which was my oldest daughter Tova. However, she was not efficient in providing the require components such as Urine and blood. It took her over 6 months to response to request and finally when scheduled for personal testing I flew her from Texas to USCD in La Jolla California for the interview. She claims that she had kidneys problems in the family and Urinary infections which eliminate her as a Donor. However, I was ready to qualified for the "list" which is requirement for list of potential recipients. But, at the last meeting of the Board that decide, I was rejected for my age. I was already 76 years old. So, one year was wasted.

We did not give up, and approached the Sharp hospital in San Diego. Again, I past all the physical requirement but was not contacted for 3 months. The writing on wall was there. They are not interested. So, we approached the third hospital, Scrips of San Diego. Again, I past all the tests and luckily was put on the list. Now, I need to wait 10 years for Cadena Kidney or to have a living Donors. I was lucky to have two living Donors which I did not know but given to me by a person on the Internet by the name Garry. I did not know much about them. But, again, I never heard from Scrips again and today still on the list.

In the Dialysis center, I met another patient with Kidneys problem, his Name Rich Hodges. A wonderful person that we used to chats where his chair was next to me. We became dialysis friends. I told him about my frustration to find a kidney. He suggested that I will meet with Mrs. Helen Mils and her husband Bill who was a recipient of a kidney.

He sent me the following Email:

Rich Hodges <rfhodges@earthlink.net>

10/9/15

to Ariel

Through Him, I have the strength to do all things. Phil 4:13

Renew Your Faith Often

Begin forwarded message:

From: Helen Mills <sparkymiss@cox.net>

Date: October 8, 2015 at 5:04:25 PM PDT

Subject: Reminder - Saddleback Kidney Support Group this Saturday, October 10th at 1 PM

Hello all

Our group will be meeting again on Saturday at 1 PM at the Peace Center at Saddleback Church. It was so great to have many of you there for our last meeting helping each other with your experiences and offering each other support. Bill and I really appreciate your contributions to the group. Hope to see you on Saturday.

If you haven't attended our meeting before and need directions to the Peace Center Building, please feel free to call us at [949-412-3210](tel:949-412-3210).

Blessings

Bill & Helen Mills

[949-412-3210](tel:949-412-3210)

So Ann and I went to meet them which result in the following Email from them.

Helen Mills <sparkymiss@cox.net>

8/11/15

to gideon, ann

Hi Ann & Gideon

It was a pleasure to talk with both of you. I can tell Bill and I would really enjoy your company and I know our mutual friend Rich does as well.

I have sent an e-mail to Dr. Wedel asking his willingness to chat with you both either by phone or in person. As I mentioned, he usually responds quickly if he is in town. I will definitely keep you in the loop.

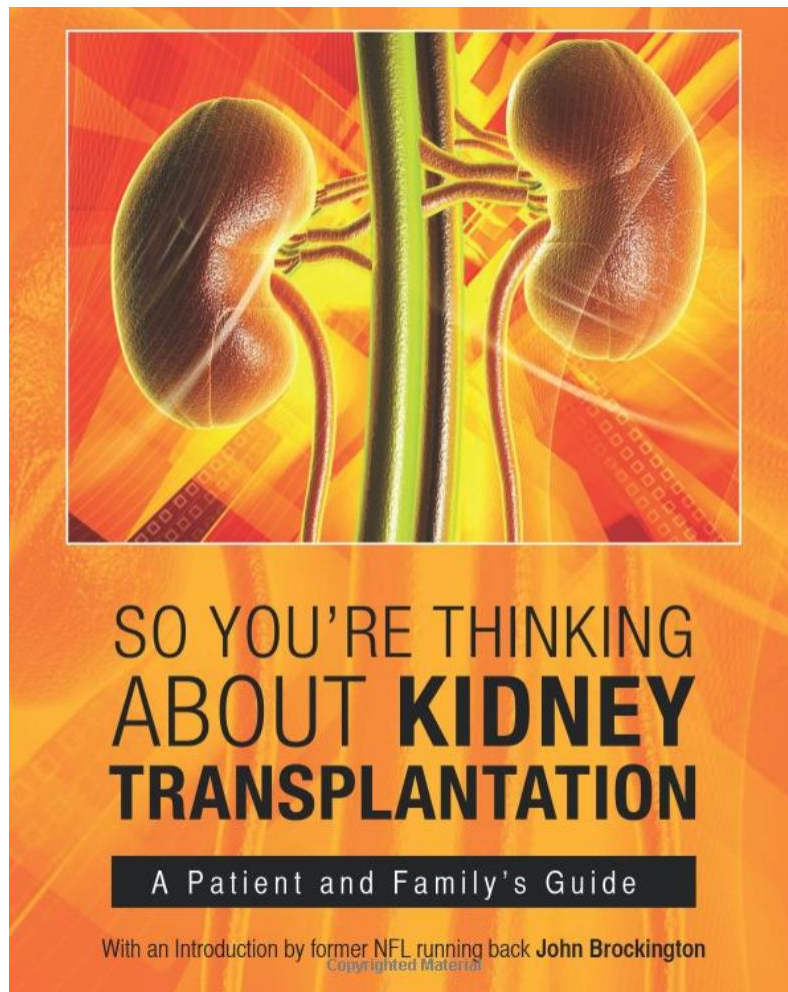
I can't guarantee any miracles but he's helped a number of people tread the waters of transplant and he loves giving back. I guess I failed to mention that he recently wrote a book entitled "So You're Thinking About Kidney Transplantation". It is a great help guide for those seeking transplant, although you have probably gotten yourselves much farther along in the journey on your own than most people do. It's available on Amazon if you care to purchase a copy.

Gideon - hang in there and don't give up. You have a great helpmate in Ann and I know she won't give up either. At our meetings, I describe the similar roles that Bill and I had when we were pursuing transplant. I say Bill was the VP of Operations...taking care of himself every day to the best that he could and I was the VP of Marketing, getting the word out that he needed a kidney donor and marketing his need. Teamwork is awesome, especially when a husband and wife can do it together.

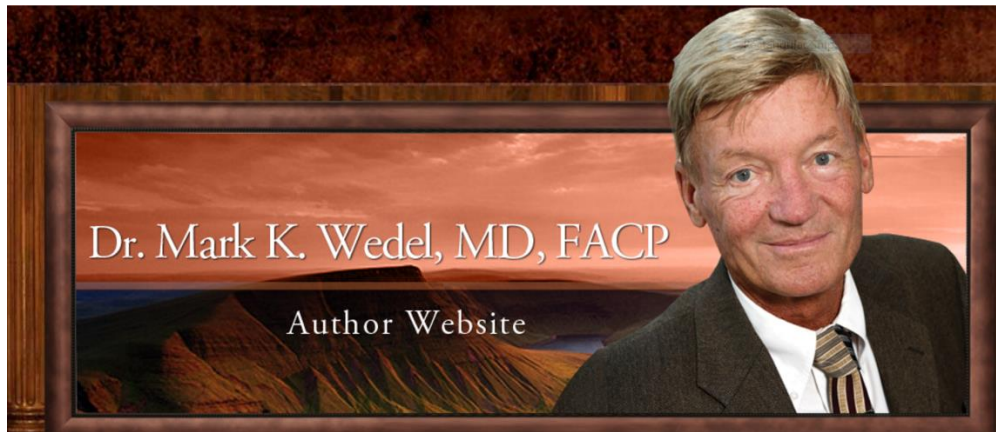
This was a critical moment for encouragement and to be introduced to Dr. Wedel who wrote the book:

"So You're Thinking About Kidney Transplantation".

So You're Thinking About Kidney Transplantation by Dr. Mark K. Wedel, MD, FACP (2013)



Dr. Mark Wedel is an internist in Temecula, California and is affiliated with Scripps Green Hospital. He received his medical degree from Johns Hopkins University School of Medicine and has been in practice for more than 20 years. He is one of 79 doctors at Scripps Green Hospital who specialize in Internal Medicine.



One day, in 1975 I received a call from Dr. Wedel. He asked me if it would be okay to visit me at my home at Coto De Caza. I indicated that it would take him 2 hours of drive maybe we should drive to see him. But, he insisted to come to see us which of course we agree.

On Sunday afternoon, Dr. Wedel appeared in our house. He came with a bottle of water in his hand and look in great shape. We received him with open arms and he start to give us a whole course on what are requirement for Kidney transplant. Dr. Wedel himself is a recipient of a Kidney and told us his story. We were fascinated. And, he builds our hope in the process and understood the difficulties that we had. He also gave us his book and signed it for us which Ann and I were so appreciated. After 3 hours Dr. Wedel left. I have never known about him before and I was amazed that he was given his Sunday for us. What an amazing person.

In the conversation with Dr. Wedel, he mentioned an organization in Brooklyn New York called Renewal. This organization is composed of Orthodox Jews that have a great success in finding donors. In some cases, the donors don't ever know the recipient that they donate to and would like to stay anonymous forever.

In addition, Helen and her Husband Bill suggested that we will distribute a blog on the internet and to our friend telling them that we look for a Kidney donor.

Before distributed the Blog we decided to meet with the Renewal organization in Brooklyn. Ann I flew to NY and met with the Renewal organization.

We have met an amazing organization. An organization that all their aim is to help others to find a Kidney. None profit organization and no money to be mention. They do not want to discuss money and expenses. They pay it all!!! I did not know people like that exist.

And this what they do:

What We Do

As is often the case in a serious medical diagnosis, the patient and family can quickly be overwhelmed by the pronouncement that one is suffering from irreversible kidney failure. With the increased frequency of transplants from non related donors, it was decided to start an organization dedicated to assisting people suffering from various forms of kidney disease. About three years ago through the initiative of a few caring individuals, Renewal was created.

Although the aim is to help in any way possible, the ultimate goal is obtaining a kidney for those that would like to undergo a transplant. On the waiting list are people from all walks of life, and of all ages. Men, women and children ranging in age from a five year old child to a 73 year old adult. They are from all parts of the world, including the USA, Canada, Israel as well as England and Brazil. They all wait for that call that a match has been found. These people are willing to travel to be in an area closer to the location of the donor, if necessary. Renewal has been successful in helping many of these patients, but the need is still great. Each year, 8 percent of the patients on the national list die waiting for a kidney. If you feel that this is something that you can do, it would be a great mitzvah indeed to help any one of these patients.

Understandably, the first place one would look for a donor is within the family. With kidney disease however, this is not always the solution. Many times the ailment is a familial one and therefore the family members are suffering from the same condition. Other times the family is small and the few that are of age to donate are either not the same blood type and/or not compatible for various other reasons. Many of our coreligionists are suffering emotionally, physically, and financially as are their families. Jewish leaders both in Israel and the U.S. have stated the greatness of this act and have enthusiastically supported those that have given a kidney.

All costs of the actual procedure are covered by the recipient's insurance. Transportation for the testing, if needed, is taken care of by Renewal as is food, lodging for a family member wishing to be with the donor during the hospital stay. Renewal's goal is to assist each and every patient and donor with any help and support they may need.

G-d willing, it will be a most uplifting experience and everyone will return to their normal daily routine in a relatively short time.

And these who they are:

Renewal is a nonprofit organization dedicated to assisting people suffering from various forms of kidney disease. We are a multi-faceted proactive team that is dedicated to saving lives through kidney donation.

Rabbi Noach Isaac Oelbaum



Rabbinical Advisor

Sendy Ornstein



President

Mendy Reiner



Founder & Chairman

Rabbi Chaim Steinmetz



Director

Menachem Friedman



Program Director

Ambassadors of Renewal



more

Renewal's ultimate goal is that no one in need of a kidney transplant should wait longer than six months to find a donor.

They interview me and luckily accepted me as potential recipient. In the meeting they assigned me a new name: R1013. I was not supposed to mention Gideon Ariel in any correspondence with potential recipients but referred them to them.

I start contacting my friends among them Mac Wilkins the World record holder in the discus and Gold medalist in the Montreal 1976 Olympic Games to help me to write the Blog to the World.

Mac helped me allot and send information to 8000 of his friends. I sent 10,000 of them to all my customers and friends.

I prepared few blogs, the most recent one is here:

I need a kidney Donor to save my life

To learn how you can save a life or for more information about kidney donation, please call 718 431-9831 or email R1013@renewal.org. Renewal's website is www.renewal.org. All inquiries to Renewal are strictly confidential and are without any obligation. They can also put you in touch with others who have donated a kidney and are willing to share their experience. All medical costs for evaluation and surgery are covered by the recipient's insurance. Ancillary costs such as travel expenses and lodging, may be covered by Renewal.

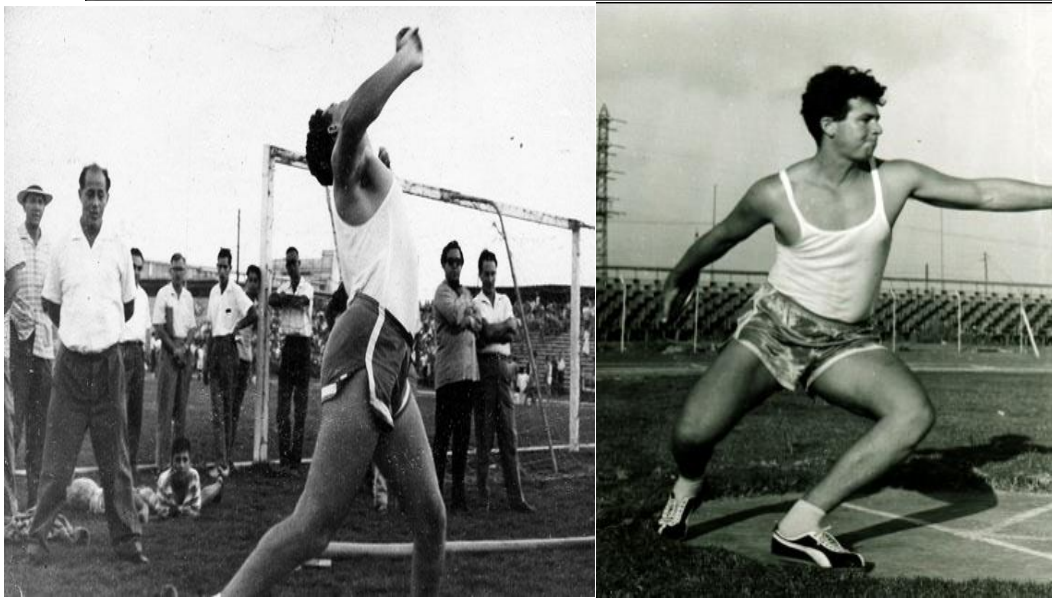
Please send this post to people with whom you email. You never know whether or not there is someone who will respond to this urgent need.

This message is intended for all of my friends around the World and any of their friends who would be interested in helping me. My Kidneys have failed and I am desperately searching for a blood type "O" kidney donor.

Most people remember me as an inventor and a scientist who has contributed to the World of Biomechanics including "Motion Capture". Some have referred to me the "Father of Biomechanics for Sports" and I am honored for this accolade. However, my contributions have included other fields as well, including the automotive industry, medical applications, and even animal motion research.

I was born in Israel in 1939 spent most of my childhood in a special school village called Hadassim. Following my graduation, I joined the Israeli military for 3 years which was mandatory for all Israeli citizens.

From the age of 10 years, I was devoted to the shot and discus throws. I spent my youth exercising and practicing these events. Fortunately, my dedication and hard work as an athlete resulted in my successfully achieving team membership on the Israeli national team. I proudly represented Israel in 1960 at Rome and in 1964 in Tokyo. I was pleased to learn during a recent trip to Israel that my Israeli record for the discus throw was unsurpassed for 30 years from 1960 to 1990.



I have written a book about my village in Israel which is on the Web at:

http://www1.arielnet.com/_v1_/personal/life/Haddassim/Book-Oasis_of_Dreams/

After completing my military service, I received a scholarship to University of Wyoming. I competed on the University track team as well as studied for my bachelor degree. I was proud that, once again, my hard work and dedication resulted in my graduating with Honor. This achievement helped to gain an assistantship at the University of Massachusetts in Amherst. I followed a more scientific focus and earned a Masters, a Ph.D. in Biomechanics and Computer sciences, as well as a post Doctorate in Computer Science.

Also, currently I am writing a book about my life which relates many of my experiences. You can read the “work in progress” for this book at:

<http://www1.arielnet.com/personal/The%20Discus%20Thrower%20and%20his%20Dream%20Factory/index.htm>

I have accomplished allot in my life. My wife, Ann Penny, and I traveled around the World for business as well as pleasure. We have worked very hard to contribute to the field of biomechanics and to help implement many of the technologies that we developed in universities, schools, and for athletes.

If you wish to see some of the videos about me from CBS, CNN, 20-20, and many more, link to:

http://www1.arielnet.com/_v1_/media/

If you wish to see some of the many articles written about me, link to:

<http://www1.arielnet.com/media/articles.aspx>

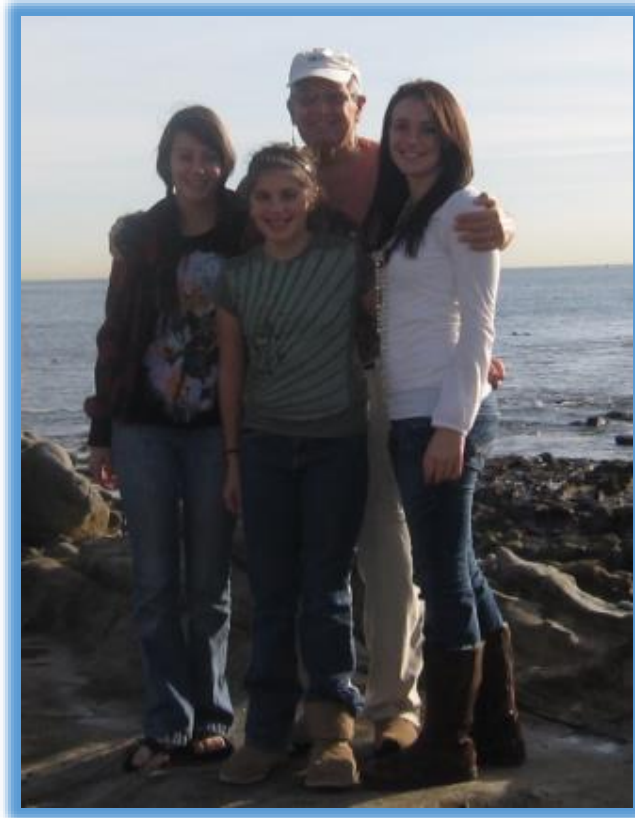
If you would like to learn about the technologies that we developed, link to:

www.arielnet.com

Many people have prospered using my technology. Many corporations have utilized the technologies to improve their products; many universities have taught entire classes and generations to analyze performances; and many athletes have improved their techniques with these analytic tools. Many schools use my software with their students. These schools receive the software, the APAS (Ariel Performance Analysis System) at no charge.

I have spent many hours analyzing athletes who subsequently broke World Records in their event. Many others were able to achieve educational scholarships because of their increased athletic abilities.

I have 3 beautiful daughters at the age of 20, 22, and 23. I am so pleased at their accomplishments. Two of them have graduated from college and have good jobs. The third one is a sophomore in college. I am very proud of all of them and hope that I will be able to see them excel in their chosen professions.



The greatest shock of my life followed. The blood tests indicated that my kidneys were in great distress and failing. One of the primary indicators of kidney disease is Creatinine. A healthy kidney value for Creatinine is less than one and mine was 5.6. The cardiologist sounded quite panicked when he spoke to my wife. She explained that I was at the gym at that moment but she would tell me the results as soon as I arrived at the house.

I visited a nephrologist who arranged for me to begin Dialysis. Since then, my Creatinine level has risen to 11. Three days per week for four hours each visit, I must suffer the pain and problems associated with dialysis. Believe me, dialysis is not life, it is agony. My kidneys are dying and nothing can be done to save them.

The only solution is to find a living kidney Donor. I have passed all the medical tests and have been officially listed on the transplant list to receive a kidney. The list is officially known as the UNOS kidney transplant waiting list. I must be on this list to receive a transplant.

However, to actually receive a kidney, I must find a living donor whose blood type matches mine which is Type “O”.

My wife is more than willing to give me one of her kidneys, but she is the wrong blood type. My daughters tried to be donors but were disqualified medically so they cannot help. I have no other family members to whom I can turn to for help in obtaining a life kidney donor.

Therefore, I urgently need help in finding someone willing to give me a kidney. I ask if you could spread the word to let others know how desperately I need a kidney.

My blood type is “O”

Only through the efforts of good people will I receive a kidney. Anything that you or others can do to help find someone who is willing to help me is greatly appreciated.

To Whom it May Concern,

Dr. Ariel is not only a pioneer in the world of human performance analysis, he is considered the father of the science in the US.

I first met Gideon in 1975 at a High Performance camp for discus throwers preparing for the 1976 Olympic Games. Dr. Ariel was in charge of the biomechanical analysis of our throws. Basically the system Gideon created with high speed cameras, computers and his software, analyzed our throws and told us where we created and lost power. The insights I gained changed my view of the throw and was a big reason I broke the World's Record four times the next season and won the Olympic Gold Medal for the USA. I continued to a career of four Olympic Teams, an Olympic Silver Medal, eight US National Championships and four World's Records. After retiring from competition I have coached Collegiate National Champions and World Class elite throwers.

Dr. Gideon Ariel continues to be a valuable resource and contributes to my understanding of human movement as I currently am a coach for the USA Track & Field at the Olympic Training Center in Chula Vista, CA.

In the world of biomechanical analysis, the basic understanding of human movement, Gideon's technology, software and research is the "Gold Standard" for the science. He has contributed his knowledge to professional golfers, tennis players, track athletes and many other Olympic sports as well as to therapists who work with amputees and those with physical disabilities.

Gideon's current projects continue to expand the envelope of our understanding of human movement. He makes his software available at no charge to athletes, coaches and therapists who can benefit from its use.

If the criteria for acceptance to your kidney donation program is contribution to society, Dr. Gideon Ariel, a leader in his field, has contributed immensely to athletes, coaches and those with physical disabilities.

Mac Wilkins

[503 780-7310](tel:5037807310)

mac.wilkins@usatf.org

2127 Olympic Parkway

Suite 1006, PMB #332

If you or anyone is interested in helping or discussing the procedure, please contact the wonderful people at **Renewal**. They are a group that provides help and information for potential donors. They can answer any and all questions in complete confidentiality. Neither I nor anyone else will know who has contacted them nor what was discussed. If you or someone else is willing to become a kidney donor for me, the people at Renewal will take care of everything in a comforting and supportive manner. They are the donor's advocate and will help and guide the donor throughout the entire process.

You can learn about **Renewal** and see them on their Web at:

www.renewal.org

Make sure you watch the video at:

<http://www.life-renewal.org/>

If anyone calls or writes to Renewal, please use my code: R1013. This identification code will enable the wonderful people at Renewal to know that someone is contacting them about Gideon Ariel. Thank you so much for your assistance in saving my life.

Renewal's phone and Fax:

5904 13th Avenue
Brooklyn, NY 11219

Phone: **(718) 431-9831**

Fax: **(718) 374-6629**

To send e-Mail:

r1013@renewal.org

Thank you for your help.

Gideon Ariel

This Blog was distributed to Thousands of people around the World and renewal was receiving some volunteers but I would not know who. They will not tell be but perused the medical exams and qualified the potential donors.

One email that I received personal was from Dr. James Hackney. One of my old customers of the APAS system.

As early as 2012 James downloaded my system as you can see here:

[Downloads] - Ariel Performance Analysis System

Ariel Dynamics Inc. <adi@arielnet.com> 6/29/12

to Gideon,

Dear Gideon,

There has been a download from our website:

Name: James M. Hackney
Company: Missouri State University
E-mail: jameshackney@missouristate.edu

Date: 6/29/2012 2:18:02 PM
IP: 146.7.128.42

File: Applications/APASSetup_v13.1.7_110119.exe

And payment was made:

Hackney, James 8/1/12
M <JamesHackney@missouristate.edu>

to Gideon

Dear Gideon,

Per your previous request, the payment was delivered via "Paypal" to adi@arielnet.com . Our site code for this location is E741 F46C C522 E4F0 .

Thanks so much.

James

And throughout the years we have correspondence between us. Like in 2014:

Hackney, James 12/9/14
M <JamesHackney@missouristate.edu>

to gideon

Dear Dr. Ariel,

I hope that this message finds you doing well. I am in the process of revising an manuscript describing a study with which I used the APAS as the instrumentation for data collection, and I am embarrassed to admit that there are some issues regarding filtering which I am not sure that I can answer, despite reading some sources including MODIFIED SEGMENT LENGTH NORMALIZATION by Stivers K A. Wise J., Ariel G. a , Vorobiev A. G. , and Probe J. D. (which I accessed through the Ariel Dynamics website).

One of my questions is very direct. In the filtering program, when if one advances the display to the acceleration data curves and then applies a digital filter (with a low pass frequency cut-off of 10 Hz in my case), is one actually filtering the acceleration data, or filtering the displacement data and observing the changes resulting in the acceleration curves which result from the filtering of the displacement data?

The second question I have is actually from one of the reviewers. **“What are the characteristics of digital filter, and what is equivalent cut-off frequency and decay rate in the displacement domain of the filter which was applied in the acceleration domain?”** Could you please direct me to literature which answers the previous question regarding filtering in APAS?

Thank you so much for you generosity with your time and effort!

James Hackney PT, PhD

Department of Physical Therapy

Missouri State University

901 South National Avenue

Springfield, MO 65897

But the most amazing Email I received from James was the following:

Hackney, James 12/10/15
M <JamesHackney@missouristate.edu>

to Gideon

Dear Gideon,

I actually would consider doing donating a kidney to you. Twelve or thirteen years ago, when I was a PhD student at University of Minnesota, and was considering doing it for a friends husband, and had my blood antigen matched. I don't know if these records are still available, or would be helpful if they are. What is the first step I should take to see if I am a possible donor for you?

:

Best,

James Hackney PT, PhD

Department of Physical Therapy

Missouri State University

901 South National Avenue

Springfield, MO 65897

My answer was immediately:

Gideon Ariel <gideon@arielnet.com>

12/10/15

to James

Dear Dr. Hackney:

Wow!!!! Thank you so much. I am speechless at your wonderful offer.

Please contact the organization who will help and guide you through the entire process.

They are wonderful and kind people and will keep everything confidential.

You can learn about Renewal and see them on their Web at:

www.renewal.org

Make sure you watch the video at:

<http://www.life-renewal.org/>

If You call or write to Renewal, please use my code: R1013. This identification code will enable the wonderful people at Renewal to know that someone is contacting them about Gideon Ariel. Thank you so much for your assistance in saving my life.

Renewal's phone and Fax:

5904 13th Avenue

Brooklyn, NY 11219

Phone: [\(718\) 431-9831](tel:7184319831)

Fax: [\(718\) 374-6629](tel:7183746629)

By the way, I will cover all expenses. Don't worry about any financial exposure I will cover them all.

Thank you from the bottom of my heart

Gideon Ariel

My phone number is:

[949 858 8324](tel:9498588324)

and Cell:

I made sure that James will contact Renewal and made sure that we do not break the strict rules.

James followed up and past all the test.

I found latter that there were 5 qualified donors, among my old Girlfriend Lucia Tristao, the Brazilian prima Ballerina which I discussed in previous chapter. Ann's Brother Marshall, and others. But, James was the best match 6 out of 6. Very seldom you have such a match for no sibling relationship.

Renewal suggested that the operation will take place in Mount Sinai Hospital in New York. Ann and I flew to New York and I had to take all the tests again. Also, Ann prepared a wonderful book with all the medical history of me for the last 5 years. This consists of a 100 or more pages. On the top of the book I put my photo where I am carrying the Israeli flag in the Rome Olympics.



The Photo that saved my life

Needless to say that this photo was very impressive when I presented to Renewal which consists of Orthodox Jews, and was impressive to Dr. Rafael Khaim from Month Sinai hospital also a religious reform Jew. He makes the decision if I am qualified to the Committee. Dr. Rafael told me after the surgery that this photo made me qualified whatever would have happened.

The Surgery date set for April 14th. I was to come to NYC week ahead of time for additional testing and consultations. Mount Sinai were wonderful. I have never experience such a care and considerations from everyone. Doctors, Nurses and other staff all were so wonderful.

About Mount Sinai's Kidney / Pancreas Transplant Program

Mount Sinai's Kidney/Pancreas Transplant Program is one of the nation's leading academic kidney transplant programs. Since our inception in 1967, we have performed more than 3,000 adult and pediatric kidney transplants.

One of the first kidney transplant programs in the Northeast, we have made significant strides in providing more options for patients previously denied access to transplantation due to medical factors.

Comprehensive, Multidisciplinary Care

Located in New York City, the Kidney/Pancreas Transplant Program is part of Mount Sinai's Recanati/Miller Transplant Institute (RMTI), a comprehensive adult and pediatric abdominal organ transplantation center. Our multidisciplinary team includes experts in nephrology, surgery, anesthesiology, critical care, transplant immunology, and urology. This interdisciplinary approach allows us to provide the best in patient care by taking advantage of the most innovative developments in surgical techniques and transplant medicine. Patients who come to our program have access to the services of The Mount Sinai Hospital, an internationally acclaimed medical institution.

Increasing the Number of Donors

Mount Sinai has one of the largest living donor programs in the United States. Half of the yearly transplants performed involve living donors. As part of our commitment to enhancing quality of life for patients before and after transplant, surgeons at our hospital performed the first laparoscopic donor surgery in New York State in 1996. This procedure dramatically reduces recovery time for individuals donating a kidney to a loved one. So far, more than 1,000 laparoscopic donor surgeries have been performed in our transplant institute.

Our newly endowed [Zweig Family Center for Living Donation](#) focuses on providing the best in medical, surgical, and psychological care to living organ donors. The Zweig Family Center for Living Donation is further developing Altruistic and Donor Exchange programs which will enable all potential recipients to have optimal opportunities to access live donor transplantation.

Mount Sinai is one of the first programs in the country to offer "donor exchanges." This innovative program enables kidney transplant recipients who have willing but incompatible living donors to exchange kidneys with compatible donors. We participate in local and national paired exchange programs and donor chain initiatives.

Increasing Clinical Eligibility

Mount Sinai has made great progress in increasing the eligibility of patients previously denied transplantation due to clinical factors. For example, Mount Sinai has an active Paired Kidney Exchange program allowing patients with incompatible donors to receive compatible organs through a process commonly known as a "kidney swap". We developed and implemented a successful desensitization program to reduce the effects of antibodies that may hinder the ability of many to receive a successful transplant. We can now treat many patients who, due to their high immunologic risk, were previously ineligible for transplantation.

In addition, HIV-positive patients may be eligible for kidney transplant despite the fact that they have the virus that causes AIDS. Due to therapeutic advances in HIV/AIDS care, those with the AIDS virus now can be considered as candidates for transplantation. Mount Sinai is one of the few programs in the country with the expertise to successfully transplant these patients. We can also perform kidney transplants in patients with hepatitis C.

Our [Pediatric Renal Transplant Program](#) is one of the busiest pediatric transplant programs in the nation. Mount Sinai is one of the few centers in the New York region that offers pancreas transplantation as a surgical option for people with type I diabetes. Mount Sinai offers world-class care through a wide variety of organ transplants. We have extensive experience in multi-organ transplants, including combined liver-kidney transplants and heart-kidney transplants.

Research Initiatives

Mount Sinai researchers are working hard to improve organ preservation, reduce rejection, minimize postsurgical complications and the side effects of immunosuppression, and prevent the recurrence of disease.

Two large NIH-funded multicenter trials in transplantation are ongoing. One is a genomics in transplantation study focusing on mechanisms of late graft injury. Peter S. Heeger, MD, is running the Clinical Trials in Organ Transplantation Consortium, which is evaluating biomarkers as predictors of heart or kidney transplant outcome. Both studies are enrolling new patients. Additional efforts focus on mechanisms of ischemic injury and the pathophysiology of rejection in kidney and liver transplant patients.

We Can Help

Ann and I were situated in the Transplant Living Center (TLC). A hotel that run by the Mount Sinai specially for transplant patients. James arrived few days later. Renewal flow him and accepted him in the airport and brought him to the hotel. Each of us had a room in different section of the hotel. However, we have met and had interesting conversations about Biomechanics since it is James's field as well but in Physical Therapy.

Ann prepare all the meals for me and James and we also were waiting to James's wife, Poli to arrive. We became great friends in few days that we spent together before the surgery.



Before Surgery with James my Donor



Dr. James Hackney and us in the TLC after Surgery

The Surgery was set to April 14th. The Surgeon assigned to perform the surgery was Dr. Antonios Arvelakis, One of the best surgeon in the World.



Dr. Antonios Arvelakis

Antonios Arvelakis, MD is a practicing Surgeon in New York, NY. Dr. Arvelakis also specializes in Transplant Surgery. He currently practices at Mount Sinai School of Medicine and is affiliated with MidState Medical Center, The Mount Sinai Medical Center and Yale-New Haven Hospital. Dr. Arvelakis accepts multiple insurance plans including Aetna, MVP Health Plan and Medicare. Dr. Arvelakis also practices at Yale Transplant Surgery Department in New Haven, CT. In addition to English, Dr. Arvelakis's practice supports these languages: French, Spanish, Arabic, Korean, Polish, Vietnamese, Russian, Italian and German.

Meeting with Dr. Arvelakis was an interested event. Since he was born in Greece I have told him that I was competing in the Marble Stadium in Athens, the site of the first modern Olympics in 1896. He knew the Greek athletes that I competed against, Konadis in the discus and Tzakanikas in the shot. He was young at that time but he heard about them. James, my donor had another surgeon which deal with the Donors.

20 Sunday, April 21, 2013

DAILY NEWS NYDailyNews.com

A key to kidney compatibility

Living donation is on the rise, and it's safe for the giver

BY KATIE CHARLES

WHO'S AT RISK
Thanks to segments on "Scrubs," "ER" and "Grey's Anatomy," most Americans are familiar with the idea of living donors exchanging kidneys to find a compatible match for their intended recipient.
"Living donation is a great way to improve the current shortage of kidneys for transplant," says Mount Sinai's Dr. Antonios Arvelakis. "Not only do living donor kidneys perform better than kidneys from a cadaver, but extensive research shows that donors of live donors are just as healthy as people with two kidneys."
The kidney is the most commonly transplanted organ. "We do about 1,500 kidney transplants a year in this country, but another 35,000 people are added to the wait list," says Arvelakis. "At this moment, there are 102,000 Americans waiting for a kidney, and the average wait time is six to eight years — that's up from less than two years in the early 2000s."
Kidney pair donation came about as a way to overcome blood group incompatibility between donors and their intended recipients. "About 30% of all potential donors are turned down due to a mismatch," says Arvelakis. "Kidney pair donation matches incompatible living donors and their intended candidates with other incompatible living donor/intended candidate pairs — the exchange can be two-way, three-way, or even a domino of kidney swaps."
The root cause underlying the need for most kidney transplantation is uncontrolled diabetes or high blood pressure. "Over time, hypertension and diabetes cause kidney damage that eventually leads to kidney failure," says Arvelakis. "Most patients start dialysis and go on the transplant wait list when kidney function drops below 20%."
Other rare conditions and some medications can also cause kidney failure.

SIGNS AND SYMPTOMS
Because the kidney is a resilient organ that continues to function despite serious damage, the indications of kidney disease often appear late in the process. "The symptoms often build slowly over time, especially when the cause is uncontrolled diabetes or hypertension," says Arvelakis. "Many patients only get diagnosed when they go to the hospital for some other reason and get a blood test."
As kidney failure grows more advanced, more serious symptoms begin to develop. "Warning signs include fluid buildup in the legs and arms, fatigue, weight loss, less urine, muscle cramps, sleepiness, forgetfulness," says Arvelakis. "When the kidneys are really not working, the patient can fall into a coma."

TRADITIONAL TREATMENT
The first steps toward donating a kidney are a long workout

WHAT YOU CAN DO

- GET INFORMED.** There good places to start are the United Network for Organ Sharing (un.org), the National Kidney Foundation (kidney.org) and the Mount Sinai transplant page (mssn.org/transplant).
- TAKE PREVENTIVE ACTION.** Keeping chronic conditions like hypertension and diabetes under control — or preventing them entirely — is one of the best things you can do for your kidney health.
- DON'T RUSH.** Patient education is intensive and time-consuming. "There are large amounts of information to read, so no potential donor should ever rush through the process," says Dr. Antonios Arvelakis.

BY THE NUMBERS
102,000 Americans are on the wait list for a kidney.
About 18,000 kidney transplants are performed each year, while 33,000 new patients join the wait list.
About 7,000 living donors give a kidney each year.
SOURCE: DR. ANTONIOS ARVELAKIS

THE SPECIALIST: Dr. Antonios Arvelakis
As assistant professor of surgery at Mount Sinai, Arvelakis is a transplant surgeon who specializes in kidney, pancreas and liver transplantation. He performs about 100 transplants a year.

one that best meets the set of individualized priorities, the process is similar to the computer programs that calculate airline reservations or mapping directions.

QUESTIONS FOR YOUR DOCTOR
All potential living donors must receive enough information to make a decision, so don't hold back on asking questions small and large. Common questions include: "What will donation mean for my own health?" and "What can I expect from the recovery process?" A good question is, "Is this safe?"
"We've had a lot of living donors in a great thing, but both the recipient and the donor," says Arvelakis. "When we find a match, and they're happy for what they've done, and the recipient is very grateful, that someone has given them another chance in life."

period to ensure that all prospective donors are fully informed and prepared.
"All donors and recipients go through an extensive workup to make sure that they are ready — medically, financially and socially," says Arvelakis. "Our number one goal is to give the information to people — there's never any obligation to go through with a donation, and it's essential that potential donors don't feel any coercion or pressure of any kind."
Once patients are approved to give or receive a kidney, the only preparation is to fast starting the night before. "One of the great benefits of living donation is that the surgeries are elective and can be scheduled in advance," says Arvelakis. "We do the donation and transplant surgeries simultaneously — the donor's operation usually lasts about one to two hours, while the recipient's lasts two to three hours."
All surgical costs are paid for by the insurance of the kidney recipient.
"Most kidney donation surgeries can now be done laparoscopically through small incisions, with just one to two days spent in the hospital."
"We now know that donors do very well afterward," says Arvelakis. "There can be some pain post-surgery, but people return to activities within a couple of weeks, and life expectancy is the same as anyone else."
For the donor, the risks of surgery include bleeding, hernia and wound infection, less than 1% of donors experience complications.
"It's a very fulfilling process for everyone involved," says Arvelakis. "The donors I've worked with always say they would do it again, usually because they were able to help a loved one. Or if they donate to a stranger, they are motivated by wanting to do something in their life that matters."

RESEARCH BREAKTHROUGHS
Finding incompatible donor-recipient pairs to exchange kidneys is a process that relies on high-level math.
"Algorithms that seek out optimization are the core of kidney pair donation," says Arvelakis. "These optimization algorithms consider every possible solution and pick the

Another Doctor in Mount Sinai that was critical for the decision to operate on me was Dr. Rafael Khaim:



Dr. Rafael Khaim
CLINICAL OPERATIONS MANAGER, KIDNEY & PANCREAS TRANSPLANT | Renal Transplantation

Dr. Rafael Khaim was crucial in the decision to approved me to the Committee that decide. He interviewed me and apparently I convinced him that I can be a good candidate for Kidney transplantation. Also, Dr. Khaim prepared for us all the necessary medications after the operation and constantly check on the blood testing and monitor the changes and what need to be change with the Medications.

Another great Doctor was the Nephrologist Dr. Delaney.



Dr. Delaney

It is amazing how many professionals took care of me. And I am sure it is a standard in the Mount Sinai Hospital to give this attention to all of their patients.

The head of the Transplant Center in Mount Sinai is Dr. Ron Shapiro.



Dr. Ron Shapiro the head of the Transplant Center

Ron Shapiro, MD, is the new surgical director of the Kidney and Pancreas Transplant Program at Mount Sinai's Recanati/Miller Transplantation Institute.

Dr. Shapiro, a leading surgeon with more than 30 years of experience in the field of transplantation, trained at the University of Pittsburgh under Dr. Thomas E. Starzl, a transplant pioneer. Before coming

to Mount Sinai, Dr. Shapiro was a Professor of Surgery at the University of Pittsburgh and the Robert J. Corry Chair in Transplantation Surgery at the Thomas E. Starzl Transplantation Institute. After 26 years with the University of Pittsburgh, Dr. Shapiro is leaving his endowed chair in Pittsburgh to return to The Icahn School of Medicine at Mount Sinai, where he completed his internship and residency. In his new position at the Recanati/Miller Transplantation Institute, Dr. Shapiro will oversee the abdominal organ transplantation programs and services specific to adult and pediatric kidney transplantation, as well as adult pancreas transplantation. RMTI is among the most comprehensive transplantation centers in the world, and includes one of the largest living donor programs in the United States.

Dr. Shapiro has co-authored four books: Atlas of Organ Transplantation, Renal Transplantation, Pancreatic Transplantation and Living Donor Organ Transplantation. He has published more than 380 articles, 65 book chapters, and has given more than 520 lectures. Dr. Shapiro has been repeatedly named by Castle Connolly, Ltd. as one of “America’s Top Doctors.”

Imagine, Dr. Shapiro personally exam me before the surgery. When I sent him an email asking him who will take care of me when I return to California, in no time I received the following message:

Shapiro, Ron (Transplant)
to Gideon, Rafael

Dear Dr. Ariel,

This is already organized. Cedars has agreed to follow you—I got this sorted out either just prior or just after your transplant. Rafael will explain it all before you leave New York.

So here are the steps that I had to go to get to the actual surgery

Kidney Transplant Step-By-Step

What exactly happens when you receive a kidney transplant? While the actual process is very complex and takes a team of medical professionals – and of course a kidney - this section will assume all of those things are in place. Here we’ll take an abbreviated walk through the kidney transplant process.

1. Getting the Green Light

After receiving the call from the transplant team indicating they have a kidney for you, a patient needs to get to the hospital as quickly (and safely) as possible. A suggested list of things to bring to the hospital to ensure everything goes as quickly and smoothly as possible includes a list of current medications, a list of drug allergies, health insurance information and clothing for several days.

It’s also important for a patient to stop eating and drinking as soon as they get notice a kidney is available. A patient’s stomach needs to be empty when the operation begins.

2. Arrival at the Hospital

Once admitted, the patient will receive a physical exam, blood work, a chest x-ray, EKG and perhaps even other tests.

While disappointing, there are some cases where surgery will be postponed and the patient will be sent home. These include:

- The patient has developed an infection or a medical problem that could cause problems with the surgery or recovery.
- The kidney being donated looks to be in bad shape or there is reason to believe it would have poor function.

3. Patient Preparation before Surgery

To ensure the patient is ready for the operation, several things will be done. Hair on the chest and abdomen will be shaved, a laxative or enema may be administered to clean out the intestines and prevent constipation after surgery, and an intravenous line will be inserted to supply medicine and prevent dehydration. A sedative will also be administered to help the patient relax before surgery.

There is a possibility a patient will need a transfusion of blood during the surgery. Today's donated blood is screened very carefully so the chance of contracting a disease from the transfusion is small. If you have concerns about transfusions, make sure you talk to the transplant team during the time you are waiting for a kidney.

4. The Kidney Transplant

The patient will be put "under" using a general anesthesia and will remain asleep for the duration of the surgery. Once asleep, the transplant surgeon will make an incision on the lower abdomen just above the groin.

The donor kidney will be placed in the lower abdomen. The kidney's blood vessels will then be connected to the recipient's iliac artery and vein. The surgeons will then connect the ureter to the bladder. A small drain may be inserted into the abdomen to drain any excess fluid that may have accumulated during the operation.

5. After the Surgery

After the surgery, the patient will be taken to the intensive care unit or acute care unit where they will be monitored by medical personnel until the anesthesia wears off and they wake up. While recovering here are some things a patient can expect:

- Some pain and discomfort. Medication will be provided to help relieve this.
- To help keep the lungs clear, a patient will be asked to cough.
- Fluids and medications will be delivered through IV lines in the arm or neck for the first few days after surgery.
- A catheter to drain urine from the bladder will be inserted. While it may feel uncomfortable and create the feeling for the need for constant urination, it's only temporary.

- If a drain was inserted near the incision during surgery to help with fluid removal, it will remain there for five to 10 days.
- In some situations, while waiting for the donated kidney to fully recover from the procurement/transplant process, dialysis may still be used to help remove excess fluid and toxins.
- Patients will be monitored for laboratory results, medications, eating and exercise. As soon as the patient is able, they will be prepared for going home.

I was put under Anesthesia and did not remember a thing until I was awoken 4 hours' latter in the recovery room before sending me to the room in the transplant department in the hospital. At that point I had a new Kidney and I could feel a slight pain. At that point Ann came to join me where I greeted her: "who are you"...Of course this was just a joke.



At the hospital few hours after surgery

The first think after the surgery that I wanted the most was to meet with James to know he was doing. And he did great. We both were in the hospital for 2 days and released to the TLC the hospital hotel for Transplant patients. We had great time together.



Socialized together after few days of the surgery with my Donor Dr. James Hackney
James recovered very quick and enjoyed walking in the Central Park and the streets of New York. It took me few more days, even though I was walking after 3 days.

Next event for us to celebrate was the Seder which was on April 22nd. But this was the Friday that James was scheduled to go back home in Missouri. Ann and I decided that we will have the Seder on the 21th, but in the evening, where in Israel it is already the 22nd. So, how to get the Hagada, and the gefilte Fish and all the requirements for the Seder? Well, here where Renewal came to save our Seder and brought us everything.



And we had a great traditional Seder with my Donor James:



At the Seder with James

Everything went very well and I was very lucky. Feel great like a newborn. So now is the time to thank my Donor and Renewal. Ann and I were thinking what is the best to do and we came with some ideas.

For James we decided to create a trust for his two sons who are 12 and 16 years old to make the trust pay for all of their education in any University of their choice, Harvard, Stanford, MIT, Yale, Oxford etc. whatever they choose, their tuition and living expenses will be paid by the trust all the way to Ph.D.

For Renewal that had so many expenses and did not want even to discuss any compensation, we decided to Donate \$100,000. This is the least what we can do for James and Renewal.



Donation of \$100,000 to Renewal presenting to David Schischa



With the Renewal Organization, David, Menachem and AJ

The following is a letter I recived today from Renewal:

Dear Friend of Renewal,
Kidney Transplant NOW

Please pray for:

Donor: Avigayil Mechsa bat Batya Itta

Recipient: Mordechai David ben Aliza Freida

Today's donor, Avigayil, decided to donate her kidney immediately when her husband the recipient found out he would need a kidney transplant. Because of her selflessness Mordechai will B'H not need to undergo dialysis as most kidney transplant recipients need to until they find a donor. He surely will be indebted to his wife for the rest of his life.

Today's Transplant is dedicated to the speedy Recovery of Gideon Ariel. Gideon Received his new lease on life last month with his Kidney Transplant. Gideon is Renewal's first former Olympian to receive a kidney. He played in the 1960 & 1964 Olympics on the Israeli team.

B"H, kidney transplants have a great success rate. However, there needs to be *Siyata Dishmaya* that they be successful. Please take a moment to say [tehillim](#) for the success of the transplant.

Thank you,

A.J. Gindi

Community Advocate

Renewal

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So, what did I learned from this event with my failing kidney? Few essential things in life. When you have a failing kidney you must be checked by a at least 3 independent nephrologists. Never agree to go to dialysis when your creatinine is just 5 or 6, Try to get kidney transplant at this point. Set a blog on the net and contact your family members. Maybe one of them will agree to give you one kidney. Don't go to any hospital. Find the proper hospital where they will listen to you and care for you. And if you need to start dialysis never go to a dialysis center where the nephrologist is owner of the center. If he is the owner, all he cares is about making money. They will want to keep you half alive so you commit to this center the rest of your life. Always go to a center where they will help you to find a donor. My nephrologist, when I asked him about transplant he response like that: "Never discuss with me this subject again". But I was trapped in his center. Don't ever let them inject you with medication that a good doctor does not approved of it. The Dialysis center will claim that it is the "protocol" that they are following. The Protocol means that everyone in the Dialysis center treated the same. A 93 years old Man that about to die soon get the same treatment of a 50 years old. If they try to give you Epogen or Iron, asked why. Is it necessary because of the stupid protocol or because you need it. Check with your primary Doctor to explain if you need it. Don't believe the Dialysis center. They give it to you so they can charge the insurance great deal of money or charge you. And, never give up to find a donor and the right hospital. Mount Sinai in New York is for sure the best choice as far as I know. In San Diego hospitals you are just a number and if you are over 70 years old you do not have a chance. Make sure the nephrologist care for you. If he come to see you once a week or less, he is the wrong one. See how friendly is he. How much he wants to talk with you. In most cases they only care about the money income, you are nothing just a dying body in a Cemetery with Light. Dialysis center should by the law to first find you a living Donor and organize meeting in the proper hospital for Transplantation. What good it does to you, for the rest of your life 3 times each week to have dialysis 4 hours each time. Your life is over under these condition. I can assure you that you have a kidney waiting for you but you must work to find it out. I am 77 years old and had 5 live donors!

So, this is the end of amazing story that revived my life from the horrible Dialysis. I am normal again, I can travel with my believing wife Ann again all around the World. I would never make it without Ann. She did not give up one moment and encourage me. And how lucky am I to find this amazing organization Renewal and have such a Saint Dr. James Hackney to give me one of his kidney. Must be some God that made it all happened. I am so happy.



Back to life with a new Kidney

