As is often the case with people suffering from Chronic Kidney Disease (CKD), Bilal Momin has a family history of the disease. Indeed, his grandmother, his mother and two sisters died from it. Another sister is currently undergoing dialysis while awaiting a kidney transplant.

But for most of his life, Bilal did not know his family history. He was adopted when he was an infant. It wasn’t until 30 years later that Bilal, himself suffering from kidney disease, began a quest to find his biological mother. That quest led to his reunion with Martha Adams, who was undergoing dialysis at the time. They were part of each other’s lives for 13 years until her death in 2000 at age 62.
Despite his family history, Bilal’s prospects for a long life improved considerably on Nov. 2, 2006. That was the day he underwent a kidney transplant at Miami Valley Hospital. He was fortunate enough to receive a kidney from a living donor, a situation that improves the odds for a successful outcome.

Bilal’s donor was Michele Gee, a member of his church. Two years earlier, Michele had volunteered to donate a kidney to Bilal’s biological sister, but she was not a match (based on blood and tissue type). When Michele heard of Bilal’s plight, she again volunteered. This time she was a perfect match.

When a living donor is involved, two surgeons are needed to perform the transplant. Thav Thambi-Pillai, MD, associate surgical director of Transplant Surgery at MVH and assistant professor of Surgery at Wright State University Boonshoft School of Medicine, removed a kidney from Michele by means of minimally invasive laparoscopic surgery.

In an adjoining operating room, Bilal waited for his new kidney. Dr. Thambi (as he is known to his colleagues and patients) and Philip Williams, MD, Dayton Surgeons Inc, performed the kidney transplant. (Ken Rundell, MD, surgical director of Transplant Surgery at MVH and clinical professor at the Wright State University Boonshoft School of Medicine, had removed one of Bilal’s diseased kidneys several weeks earlier.)

After short hospital stays, both patients recuperated at home. After six weeks, Michele resumed her regular life as mother, wife and assembly line worker. She was “blessed” she says by the opportunity to “give someone a second chance at life.”

For Bilal, his new life is anything but “regular.” For years he had suffered from fatigue, lack of appetite and reliance on pain medication. Now he has a new lease on life and a new career as a Web site developer; recently, he was accepted into a four-year program at a local Bible college. He has regular checkups with his nephrologist, Augustus Eduafo, MD, medical director of Transplant Services at MVH, who monitors his progress. Dr. Eduafo has cleared Bilal to do weight lifting. “My goal is to resume the long-distance bike riding that I enjoyed before my kidney disease sidetracked me,” he says.

Because African Americans are at increased risk for developing kidney disease, Bilal has made it his mission to reach out to that community through advocacy, education and the Web.

Success stories like Bilal’s thrill Dr. Thambi, who joined the transplant team at MVH in 2006 to help grow the program. He wants to see more kidney transplants take place — what he terms “medical plumbing” — so that fewer patients suffering from chronic kidney failure need to undergo dialysis.

Dialysis is a time-consuming, expensive and restrictive treatment for removing wastes and extra water from patients who have lost most of their kidney functions.

The only alternative treatment is a kidney transplant. But it’s a solution that is not readily available to most patients because of the shortage of donor kidneys.

The majority of donor kidneys in Dayton come from deceased (brain dead) donors says Dr. Thambi. Organs, including kidneys, are matched to waiting recipients by a national computer registry network operated by the United Network for Organ Sharing (UNOS). The MVH Transplant Center is a member of UNOS as are 58 organ procurement organizations (OPOs) across the country. One such OPO is Life Connection of Ohio located in Dayton. Life Connection is responsible for all organ retrieval activities in the Dayton area, as well as the entire western corridor of Ohio through the Toledo area.
according to president and CEO Mike Phillips.

In recent years, there has been a dramatic increase in kidney donations from living donors, due primarily to the advent of laparoscopic surgery. Dr. Thambi would like to see an even greater increase in the number of living donors, especially at MVH. To that end, the Transplant Center works with patients needing transplants to identify relatives, friends and others who would be suitable donors. Education is part of the center’s mission. For example, prospective donors learn that a person can get along very well with one kidney; that there is no increased risk for kidney failure among donors; and that donors pay no medical costs.

It wasn’t until Joseph Thoma, a Piqua resident, was in his

*Source: National Kidney Foundation (www.kidney.org) and MVH Transplant Services

For information on becoming an organ donor, go to www.donatelifeo.org
mid-forties that he discovered he had been born with only one kidney, which was beginning to fail. Over the next ten years, his kidney got progressively worse until he became incapacitated and was facing dialysis. His sister, Linda Cooper, who lives in Virginia, was the match Joe needed. She underwent a laparoscopic donor nephrectomy at MVH on Aug. 31, 2006, while her brother waited in the adjoining room to receive her gift of life. Their surgical team was Dr. Thambi and Dr. Williams.

Although separated geographically, the bond between Linda and Joe has grown stronger as a result of the kidney donation. Joe often speaks of himself in the plural as in “We just turned 58.” One of his most prized possessions is a quilt made and given to him by his sister following the transplant. It shows Joe relaxing under a palm tree by the beach. The tree’s coconuts, however, are kidney shaped.

Joe has high praise for Ann Taylor, RN, program manager, and the entire MVH Transplant Center team: “They are the nicest people in the world,” he says. The world is a much better place for Joe and Bilal and for all the other kidney patients who have and will be served — and saved — by MVH’s Transplant Center.

In addition to kidney transplants, Dr. Thambi has expertise in liver and pancreas transplants. He also performs laparoscopic liver surgeries and treats complex pancreatic and bile duct disorders.

For more information on the MVH Transplant Center, contact Ann Taylor, RN, at (937) 208-2529 or at actaylor@mvh.org.

From Start-Up Program to State-of-the-Art Center

Miami Valley Hospital made history in 1970 when two of its physicians performed the first ever kidney transplant in Dayton. Since then, hundreds of patients have undergone successful kidney transplants at the hospital. Today, MVH is the region’s only organ transplant center as well as the largest hospital-based provider of dialysis services in the region.

On Feb. 1, 2007, Miami Valley made history again when it dedicated its new Transplant Center and Kidney Dialysis Unit located on the third floor of the hospital’s northwest wing. The two pioneering physicians who performed the first kidney transplant at MVH, H. Allan Feller, MD, and John Taylor, MD, both now retired from medical practice, were on hand to help cut the ribbon to the new facility.

Before the $2 million renovation, kidney patients had to travel to as many as four locations in the hospital for evaluation and treatment. Now those services and associated health providers — surgeons, nephrologists, nurses, coordinators, dieticians and social workers — are in one convenient location. These professionals provide a continuum of care from diagnosis and surgery to recovery and beyond.

The center offers state-of-the-art procedures such as laparoscopic donor nephrectomy (minimally invasive removal of a kidney from a live donor); use of expanded-criteria donors (a selection process that widens the pool of potential deceased donors); and advanced immuno-suppressive drug treatment.