

Kidney Transplantation – Part 1

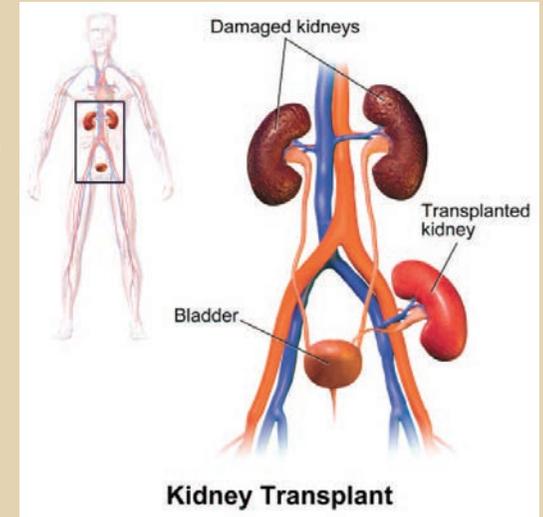
Dialysis and kidney transplantation are the current treatment options for severe kidney failure, also called chronic kidney disease stage 5, and end-stage renal disease (ESRD). There are different artificial kidney models that are being evaluated but none of these are quite ready for primetime.

Essentially, there are two modalities of dialysis: hemodialysis and peritoneal dialysis. When the kidneys are no longer functioning effectively, waste products, electrolytes, and fluid build up in the blood. Patients often also become anemic. Dialysis can take over a large part of the function of the failing kidneys to remove the excess fluid and waste products. However, Kidney transplantation can more effectively take over the function of the failing kidneys.

Kidney transplantation is the organ transplant of a kidney into a patient with end-stage renal disease. A kidney transplant is classified either as deceased-donor (previously referred to as cadaveric) or living donor transplantation depending on the source of the donor organ. Living-donor kidney transplants are further categorized as genetically related (living-related) or nonrelated (living-unrelated) transplants, depending on whether a biological relationship exists between the donor and recipient.

A successfully transplanted kidney can often function as a patient's own healthy, native, kidneys would. As a result, a kidney transplant recipient would no longer need dialysis. They would not have such strict dietary and fluid intake restrictions. They often would not require several medications which they needed while on dialysis. However, they would need to take certain medications, referred to as immunosuppressants, for the life of the transplanted kidney.

Although patients with ESRD of all ages can get a kidney transplant, not everyone is a suitable candidate for a transplant. Any individual being considered for a transplant requires a complete medical and psychosocial evaluation. Kidney transplant recipients must be healthy enough to undergo the operation. They must also be free from cancer and active infection. For many people, getting a kidney transplant can be an excellent treatment choice.



Dr. Dwight Matthew

Dr. Dwight Matthew joined Shoals Kidney and Hypertension Center as a Transplant Nephrologist in August 2013 upon completion of his Transplant Fellowship at the University of Alabama at Birmingham (UAB). Before starting his transplant fellowship at UAB, Dr. Matthew had completed his Nephrology Fellowship program at Hahnemann University Hospital - Drexel University in Pennsylvania, PA. He is from St. George's Grenada where he completed his Doctorate of Medicine in June 2003 before coming to the United States to complete his Nephrology training.

Dr. Matthew is board certified in Nephrology and Internal Medicine from the American Board of Internal Medicine and recognized as a Specialist in Clinical Hypertension by the American Society of Hypertension. He also completed a mini-fellowship program in Renal Ultrasonography at Emory University.

Dr. Matthew has active privileges at Helen Keller, ECM & Shoals Hospitals as well as DaVita Dialysis. He is a member of the American Society of Hypertension, American Society of Transplantation, American Society of Nephrology, National Kidney Foundation and others. He has been active with research and has been published in several medical journals.



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