

## WANT TO HELP SAVE NANCY'S LIFE?



## CONSIDER DONATING YOUR EXTRA KIDNEY!

- 1) Most everybody has two kidneys; some even have three; but, did you know you only need one?

**Answer:** See *Scientific American* article ([2002](#))

- 2) What's going on; Nancy looks fine?

**Answer:** She does, but she has [hereditary polycystic kidney disease](#) (PKD for short), an autosomal dominant genetic disease in which fluid-filled cysts proliferate in her kidneys and make both her kidneys larger over time. There is neither cure nor treatment for this chronic disease. In her case, maintaining a healthy lifestyle and aggressive blood pressure control has delayed her disease's progression, but finally these cysts have taken over and destroyed her working kidney tissue and so, total kidney failure is in her near future (she is now at the NKF's [Stage 4 of 5](#)).

- 3) How bad is it really?

**Answer:** Her [GFR](#) should be 90-120; she is now at 14, which is so low (20 is the threshold) that she has been placed on the national waiting list for a deceased donor kidney ([OPTN](#))!

- 4) So, that is good, right; what's the problem?

**Answer:** Yes, but there are more than 100,000 other people ahead of her on the national list waiting for a kidney and her wait time here in [Los Angeles](#) is 8-9 years--time which she doesn't have given her dangerously low GFR.

- 5) So, what are her options now?

**Answer:** When her kidneys fail in the coming months, she has only two options: a) Go on dialysis or b) get a kidney transplant at UCLA. Having witnessed her own mother's many [complications](#) with dialysis including heart failure, Nancy would prefer to avoid that option. Hence, the other option: getting a kidney transplant from [a living donor](#).

6) So, why don't you, as her husband, donate?

**Answer:** I would in a heartbeat, but I have my own health issue ([kidney stones](#)) which rule me out and I will need to be her primary caregiver.

7) But, can I really function normally with only one kidney?

**Answer:** Yes, you can [live just fine](#)--the other kidney picks up the function!

8) What if we don't match—in other words, we are [incompatible](#)?

**Answer:** Good point; there is still the life giving possibility of [kidney paired donation](#), where your kidney matches another person and their donor's kidney matches Nancy's need.

9) Wait, who pays for the necessary medical tests and surgery at UCLA's Medical Center?

**Answer:** Two parties. **First**, all costs for tests performed as part of the evaluation at UCLA, as well as the surgical expenses, are paid for by Nancy's [Kaiser Permanente health insurance](#). **Secondly**, any travel expenses incurred and/or lost wages during recuperation will be paid for by us.

10) Ok, I am still interested, so how can I be evaluated for a possible match?

**Three-part Answer IF you are above 18 years of age (but no upper limit):**

1) **Complete** a three page "[Donor Intake Form](#)" and fax it to the attention of the UCLA Donor Coordinator at 310-983-3628 **or** simply mail it to **UCLA Kidney & Pancreas Transplant Programs, 1145 Gayley Ave., Suite #321, Los Angeles, CA 90095;**

2) **Call** the UCLA transplant donor coordinator, telling them that you are calling about being a kidney donor for Nancy B. Richardson, MR #1810060, at 1-866-672-5333 where they can also answer any remaining questions, especially about out of area testing; and finally,

3) **Tell** UCLA's transplant donor coordinator that you really want to be scheduled to have some blood drawn and give a urine sample to help determine a match.

**As her husband, I know Nance is reluctant to make The Big Ask, and she certainly doesn't want people to say "oh poor you," but it's time now. I implore you to act— please fill out the [3-page form](#) and send it. And call this number, 1-866-672-5333, to make an appointment now!**

**IT IS ILLEGAL TO SELL OR PURCHASE HUMAN ORGANS  
[THE NATIONAL ORGAN TRANSPLANT ACT OF 1984](#)**

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