

RURIISA SHARED A KIDNEY, GAVE HIS WIFE LIFE

By Agnes Kyotalengerire

Anthoni Ruriisa, 59, recalls that in July 2015, his wife, Edith Ruriisa, who is now deceased, was diagnosed with kidney failure. Edith had a history of diabetes for six years and high blood pressure for three years; conditions which doctors suspect could have caused kidney failure.

Edith's diabetes and hypertension were being managed at a private hospital in Kampala. However, gradually, her body, feet, face started swelling and her physician suspected that her kidneys were failing.

She was referred to Mulago Hospital, where Edith was admitted in May 2014. Tests at Mulago showed she had kidney failure. Dr Robert Kalyesubula, a nephrologist, recommended dialysis for Edith as she waited for a kidney transplant.

The couple needed \$25,000 (about sh92m) for the kidney transplant and related expenses in India. The breakdown of the figure was \$15,000 (about sh55m) for transplant and treatment; \$4,000 (about sh14m) for transport and \$6,000 (about sh22m) for accommodation and upkeep.

The funds were raised and Rusiira, Edith and her brother who was donating a kidney flew to India. However, her health had deteriorated so much that she was flown while on life support.

Five days to the transplant, Edith's brother backed out of donating his kidney.

Ruriisa could not let the money he had spent on air tickets and treatment go to waste. He offered to donate his kidney to his wife.

The doctors tested Ruriisa and he turned out to be compatible.

However, this twist of events came with a heavy cost. It meant an additional expense for tests, changing his visa from attendant to donor and extending their couple's stay in India, which totalled \$6,370 (about sh23m).

The additional expense was too heavy for Ruriisa, who is a lecturer



Anthony and his wife Edith after the kidney transplant at their home in Kanyanya. Photo by Agnes Kyotalengerire

at National Teachers College Kabale and a pastor in the Miracle Centre churches, to bear. Fortunately, the additional funds were raised with the help of his children, relatives and well-wishers back home.

The kidney transplant was on February 4, 2015. The couple healed and were discharged two weeks later.

Unfortunately, in December 2017, Edith passed on as a result of failure to manage an infection that resulted from a fracture surgery.

Kidney donors backing out

Sandra Luyima Mukasa, the programmes co-ordinator at Uganda Kidney Psychosocial Support Organisation, says it is fairly common for donors to back out the last minute.

Mukasa narrates that her husband

Life after a kidney donation

- When one kidney is removed, the remaining one will increase in size to compensate for the loss.
- Pregnancy after donating is possible, but usually not recommended for at least six months after the surgery.
- People can live normal lives with one kidney.
- Donating the organ does not change life expectancy and does not appear to increase the risk of kidney failure.

suffered an experience similar to Rusiira. "The person who was supposed to donate a kidney to my husband left us in India and informed us after she had returned to Uganda. Fortunately, another friend stepped in and donated a kidney to my husband," Mukasa recalls.

Dr Kalyesubula estimates that in a year, Mulago Hospital sends between

15 and 20 patients with their donors to India for kidney transplants. Of these, one or two donors back out at the last minute after all tests are done, Dr Kalyesubula said.

Why donors back out

Dr Frank Asimwe, a urology consultant at Mulago Hospital, says sometimes potential donors back out

FACTS

A medical study conducted in Kyamulibya sub-county in Kalungu district in 2014 and 2017 by Dr Kyalesubula with Wakiso district, Makerere University and Medical Research Council Entebbe indicates that 20% of the population have kidney injury, 0.05% need dialysis and 2% have chronic kidney disease.

for fear that it may be difficult to live with one kidney.

Some donors are misinformed that they cannot live with one kidney, Dr Kalyesubula says.

However, he is quick to dispel the misconception, saying the donors usually do better than the general population because they have been screened and are confirmed to be healthy, otherwise they would not be legible to donate.

The thought of undergoing surgery when one is not ill, gives some donors cold feet, Dr Asimwe adds.

Lack of information and proper psychological preparation is another reason that pushes potential donors to give up, according to Dr Kalyesubula. He says the medical team in Uganda lacks skills to counsel potential donors and their families.

Oftentimes, it takes months between when tests are done and when the transplant is done. "The long waiting period causes donors to change their mind. Besides, in the process of waiting, the donor may get influenced by people who have gone through the process," Mukasa explains.

In addition, others in the process of waiting for the transplant may develop infections or become pregnant, which makes them unfit to donate.

Sometimes potential donors are lured with huge sums of money to donate to other patients, according to Mukasa.

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HEALTH
VIEWPOINT



Lillian Namusoke Magezi

Are all your kidneys healthy?

Non-communicable diseases are reported to be on the increase in Uganda. One such disease is chronic kidney disease. This can lead to kidney failure.

Last month, we celebrated World Kidney Day and got several stories of people who had an experience with kidney disease. Today, find a story of love, commitment and sacrifice, of a husband who donated a kidney to his wife.

In addition, we have explored the challenges people face as they try to get kidney transplants and tips on how to seek help.

I encourage you to continue writing to us and let us know of any issues you would like us to explore

Uganda's state

Dr Robert Kalyesubula, a nephrologist at Mulago Hospital, says the state of kidney disease is alarming given that many do not know that they have it. In addition, when one develops the disease, they are on their own. They have to pay for everything, which includes tests, drugs and any other treatment which includes dialysis or transplant. There are no government interventions or subsidies for kidney disease.

The disease calls for immediate intervention and patients have to foot their bills.

Dr Kalyesubula says the medical fraternity is working on introducing transplant surgery in Uganda. He explains that before transplants can be done, there should be a law in place to govern them.

The kidney transplant bill has been tabled in Parliament. The issues enshrined in the Bill include: who can donate, what need to be done, the role of the doctors, the role of donors and the Government and the ethics around protecting a donor.

In addition, six floors of the new Mulago Hospital have been dedicated to kidney disease. Health workers including nephrologists and urologists have been trained and the government has subsidised dialysis by about 90% (from sh300,000 to sh80,000).

Women more likely to donate kidneys - study

A study conducted by the International Society of Nephrology and the International Federation of Kidney Foundation released to coincide with World Kidney Day on March 8, indicates that statistically women are more likely to donate a kidney to a partner than receive one.

The study shows that 36% of women donate a kidney to their husbands in, compared to 7% clinically suitable men who donate a kidney to their spouse.

The study highlights how women are also liable to suffer from the most serious stages of chronic kidney disease as they tend to live longer than male sufferers and take longer to reach a stage requiring a transplant.

"Although it is hard to pinpoint a specific reason for higher numbers of wives being donors than husbands, the evidence suggests that women are motivated by reasons such as the desire to help their family survive," said Adeera Levin, a professor of Medicine at Canada's University of British Columbia.

Although the data showed that higher proportions of women live with advanced



Most kidney donors are women

chronic kidney disease, "experts believe that systemic failures to detect or manage chronic kidney disease in women leave women at a higher risk of progression and complications".

Dr. Kalyesubula says social economic factors push the women to donate more. "women want their husbands to remain healthy so as to continue supporting their families," he explains.

Dr Kalyesubula also says more women than men donate kidneys because of their natural role as mothers. Women give birth to life and they are more willing to save life because receiving a new kidney is bringing someone back to life, he explains.

Dr Sashi Kiran, a senior consultant nephrologist from Yashoda Hospital in Hyderabad in India, concurs with the study. He says women are more likely to donate more than men because of a physiological factor.

"Pregnancy takes place in a woman, the woman is going to have more of her husband's genetic material in her than vice versa. Unless a woman has donated blood to the husband, the immune system will have no recognition of the woman's blood related proteins or donated organ. Thus the chance of successfully donating to them are high and kidney rejection is minimal," he explains.

Uganda's situation
Dr Robert Kalyesubula, the president of Uganda Kidney foundation, estimates that since 2008, a total of 90 kidney donors and patients have been sent to India for kidney transplant.

Of those, 50 are women and 40 are men, which confirms the findings of a study done by the International Society of Nephrology and the International Federation of Kidney Foundation.

Bonding with a kidney donor

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Dr Kalyesubula says the donors have the freedom to change their mind about donating their kidney.

"If someone is not comfortable with donating their kidney they are free to change their mind," he says.

Preparing a kidney donor
Mukasa, who is also a community psychologist at Uganda Kidney Psychosocial Support Organisation, says preparation starts when a nephrologist recommends a kidney transplant.

"Ideally that is when people from the social arena; the psychologist and social workers should be brought on board to prepare the family. To take them through the requirements of kidney donation," she explains.

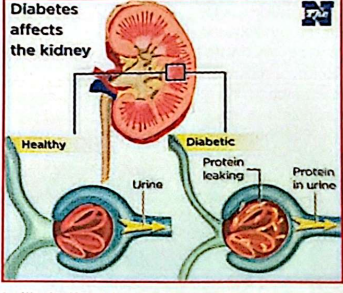
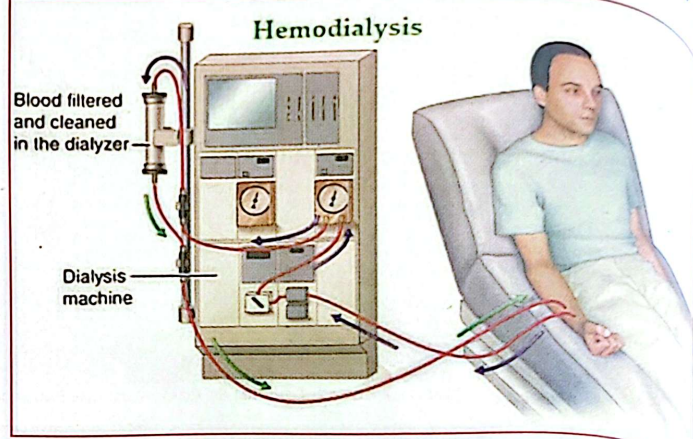
When a doctor notifies her organisation about a patient who needs a kidney transplant, Mukasa says, the organisation contacts a team of progressive kidney donors (people who have donated before and are doing well) to meet with the primary degree relatives (mother, biological sister and brothers) of the patient for a family dialogue, Mukasa explains. She adds that the dialogue helps prepare the family where the potential donor is to be picked.

During the dialogue, the progressive donors share their experience, especially after surgery.

However, Mukasa adds that when the preparation step is skipped and counselling psychologists are not involved, it is difficult to convince a potential donor to go through with the process.

"In most cases counselling psychologists are involved late when the potential donor has backed out because they were not prepared," she says.

She says in such cases they advise the patient to look for another donor. This is one of the reasons why some donors move from first-



An illustration (above) of how healthy kidneys can be damaged by diabetes

How to identify a donor
Dr Kalyesubula says the donor and recipient

have to be compatible, that is, should belong to the same blood group.

The recipient should not be above 65 years old. The donor has to be physically, mentally and medically fit. All these are assessed through over 40 tests, he explains. It is also important to ascertain the health state and size of the kidneys of the donor.

Dr Kalyesubula adds that immediate family members of the donor should agree to the donation and approval should be sought from the Uganda Medical Board. Once that is done, a letter of approval is got from the Prime Minister's office or a designee, for example, director general.

The donor should be a first degree or close relative to the recipient, except under unavoidable circumstances. The first degree relatives include a mother, father or biological siblings of a patient.