Congratulations!

Congratulations to our new kidney transplant recipients! This quarter we have done four successful transplants. We are pleased that everyone has done well.

Keep up the good work!

Kathy Lawson of Bridgeport, Alabama
Kobi Chapman of Ooltewah, Tennessee
Santos Villatoro of Dalton, Georgia
Randall McReynolds of Pikeville, Tennessee

Regenia’s Angel: A Match from Above

When Regenia Piersaul received a phone call May 19, 2003, she didn’t know her life was going to change forever. A dear family friend, Emily Jenkins, had passed away in a tragic accident and the sorrow that quickly followed slowly turned to hope as the events unfolded.

Regenia was born with a polycystic kidney disease, a hereditary illness, but it wasn’t until she gave birth to her daughter that doctors saw the extent of the disease and how it was taking over her kidneys.

Yet, she continued to live her life as if she was never sick. She worked for the same family over three generations, traveling with them to other countries, assisting with lavish parties and caring for the children she called her own. The family adored her.

Unfortunately, as the years passed, Regenia’s kidneys began shutting down and she relied on dialysis and multiple surgeries to keep her alive. By 2003, it became even more important for her to receive a donated kidney.

An accident in New York City on May 19, 2003, left Emily Jenkins, the granddaughter of the family Regenia worked for as a nanny, on life support. Emily’s parents, Chris and Dwight Jenkins, decided to donate her organs and knew, without any hesitation, that they wanted Regenia to be one of the recipients. The call was made.

“I just didn’t know what to think,” said Regenia. “Emily’s mother, Chris, said they were going to save me, but I was more concerned about the family and what they were going through.”

After tests were performed and Erlanger’s Kidney Transplant Center learned that Emily was a perfect match, doctors at Erlanger agreed to continue with the transplant the very next day.

“Emily and God wanted me to have this kidney,” said Regenia. “That is why it was a perfect match.”

Not only did Emily save Regenia’s life that day, but her lungs, heart and other kidney were also donated and saved three other lives.

Today, four years after her transplant, Regenia is doing extremely well. She credits the Kidney Transplant Center and the dialysis center for her exceptional care.

“The staff was the best all around,” explains Regenia. “I haven’t been sick one day and they are starting to cut down on my medication.”

Today, Regenia is settling into retirement. She enjoys spending time with her family and friends, as well as cooking. She still keeps in touch with the Jenkins family and visits them often.

No amount of words can say just how grateful Regenia is. “They just don’t know how much I appreciate and love them.”

Medicare Coverage and End-Stage Renal Disease

Have you or a loved one recently been diagnosed with End Stage Renal Disease (ESRD)? Did you know Medicare can help by providing coverage for most people with end-stage renal disease?

Patients needing coverage due to ESRD can enroll in Medicare Part A and Part B at their local Social Security office. If a patient is already enrolled in Part A coverage because of age or disability but did not take part in the Part B option or Part B was stopped, they may reenroll without paying a higher rate if coverage is based on ESRD.

According to Misti Thach, clinical transplant coordinator at Erlanger, coverage usually begins the fourth month of dialysis treatments or the month you are admitted to the hospital for a transplant. Below is a detailed description of what services Medicare Part A and B cover. For more information please contact your local Social Security office.

What does Medicare cover?

Part A, also known as “hospital insurance,” helps pay for inpatient care, some skilled nursing care, hospice care and some home health care services. Part A will also cover the transplant waiting list fee, laboratory and radiology tests to evaluate your medical condition, and donor costs. Most individuals receive Part A automatically when they turn 65. There is no monthly payment for Part A because Medicare taxes were paid while working.

* continued on next page
Beat the Bug:
Get the Flu Shot

Flu season has officially arrived. Whereas the vaccine is important for a lot of people, it’s especially important for those suffering from renal disease and/or suppressed immune systems.

According to the Centers for Disease Control, complications from the flu result in over 114,000 hospitalizations and 36,000 deaths nationwide each year.

The flu is caused by viruses that infect the nose, throat, and respiratory tract. Symptoms include fever, cough, sore throat, runny or stuffy nose, headaches, muscle aches, and extreme fatigue.

One common misconception is that the vaccine will actually cause a person to get the flu. This is untrue. The flu vaccine is made from a dead influenza virus and cannot cause the flu or other illnesses.

There are a few side effects. The most common complaint after receiving the vaccination is soreness in the arm for a day or two. Those persons allergic to eggs need to consult their primary care physician prior to receiving the vaccination in that the vaccine is grown in hens’ eggs.

There are a number of ways of protecting yourself during the cold and flu season. Those include:

* Wash your hands frequently with soap and water or an alcohol-based hand cleaner.

* Avoid touching your eyes, nose or mouth.

* Avoid close contact with people who are sick.

* Do not share eating utensils or drinking glasses.

HAPPY ANNIVERSARY!

It’s important to recognize those who are celebrating transplant milestones.

During this quarter, there are four recipients celebrating a 17-year anniversary; seven celebrating 16 years, three celebrating 15 years, five celebrating 14 years, two celebrating 13 years, two celebrating 12 years, two celebrating 11 years, five celebrating 10 years, five celebrating 9 years, four celebrating 8 years, five celebrating 7 years, seven celebrating 6 years, ten celebrating 5 years, three celebrating 4 years, eight celebrating 3 years, nine celebrating 2 years, and three celebrating one year anniversaries.

* Due to privacy restrictions, names cannot be listed without written consent. However, you may contact Misti Thach at (423) 778-5508 to have your name listed in the future.

Medicare * continued

Part B, or “medical insurance,” pays for doctor services including outpatient care and other services not covered entirely by Part A. Part B also pays for doctor services before and after your transplant and 80% of the immunosuppressive drugs typically prescribed. There is a monthly premium payment for Part B.

Which Medicare part pays for my transplant drugs?

Medicare Prescription Drug Coverage (Part B)

Immunosuppressive drugs (transplant drugs) are covered if Medicare paid for the transplant, or an employer or union group health plan that was required to pay before Medicare paid for it (not Medicare Part D). You must have been entitled to Part A at the time of the transplant and entitled to Part B at the time you get immunosuppressive drugs, and the transplant must have been performed in a Medicare-certified facility.

Medicare Prescription Drug Coverage (Part D)

Medicare offers prescription drug coverage for everyone with Medicare. This coverage is called Part D. To get Medicare drug coverage, you must join a Medicare drug plan. Each plan can vary in cost and drugs covered. Medicare drug plans may cover immunosuppressive drugs, even if Medicare or an employer or union group health plan didn’t pay for the transplant.

Transplant drugs, including immunosuppressants, can be costly. Please call your transplant social worker if you have questions about which part pays for your medications.