

Three days a week my kidneys weigh half a tonne

Over 3 thousand Bulgarians are on dialysis. 919 Bulgarians are on a transplant waiting list. Only 9 Bulgarians received a transplant in 2012.

FROM AIDA OVANES

Brief history

The first successful kidney transplant between living patients was undertaken in 1954 in Boston, USA. The procedure was done between identical twins, which practically predetermined its success. This has been the most widely applied organ transplantation ever since. Kidneys account for two thirds of all organ transplants carried out worldwide in a year.

In Bulgaria, a kidney transplant was first carried out on a child in 1968, at Emergency Aid Hospital N.I.Pirogov.

The first adult transplantation in Bulgaria was carried out in 1969 at Alexandrovska Hospital in Sofia.

So far, over 500 kidneys have been transplanted in Bulgaria.

14 women with kidney transplants have given birth, some of them even twice.

“The disease is the reason for me not having a PhD, a normal family of my own and a TV career... I felt so bad in the beginning, I was really depressed. I managed to cope with it with the help of God, my mother and friends, and the doctors”, says the 39-year old Plamen Petkov from Veliko Tarnovo. He is one of the three thousand Bulgarians on haemodialysis and one of the 919 on the waiting list for a kidney transplant.

He is a graduate of the Business Academy *D.A.Tsenov* in Svishtov, specialising in Marketing and Advertising. His studies for a PhD in Marketing have not been completed yet because of the disease. He was diagnosed with glomerular nephritis (GN) at the age of 18. GN is an insidious disease, it does not cause pain. Doctors told him that eventually he would end up on dialysis.

Many employers are reluctant to recruit staff undergoing dialysis, regardless of whether they are highly qualified and appropriately trained for a job. The working hours of dialysis patients have to be adjusted to their dialysis procedures. This is a problem for all those who, despite being qualified, are being deprived of both income and self esteem; the state on the other hand receives no taxes from these people”, says Plamen. Some have their dialysis procedures at night in order to be able to work during the day. Obviously, this is an option only for people who live in a place where they can undergo dialysis, but not for people living in other towns or villages.

Protection from dismissal

The draft Ordinance No 5 on diseases requiring special employee protection pursuant to Article 333(1)(4) of the Labour Code stipulates that an employer may lay off an employee with a transplant or chronic renal illness requiring dialysis only with the prior authorisation of the Labour Inspectorate on a case-by-case basis.

No legislation can make any employer hire a person on haemodialysis – it is a matter of good will!

Plamen lived with GN and no serious complications until 2003, when he had to urgently put on haemodialysis at Dr.Stefan Cherkezov Hospital in Veliko Tarnovo. Ever since, he has been hooked to the dialysis machine 3 times a week, 4 hours each time. The dialysis equipment weighs few hundred kilograms and replaces the kidney’s functions. When healthy, kidneys (each of them weighing about 300gr) work 24/7. Dialysis cannot heal, it can only take over the kidneys’ job of filtering toxic waste.

Before the first session, patients must undergo an arm operation to connect an artery to a vein to create a larger blood vessel area, called a fistula. Two thin tubes are then inserted into the fistula – one takes blood to the dialysis machine where it is filtered from waste and toxic fluids; once cleaned, the blood is returned to the body through the second tube. The process takes 4 hours. The patient must lie on a bed during the whole process, to prevent blood from clotting. Throughout the process, the body releases several litres of water. Patients must not drink water, no matter how thirsty they are (and patients with diabetes could feel much more thirsty). Patients on dialysis must count the drops of water they take during the day. Dialysis procedures cause sharp drops in blood pressure (due to the amount of liquids released).

Not one procedure can be missed – because the end will follow in few hours

In time, dialysis patients in any dialysis centre become a big family, including the medical staff. Then it is really hard to see one day that the person a chair away from you is no longer there. Neither patients, nor medical staff can ever get used to it.

Plamen and 90 other dialysis patients are being treated at a medical centre in Veliko Tarnovo managed by Dr Margarita Velkova. He cannot thank the team enough – doctors, healthcare assistants, technicians. He is convinced that their “professionalism and care help their patients feel like complete people”.

Specialists say that the number of renal problems occurring in the last couple of years has increased, due to high blood pressure, diabetes, etc., thus increasing the number of people who need an “artificial kidney”. According to world statistics, approximately 125-130 per 1 million people reach the last (fifth) stage of renal insufficiency. These people need dialysis. Some patients live for 45 years on dialysis. Some Bulgarians have more than 30 years of “this experience”.

More than 3 000 Bulgarians are on haemodialysis or peritoneal dialysis. In 2005 there were about 2500 of them! Very few will get the chance to be disconnected from the machinery and to receive a new kidney. The reason has nothing to do with the scope and professionalism of Bulgarian medical doctors.

Prof. Emil Paskalev: Transplanted patients cost the state 3.5 times less than dialysis patients



Prof. Emil Paskalev is a graduate of the Higher Institute of Medicine in Pleven. He specialises in general medicine and nephrology and has an MSc in public health and health management. He is head of the Department of nephrology of the Medical University of Sofia and has worked as a national consultant on transplant surgery.

Question: How do you select the most appropriate transplant patient from the 1000 candidates on the waiting list?

Answer: Exclusively on the basis of unambiguous, specific medical criteria and in view of the greatest possible compatibility.

Question: This year, 9 kidney transplants have been carried out in Bulgaria. In your opinion, how could we increase the rate of donation?

Answer: In Bulgaria, a transplant patient costs 3.5 times less after the first year than a dialysis patient. Transplant patients can work, pay taxes (including medical insurance) and have children; their relatives do not have to take care of them any longer. These are sufficiently important reasons for any country to stimulate the process and spend the relative health budget efficiently. Patients with kidney transplants have a normal life expectancy. In Bulgaria, the longest survival is 30 years – the patient lived to 79. All those involved in the transplantation chain must believe in the benefits of organ transplantation and work to promote it. This field of healthcare requires the relevant financial resource – enough for a highly specialised activity. From the point of view of ethics and moral principles (with regard to society, country, health, cultural values), we should say that people who have received transplants live better than those on dialysis and that, if we can, we must not let people continuing to live in worse conditions than those who have the rare chance of a better life.

Question: How many years one can live on dialysis?

Answer : People can live on dialysis for more than 20 years. The Bulgarian “record” is 30-35 years. But this is a life deprived of normal quality, while transplant patients can enjoy much better quality of life.

Question: What is the state of dialysis equipment?

Answer: Some dialysis units are better equipped; however, most of them are not properly equipped. Dialysis machines have a life of up to 30 000 operating hours. The number of hours is automatically counted by the machines. When the hours expire, the machine must be replaced with a new one.

1 out of 3 on dialysis with hepatitis?

One out of three haemodialysis patients is infected with hepatitis; some have both B and

C type, says Prof. Krassimir Antonov, gastroenterologist in St. Ivan Rilski Hospital. Patients infect machines, machines infect other patients. In his opinion, two thirds of kidney transplant patients also have hepatitis C, and every fifth of them has hepatitis B. Currently, the incidence of hepatitis B in Bulgaria varies between 2.7% and 5%, and of hepatitis C - 1.5%.

400 new cases of hepatitis B or C are treated every year in Bulgaria. Prof. Antonov points out one of the problems: the majority of patients are at an advanced stage of the disease.

Dr. Stanimir Hasardzhiev, Head of the National Patient Organisation announced that Bulgaria ranks 21st among 30 countries included in the European index measuring the quality of care for hepatitis patients. 90% of people born after 1992 have been vaccinated against type B and have not developed the disease. The issue is that high-risk social groups are not vaccinated. A cheap laboratory test of liver enzymes (BGN 1.50) which could help for the early detection of the disease has not been incorporated in the regular preventive check-ups.