The Coalition Talk Show with Dr. Shani Belgrave: Kidney Transplantation with Dr. Praise Matemavi Transcript

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Show Introduction and Guest Welcome

Welcome to The Coalition. This is a talk show dedicated to discussing health, wellness, and inspiration. I'm your host, Dr. Shani Belgrave. Hello, everybody.

Welcome to The Coalition. I'm your host, Dr. Shani Belgrave. I am a bariatric and minimally invasive surgeon in Atlanta, Georgia. You can get connected with me at www.drshanibellgrave.com.

I am elated to welcome to the show today, Dr. Prez Matamavi. Dr. Prez Matamavi is an abdominal transplant surgeon at the University of Mississippi Medical Center, where she specializes in liver, kidney, and pancreas transplantation.

She has graciously joined the coalition today to share her expertise on kidney transplantation right on time for Kidney Awareness Month. Dr. Praise Matamavi, welcome to the coalition.

Thank you for this wonderful invitation. I'm looking forward to our discussion today. Yes, I already know this is going to be a very impactful episode.

Can you please get us started by telling us a little bit about who you are and what you do? So my name is Praise and I was actually born and raised in Zimbabwe.

Dr. Praise Matamaviu2019s Background and Path to Transplant Surgery

and moved to the States when I was 14. And I wanted to be a doctor since I was a little child. And I actually found out about kidney transplantation when I was about 10, 11 years old, because our first lady at that time was suffering from kidney disease.

and they had been talking about doing kidney transplant, but then they said she was too sick and too weak to get a transplant. So even though I didn't know what that was all about, I was very fascinated by it.

And so when there was a group of surgeons that came to Zimbabwe from Loma Linda University, and they were doing congenital heart surgeries at Parenyatwa Hospital, our main hospital in Harare, I was so fascinated by it.

And I thought at that time I wanted to be a heart surgeon. And so my whole entire childhood and my high school college up until my second year of medical school, I thought I was going to do cardiothoracic surgery.

And then I met a cardiothoracic surgeon who told me about a transplant surgeon in Nebraska who did small bowel transplants and pediatric liver transplants and all these things.

And I was so fascinated. And at that time I went home, I Googled this guy and I determined that I was going to go to Nebraska and train and train with this guy.

And his name is Dr. Alan Lagnus. So that's how I ended up interested in transplant. So that's how I ended up getting here. Wow. Well, that is an amazing story.

And it speaks to the power of being exposed to different things because it wasn't until the folks from Loma Linda came to Zimbabwe that that kind of opened your eyes to that as a possibility.

Absolutely. Absolutely. All righty. So tell us, I mean, I feel like A lot of people don't really know much about kidney

transplantation, kind of how does one find themselves getting a kidney transplant?

So kidney disease affects a lot of patients and they stages to it. So, you know, when this is why it's very important for us to go for our annual visits with our physicians.

so that we can get lab work done because a lot of times what happens is that we might have a high blood pressure and not even know it because a lot of times it's happening in your late 20s or in your early 30s and you don't think you have any medical problems because you don't necessarily feel sick or feel anything.

How Kidney Disease Leads to Transplant Evaluation

And so then now you have these high blood pressure maybe for five years but you didn't know and it is causing you to have kidney failure. So you go in because now you're having to crash on dialysis, which means that all of a sudden now you're in kidney failure, but nobody was following you all along and you have to be studied emergently on dialysis.

But if you had been visiting with your primary care physician and getting those annual labs and just that regular follow-up, they would have been able to recognize that high blood pressure or recognize that diabetes and then be able to follow you up so that they can slow down the progression of kidney disease.

And so the main causes of kidney failure are high blood pressure and diabetes. And there are other causes to autoimmune diseases like lupus that can cause kidney disease.

But the main causes are high blood pressure and diabetes, and those are things that can be prevented. Absolutely. It's so important to know what's going on on an ongoing basis, because I always tell patients that high blood pressure is a silent killer, as you said, you may not know.

that you have high blood p being monitored. So then if someone has found that are failing, they've ende How do they end up with a k basically they have to be And it's not everybody that lives within a short driving distance to a transplant center because I see some of my patients that are having to drive three hours to get to our center.

So in Mississippi, University of Mississippi is the only transplant center in the state. And so we have patients that are driving from far and we also have patients that are coming from parts of Alabama and Louisiana.

And so we have patients that live far away from our transplant center. But once you get referred to a transplant center, you have to go through an evaluation process because there is a lot that goes into transplantation.

It's a multidisciplinary team and a multidisciplinary effort. And there's a lot of behind scenes things that happen before you actually get to the transplant.

So I always say that as the surgeon, my job is the easiest because all the other job has been done by everybody else. And now I get to do the fun part, which is the surgery.

But there is a whole lot that goes into that. And then there is also the post-op care that happens that a whole team is taking care of you. And so to set yourself up for success, it is important for you to have a support person.

because there's a lot of information that you're going to be taught and you need to have a support person that's going to help you in managing your medications, helping you going for your appointments, especially in the beginning after surgery, because you're going to be sore and you need somebody to help you around at home and just support you along the journey.

So a support person is very important. And then talking about transplantation, there is living donor kidney transplant where you have a living donor that donates a kidney to you.

And there is deceased donor kidney transplants. And so to be able to get on the donor list, there is almost 90,000

people that are waiting for a kidney.

Transplant Eligibility, BMI, and Success Rates

So it's a lot of people, a lot of people are waiting for a kidney transplant. And so, you know, we don't have as many organs as we have people that need transplants.

That's where living kidney donation comes into play. because then you're not having to wait so long on the transplant wait list once you get through the process.

And the process, basically what it is, we have to make sure that you are healthy enough to undergo transplantation. You have a support system to help you with the recovery and just the basics, being able to understand your medications because you're going to need to take medications for the rest of your life.

And so it's those basic things that we put in place And depending on how long you've been on dialysis, we have seen studies that show that the longer you're on dialysis, the lower your life expectancy, the lower your quality of life.

And so we want you to be transplanted ideally prior to starting dialysis. But if that's not possible, the shortest amount of time on dialysis, because that has been shown to have the best outcomes.

There's also different criteria for kidney alone transplant and then kidney with pancreas transplant and pancreas alone transplants. So we do way more kidney transplants than we do any other transplant.

And so with pancreas and kidney transplant, the criteria is a little more strict. Just because of the pancreas part, we don't have as many pancreas um, organs that are available because the pancreas is not as forgiving as a kidney.

So basically you want it to be, um, as close to optimum perfect as possible in terms of age and, uh, medical history and things like that. So for instance, with a kidney transplant, you can have a 65 year old donor and they can be a perfectly good kidney transplant, kidney donor.

Whereas for pancreas, a 65 year old will not be a good pancreas donor. I see. Yes. Okay. The other thing I was going to ask about that in terms of people meeting criteria for transplantation How is that process navigated?

For example, a patient has kidney disease and they're also obese. Do they have to have a certain BMI before they can undergo kidney transplant? Yes. So it's dependent on each center.

It's center dependent. And the reason why BMI is very important is because of the risks that are associated with surgery and recovery. So the higher the BMI, the higher the risks of surgery.

And so not only surgery, but also wound complications, because when we have higher BMIs, then we have more wound dehiscence, wounds not healing, because you have to remember, for a lot of programs, we use steroids as part of our immunosuppression, and we are using this medication so that the patient doesn't reject their new kidney, but this medication also causes healing to be delayed.

Living Donation and Kidney Transplant Surgery

And so all those things come into play. And so, yes, so for our centers, for instance, our BMI cutoff is 39.4. But I know some centers that are a little lower, some centers maybe a little bit higher, and it all sort of depends on also the body habitats of the patient.

Right. How successful is kidney transplantation? kidney transplantation is very successful because when you're looking at one year, for instance, we look at one year and then five year survival rates, which varies a little bit by centers.

And so all the information is very available on the UNOS website. So you go to the SRTR data and you can actually enter whatever the transplant center that you're interested in.

Or if you have multiple transplant centers that you're interested in, you can enter whatever center it is and the data is there. You can look at everything.

So you'll be able to look at the success rates for the one year and you are also able to kind of look at all the success rates. We like to look at one year, three year, five year and see what it is, but generally above 90%. Wow, that's amazing.

So these are people that will either avoid dialysis or be able to get off of dialysis, which I'm sure is life changing. Correct. So what should someone do that is interested in learning more about kidney transplantation?

So there's many resources. For someone who's interested in learning more, if they're already on dialysis, they can get information from their dialysis center and from their social workers.

And their dialysis centers can also refer them for transplant at the nearest transplant center to them. And in terms of living donation, I would encourage people to look at the transplant centers that they're interested in and look at their living donor website, because then they can put their information there.

And there are people who want to be altruistic donors who don't necessarily have someone to donate to, but they feel called to donate their kidney, so they can even go to our website and put in their information, then we can look at that information and see if they are going to be a good candidate.

And if they are, we can work them up. And those kinds of patients can even start chains. Whereas sometimes we have pairs of people who want to donate to each other.

One wants to donate to another, but they are not a match. And so with that, we can put them in the National Kidney Registry where then they can be matched in the national system.

Or sometimes we actually match them internally in our own hospital systems. We had a seven-way swap in December of 23. And we had two altruistic donors in that swap.

who did not necessarily have someone to donate to. And so we were able to take two extra people off the list. So it's incredible because with living kidney donation, living kidney transplants do way better than deceased donor transplants.

Obviously, if you don't have a living donor, a deceased donor is perfectly fine. But if you have a living donor, they last better, less chance of rejection, less chance of complications, It's just a better avenue.

So for those listening that might be interested in kidney donation, can you give a little information on how that surgery is done? So different programs do it a little bit differently.

Some programs do it laparoscopically and then at the end they make an incision to be able to get the kidney out. Some programs do hand assist where there is already a hand port that we are using to do the surgery and some programs actually do it robotic.

And so it's much smaller incisions. We're not making very big incisions like before. And for most people who have a desk job, they're ready to go back to work in about three weeks.

Donor Protections, Contact Info, and Closing Remarks

For people who work construction or who do have a lifting, I tell them at least four weeks off, just so they can heal that midline incision. But people do very well with one kidney.

We do extensive testing on the donor to make sure that we are not putting them at risk of kidney failure. And in the event that it's unfortunate that they end up with kidney failure, let's say 15, 20 years from now, they actually become top of the list when they do need a kidney transplant.

Even if they don't have a living donor, they are top of the list for a deceased donor. It's a great gift to be able to give if you're healthy enough to give it.

Absolutely, I have learned a lot during this conversation, it brought up some memories from when I was a second and fourth year surgical resident on the transplant service.

Maybe PTSD. So it's been a real joy to have you on the coalition. Dr. Praise, Matt Tamabi, for people that really have enjoyed this conversation and want to learn more, what is the best way for them to reach out to you?

So they can reach out to me on Instagram, dr, period, praise Matamavi. Or even on LinkedIn, I'm just praise Matamavi there and they can message me there.

Or if anybody wants to email me, it's drmatemavi at gmail.com. And I'm happy to answer any questions. Thank you so much. Well, Dr. Praise, Matt Tamavi, I am so appreciative for all that you do.

I know that you are very busy and that you're saving a lot of lives and helping a lot of people. Thank you so much for joining the coalition. I'm hopeful that you will come back another time, perhaps to discuss liver transplantation.

Yes, absolutely. Thank you so much for inviting me. This has been amazing and I really enjoyed my time here. Thank you so much. We'll talk to you soon.

Awesome. Well, everybody, thank you so much for tuning in to another impactful episode of The Coalition. Very special thank you to Dr. Praise Matamavi, abdominal transplant surgeon at the University of Mississippi Medical Center.

This is life-changing information, so make sure that you share this episode with friends and family to raise awareness for Kidney Awareness Month. You can stay connected with me at www.drshonnybellgrave.com.

You can get connected with Dr. Praise Matamabi on Instagram. I'll see y'all next time. Thanks for watching.