



Joceline De Los Santos, left, and Lizbeth Irizarry

Kidney Transplantations Foster Bright Hopes

Last August, Michael J. Goldstein, MD, Director of Kidney and Pancreas Transplantation, and Associate Professor of Surgery, performed life-saving transplants on two 13-year-old girls who each received a kidney from the same donor on the same day at The Mount Sinai Hospital.

Today, the girls, Lizbeth Irizarry and Joceline De Los Santos—eighth graders who enjoy math and dancing to pop songs by Lady Gaga and Rihanna—share their hopes for the future as well.

Prior to receiving her kidney, "Lizbeth was on dialysis for 18 months," says her mother, Claudia Irizarry. "It felt as though our lives had stopped. Now we are going back to normal. I feel like I have my baby back."

Organ donation from a living relative is the best way for children to receive timely kidney transplants, according to Dr. Goldstein. But that was not possible for Joceline or Lizbeth, who waited for kidneys from deceased donors through the United Network for Organ Sharing.

"Children and adolescents under 18 years of age receive priority on the deceased-donor waiting list," says Dr. Goldstein. "This provides our children with healthier kidneys and with shorter waiting times so they can live productive, healthy lives and avoid the morbidity associated with renal failure."

Jeffrey M. Saland, MD, MS, Chief of the Division of Pediatric Nephrology and Hypertension at the Kravis Children's Hospital at Mount Sinai, and Assistant Professor of Pediatrics, says there are many steps involved in getting a child ready for a transplant. In some cases, a

disease can return if the transplant takes place too early, so it is prudent to wait for the disease to become less active. That was the case with Lizbeth.

Corinne Benchimol, DO, Clinical Director of Pediatric Nephrology, and Assistant Professor of Pediatrics, had diagnosed Joceline's kidney disease when she was very young, carefully monitoring her health over the years, and developing a close relationship with her family.

"Quality of life with a successful kidney transplant is an amazing improvement over life on dialysis. There's really no comparison," says Hilary Hotchkiss, MD, Dialysis Director in the Division of Nephrology, and Assistant Professor of Pediatrics.

A great deal of management goes on before, during, and after the transplant. Dr. Saland says, "The size of the team and the amount of support that a family requires is much greater than with an adult patient." Team members include physicians, surgeons, nurses, a transplant coordinator, a nutritionist, a financial counselor, social workers, child-life specialists, and administrators.

FROM LEFT TO RIGHT: Michael J. Goldstein, MD; Jeffrey Stock, MD, Clinical Associate Professor of Urology, and Pediatrics; Corinne Benchimol, DO; Jeffrey M. Saland, MD, MS; Hilary Hotchkiss, MD; and Adrienne Villa, RN, BSN

Transplant Coordinator Adrienne Villa, RN, BSN, was on call the night Lizbeth and Joceline received their kidney offers. "I knew the girls well from the evaluation and listing process, so I was especially excited to give the families the news that a transplant was on the way," says Ms. Villa. "To see the girls now dialysis-free, energetic, and leading 'normal' lives is so rewarding."

Dr. Saland says it is critical for children with transplants to take their medication exactly as directed, and for teenagers to be disciplined in managing their health so they can continue

> to live without kidney failure when they are no longer dependent upon their parents. Joceline and Lizbeth are learning those skills now.

Joceline says her doctors in the Division of Nephrology and Hypertension—including Dr. Saland, Dr. Benchimol, Dr. Hotchkiss, and Jessica Reid-Adam, MD, Instructor—helped her through the transplant process. "My doctors told me the surgery would be scary but that all I had to do was believe in myself," says Joceline. "And I did. Right now, I feel great. I could never have wished for anything else because it made my life easier."