

Transplant news

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Editorial

Dr Jerome Loveland
Editor

It is both humbling and daunting stepping into the "Editorial Boots" of Professor Alastair Millar, and I would like to take this opportunity to thank him for his superb contribution to "Transplant News" and for providing the transplant community with such a wonderful tool with respect to the ongoing education of clinicians and patients alike.

Alastair, we wish you well with your future endeavors, and I am certain that your contributions as author will continue into the future. Thank you!

This edition is packed full, with clear information about what to expect during your child's/your kidney transplant at the Red Cross Children's Hospital, information from your heart surgeons around your expected cardiac transplant experience, as well as Stanley Henkeman's insights into life both before and after receiving his new heart – quite amazing the small things that we take for granted!

Internationally, access to organs remains the rate-limiting factor in the transplant algorithm, and the Organ Donor Foundation provide us with an update of what is happening within their organisation - particularly exciting is the development of their database, electronic newsletter, and their fundraising drive, and we would encourage all members of the transplant community to support this worthy initiative!

Finally, we hear of the 2012 National Transplant Games, taking place in Durban from the 16th to the 19th August. I would particularly encourage support of our athletes at this event as on the horizon are the World Transplant Games, which are to be held at the same venue from 28th July to 4th August 2013, an event which brings the international transplant community to our shores, and can only aid the development of the South African transplant community, particularly with respect to overcoming the challenges that we face, notably with respect to organ availability!



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WORLD TRANSPLANT GAMES

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What to expect at the time of your child's kidney transplant: A Red Cross perspective



Dr Peter Nourse
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any parents want to know what actually happens on the day of transplant and the immediate post-op period. This article describes what can be expected. This is of course, from a Red Cross Hospital point of view, but would be similar in Johannesburg.

The day of the transplant

If receiving a living-related kidney, your child will be admitted one to two days before the transplant. If your child however receives a cadaver kidney then you will be called to come to the hospital the night before the transplant or in the early hours of the morning. He/she will require some final investigations to ensure he/she is well to undergo the operation. The tests will include a Chest Xray, blood tests, etc.

Immunosuppressive medicines will be commenced prior to the operation. The transplant surgeon will review your child and answer any questions you may have. The anaesthetist will also visit to ensure that your child is fit enough to undergo a general anaesthetic. Your child is kept nil per mouth from 10pm the night before.

You will be able to accompany your child to the anaesthetic room and remain there until he/she is asleep, after which time the doctors will insert a central venous line into one of the large veins in your child's neck. This line is a three-pronged cannula and will enable the nurses to administer many of the necessary medicines and fluids through a large vein. This central line will also be used for taking blood tests during the first couple of days.

The transplant operation can last between 3 - 5 hours (approximately) depending on the age of your child. One kidney will be transplanted and placed either in the right or left lower abdomen, just above the hipbone. A drain is left at the site of the new kidney so we can monitor the amount of blood loss. After the transplant, your child will be transferred to the intensive care unit where he will be closely monitored with electronic monitors.

Unless there are specific problems with the lungs, or your child is not waking up sufficiently, the breathing tube will be removed before leaving the theatre. The urine output is monitored as a measure of the kidney function and the blood pressure is optimised to ensure adequate blood flow to the new kidney. It is necessary to take frequent blood samples during the first few

days. The central venous line in your child's neck can be used to take the samples until it is removed before the end of the first week.

An ultrasound is performed soon after the surgery to look at the new kidney, specifically looking at the flow in the blood vessels into and out of the kidney. A nuclear medicine study called a Mag 3 is also done to look at the blood supply of the new kidney.



Take-Away foods are strongly discouraged as there is a high risk of your child getting food poisoning in the setting of being immunosuppressed.

During the early stage your child's fluid balance is critical. He/she will have a continuous intravenous infusion of essential fluid and electrolytes (such as saline and glucose) as well as vital medicines for the first few days as the volume of fluid needed during that time is far more than he/she would be able to drink.

A urinary catheter will be inserted during the operation to allow accurate and frequent measurements of the urine output. This usually stays in for a minimum of seven days. This allows the bladder to be kept empty so the sutures can heal well. After it is removed, if your child is continent, it will be necessary to record the volume of urine passed for the remainder of their hospital admission.

Controlling postoperative pain is also a priority for staff. By using a continuous intravenous infusion of a powerful analgesic such as morphine, they will aim to keep your child as comfortable as possible.

Once your child has completely emerged from anaesthesia, a member of the medical team will check and see if his/her bowels have also woken up by listening to the abdomen with a stethoscope to ensure it is safe to eat & drink; usually after 24 hours but may be longer. If there are concerns with the function of the bowels, a nasogastric tube may be used to feed your child.

The frequency of measuring your child's observations will decrease as their condition improves. The attending doctor can update you on the progress, which may be variable and differs for each child.

Support and counselling for parents and carers

Many children and families find the transplantation process stressful, in particular the intensive clinical follow-in and the uncertainty of the outcome. A dedicated social worker and psychologist are available to walk you through the experience and help deal with any anxieties and concerns. Confidential consultation can be arranged as required.

After the transplant operation

Once your child is stable, the doctors will transfer your child from the ICU to the Renal Ward, Ward E2, where he/she will be in an Isolation room (not with other patients). Your child is at a very high risk of infection in the first weeks after transplant, as the immunosuppressant drugs are used at a high dose to prevent early rejection. Your child should stay isolated in the room provided. A surgical mask should be worn when he/she needs to leave the room. Use of an alcohol disinfectant and frequent hand washing for infection control precautions must be adhered to.

Visitors other than parents, grandparents and siblings are also only allowed after two weeks post transplantation. Visitors must be kept to a minimum of two at a time, and strictly only during

visiting hours. People who are unwell should not come to visit your child. Your child will also be on high dose steroids as part of his/her immunosuppression, and this can cause significant increase in appetite which can lead to rapid weight gain. For this reason, a kilojoule controlled diet is recommended, specifically avoiding sugary drinks and 'luxuries'. This can be monitored by our dietician. Take-Away foods are strongly discouraged as there is a high risk of your child getting food poisoning in the setting of being immunosuppressed. Your child will be encouraged to mobilise as soon as possible. Physiotherapy may be given if necessary to aid with mobilisation post-surgery. Age appropriate toys can be provided, but one or two transitional objects (blanket, teddy) can be brought from home as it might be useful, provided it is kept clean.

2012 National Transplant Games 16-19 August 2012 Durban, KwaZulu-Natal



Heilie Uys
SATSA National Secretary
St Francis Bay

All transplantees, ages 6 to 70+ are invited to be part of the excitement as we Celebrate Life by participating in different sports codes.

Why is it important for all transplantees to participate in/attend the National transplant Games?

The National Transplant Games sets the stage to:

- demonstrate en masse the improved quality of life following transplantation and through that, promote awareness for organ donation and transplantation;
- show recipients' gratitude towards, and recognition of living donors and families of deceased donors;
- celebrate the ability to meet again to collectively demonstrate our gratitude for being able to participate in sporting events and to support each other;
- act as a vehicle for transplant athletes to attain the qualifying standards required for selection to the South African Team to participate in the World Transplant Games 2013 in Durban;
- Attending and participating in the Annual General Meeting gives you the opportunity to have a say in the business of the Association.

Preliminary programme:

- 16th August: Arrival and SATSA AGM
- 17th August: All non-track & field events
- 18th August: Track & field events & Gala dinner
- 19th August: Departure



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Heart transplantation



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The world's first human to human heart transplant was performed by Christiaan Barnard in 1967, in our cardiac transplant unit at Groote Schuur Hospital and the University of Cape Town. To date our unit has done 526 heart transplants. We are the only unit in South Africa that treats both state funded and private medically funded patients.

Heart transplantation is considered a treatment option when conventional treatment of various forms of cardiac disease fail to manage heart failure or severe coronary artery disease symptoms. Most candidates for cardiac transplantation are no longer candidates for other surgical options because of the poor condition of their heart. The goal of the transplant is to improve quality of life and longevity. In the vast majority of transplant recipients this goal is achieved.

Heart transplantation involves removing a still working heart from a recently deceased organ donor and implanting it into the patient. Post-operation survival periods now average 15 years.

Worldwide, about 3,500 heart transplants are performed every year. This is far too few considering the much larger number of patients with severe heart failure who could benefit from a new heart. The limitation to the number of transplants is the great shortage of donor organs world-wide. Research is being performed to ultimately allow heart transplantation from another animal species (typically a pig) (known as xenotransplantation) or the implantation of an artificial heart. There has been some success with mechanical artificial hearts and assist devices but it is very expensive, and with many logistic problems for patients and the predominant use of these devices is as a temporary "bridge" to heart transplantation. Many hundreds of patients are being helped by these devices for varying periods of time (a few weeks to a year or two) prior to them receiving a heart transplant. Xenotransplantation is still not clinically possible and many challenges (immunological) need to be overcome before this can ever become a clinical reality.

Evaluation and screening

Before a patient is placed on a heart transplant list, he or she undergoes a careful and thorough screening process. A multidisciplinary team of heart specialists, nurses, social workers, and psychologists review the medical history, diagnostic test results, social history and perform a psychosocial evaluation. This careful assessment assists in determining if the patient is able to survive the heart transplant procedure and thereafter being able to comply with the continuous care needed to live a long healthy life. Their new heart

is a very precious and scarce gift which needs to be given to those who can gain the most benefit from it.

Contraindications

Some patients are less suitable for a heart transplant. The following conditions increase the chances of complications occurring during or after the operation:

- Kidney, lung, or liver disease
- Diabetes (particularly insulin-dependent diabetes with resultant organ damage)
- Life-threatening diseases unrelated to heart failure
- Peripheral Vascular (blood vessel) disease of the neck and leg arteries.
- High pulmonary (lung) vascular resistance
- Recent **thrombo-embolism** (blood clots)
- Age over 60 years
- Alcohol, tobacco or drug abuse



Heart Tissue biopsies are part of post-transplant follow up

Waiting

Once the person is placed on the waiting list, they must wait for a suitable organ donor to become available. This process can be long and stressful. A supportive network of family and friends is needed to help the patient through this difficult time which can last for weeks or even a year or two. The health care team will monitor the patient closely and do the best with conventional medical treatment to control the patient's heart failure symptoms during this waiting period. The patient must be contactable at all times.

Before the operation

A typical heart transplantation begins with a suitable donor heart being located from a recently deceased brain dead donor. Donor and potential recipients are matched according to blood group compatibility, size and other factors.

The transplant patient is contacted and admitted to hospital in order to be prepared for the operation.

At the same time, the heart is removed from the donor and inspected by a team of surgeons to see if it is in a suitable condition to be transplanted. Occasionally it will be deemed unsuitable. This can often be a very distressing experience and the patient may require emotional support before being sent home. If the heart is found to be suitable, the patient is also given immunosuppressant medication. The patient is taken into the operating room and given a general anaesthetic.

The operation procedure

Once in the operating suite, the actual heart transplant procedure can take between 4 and 8 hours, or occasionally even longer.

When the donor heart arrives in the operating room, the surgeon begins the operation by performing an incision through the middle of the chest through the breast-bone. This exposes the organs of the chest cavity. The patient is connected to the cardiopulmonary bypass machine, which takes over the function of the heart and lungs during the operation. Most of the diseased heart is removed and the donor heart sutured to the major blood vessels. The new heart commences beating once it is connected to the circulation and eventually it takes over the circulation and the patient is weaned from cardiopulmonary bypass and the chest cavity is closed.

Post-operative

The patient is taken to the ICU to recover. This usually takes 4 to 5 days. He or she is then transferred to a general ward. The post-transplant stay in hospital depends on the patient's general health, how well the new heart is working, and the patient's ability to look after him- or herself. Many factors: age, general health, and response to the transplant play a role. Most patients are up and about within a few days after surgery and home in about 10 to 16 days.

Once the patient is discharged, they will have to return to the hospital for regular check-ups and rehabilitation sessions. He or she may also require emotional support. The patient will be monitored to detect rejection of the new heart. This entails frequent biopsy of the heart muscle and heart ultrasounds (echocardiograms). These may be performed as frequently as every week for the first month, with the frequency decreasing over time. Follow-up clinic visits are frequent (weekly) for the first few months because regulation of immune-suppression is continuously adjusted during this time. The frequency of visits gradually diminishes until the patient is generally seen on a 2 to 3 monthly basis after a few years. Some centres perform coronary angiography annually after transplantation to monitor the patient for the development of heart transplant vascular disease. **The patient will have to remain on immunosuppressant medication life-long to avoid the possibility of rejection.**

Complications

Post-operative complications include infection, sepsis, organ rejection, as well as the side-effects of the immunosuppressive medication. Since the transplanted heart originates from another living human being, the recipient's immune system will attempt to reject it. Immunosuppressive drugs reduce that risk, but may have some unwanted side effects, such as infections, long-term kidney damage, increased blood pressure, and increased risk of developing cancer. Some of the newer

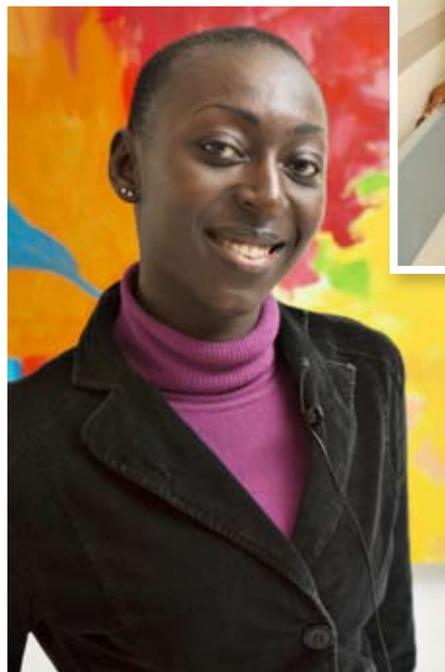
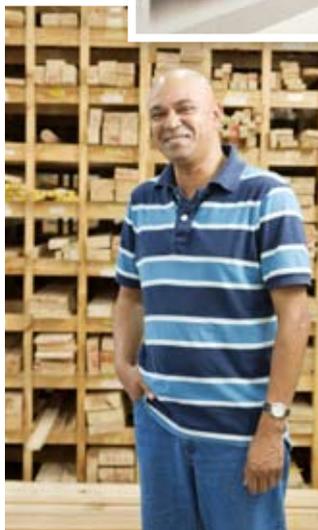
immunosuppressive drugs show promise of a reduction of some of these possible side effects. Psychiatric disturbances from steroid therapy can occur in the immediate post-transplant period.

Prognosis

The prognosis for heart transplant patients following the orthotopic procedure has greatly increased over the past 20 years and the median survival of the transplanted organ is now over ten years with some patients having the possibility of a second transplant. The functional status of the recipient after the procedure is generally excellent, depending greatly on the motivation of the individual. The general survival rates are as follows: 1 year: 85%, 3 years 77% (females) and 5 years: 70%

Future and controversies

The ongoing shortage of donor organs has fueled a search for alternative therapies for the failing heart. These therapies include artificial assist devices, dual-chamber pacing, new drug interventions and genetic therapy. These efforts have proven to be successful in reducing the need for human heart transplantation which is so limited by the shortage of donor organs. Research in the area of xenografts continues, which could theoretically provide a limitless source of donor organs.



Transplant patients at follow-up (clockwise from top left): Khayaletu Mlomo, Mlamli Ncume, Esther Arthur and Julian Adonis.

The changing face of heart transplantation in South Africa



Dr Willie Koen
Head of Heart Transplantation & Artificial Heart Programme
Christiaan Barnard Memorial Hospital
Cape Town

We are often confronted with the question: 'How has heart transplantation changed over the years since Professor Chris Barnard did the first transplant?' As transplantation has since developed into many facets which include surgical techniques, multi-disciplinary approaches, complex immunology with histopathology, donor management, invasive monitoring, immunosuppressive drug regimes, recipient optimisation, this answer is not short and easy.

Let us start with the outcomes of transplantation over the years. In the first ten years of heart transplantation the 5-year survival was less than 10%. This outcome has significantly improved in the 1980's with the discovery of cyclosporine to more than 50%. Currently the 5-year survival is more than 80% and is still improving. Again, this significant improvement in outcome cannot be explained by a single factor but rather an improvement on all the facets involved in transplantation.

Although the actual surgery is in principle similar to the first transplant the procedure itself is also regarded in its different facets. This starts already with pre-transplant patient education and optimisation. A patient on optimal anti-cardiac failure medication will definitely be a lower risk for surgery than the patient where there was still room to optimise anti-failure therapy. During the procedure itself, the anaesthetic management has become a major contributing factor in outcomes.

This does not only include a safe anaesthetic in a critically ill patient but also the understanding of high risk conditions such as pulmonary hypertension, coagulation failure and donor heart recovery challenges. The actual surgical technique is further refined into matching structures anatomically, remodelling of heart chambers, anti-tension techniques, haemostatic techniques as well as donor heart recovery strategies. Furthermore, where the donor heart harvesting was previously usually left for the more junior team members while the more senior member were involved with the actual implant, today we realise that this critical part of the procedure must take top priority and only be performed by a surgeon experienced in the field of cardiac harvesting.

In the time of the first transplant there was not an intensive care unit and the first patient was nursed in a room in the theatre complex. In those days critically ill patients were treated in the general ward as a high priority patient and the nurse who had to 'special' this patient had to be with the patient all the time. This has later evolved into a separate ward for these critically ill patients and only later became known as the 'intensive care unit'. Today ICU care is a speciality on its

own with major advances and conferences held all over the world expanding this important discipline.

As we all know by now, the after-care and immunological suppression play the largest roles in the long-term outcome of the transplanted patient. To achieve this there has to be optimal patient adherence.



In the first ten years of heart transplantation the 5-year survival was less than 10%. Currently the 5-year survival is more than 80% and is still improving.

During an end-stage heart ailment, the patient loses important roles which will later have a negative impact on patient adherence. These include loss of income and financial instability, deterioration in the marriage, loss of self esteem and confidence. By having a highly specialised team including a recipient coordinator, social worker, counsellor and occupational therapist these role losses can be minimised and soon re-instated after the transplant to ensure optimal long-term patient adherence and optimal long-term outcomes.

What has not improved over the years of heart transplantation is the availability of donor hearts. This has in fact deteriorated and is the only aspect in the field of transplantation that has deteriorated. This decline in availability of donor organs is an international phenomenon and there is no obvious explanation for this. Many think tanks, brainstorming initiatives and educational workshops to date could not come up with a strategy that will guarantee a significant increase in donor organ availability.

However, while the availability of donor organs is declining major advances have been made in the evolution of artificial hearts. In 1982 the first artificial heart was implanted in America. This was at the time when donor heart availability was increasing every year and therefore never gained much attention. Only now during the last decade, the focus has shifted back towards the development of a long-term artificial heart. Most of these devices that are currently implanted all over the world are 'bridging' devices. This means that the device is implanted to support a patient until a donor heart becomes available. Nevertheless, the outcomes are getting better, the devices are becoming smaller and less expensive and the patients don't have to take immunosuppressive medication which are expensive and have several side effects. South Africa, as a leader in transplantation has appreciated this new era of artificial devices and has successfully implanted bridging devices, although at lower numbers as in other major transplant countries, but with excellent results.

Yes, although the face of cardiac transplantation is changing, South Africa is still at the forefront of developments in this field, maybe not in large numbers, but certainly in outcomes and passion.

Real people: Stanley Henkeman

Family: 2 boys: Luke, aged 27 and Joshua, aged 24

Hobbies: Hiking, Public Speaking, Sports Administration, Transplant Sports (track and field)

Interests: Cooking, travelling, leadership development and inclusive practices

Likes: Good food, anything original, interesting people

Dislikes: Opinionated people, unfairness, greed

How did you come to have a heart transplant?

There is a history of heart disease in my father's family and in January 2001 I suffered a massive heart attack whilst hiking in Swellendam. For five years I functioned with diminishing heart capacity. In April 2006 I was diagnosed with end-stage heart failure and placed on a waiting list. The months preceding the transplant were characterised by extreme lack of energy which seriously affected my physical, emotional, social and spiritual well-being. I vividly remember the comments of the cardiologist in a sick note to my employer, "Mr Henkeman is not a well man."

How has having a transplant changed your life?

The transplant has fundamentally changed my approach to and outlook on life. I have come to appreciate little things which most people take for granted. My first awareness after waking from the operation was that I was able to take deep breaths without coughing. I am filled with an overwhelming sense of gratitude for this second chance. I try to honour my donor in the way I live, what I do and the contribution I make to society. It has become quite a natural thing for me to go to Christiaan Barnard Memorial Hospital to encourage patients who are struggling with their health. As part of my commitment to live a victorious and balanced life I have become a Transplant Sports athlete and had the privilege of representing South Africa at two World Transplant Games in 2009 (Australia) and 2011 (Sweden). My passion for making a contribution finds expression in my job at the Institute for Justice and Reconciliation where I head up their "Building and Inclusive Society" programme. My motto, "I can easily live in the shadow of a heart problem but I choose to live in the victory of my survival" epitomises my motivation for living life with an abundance mentality.

Have you found an improvement in your quality of lifestyle?

I can confidently say that there is no comparison between my pre- and post-transplant lifestyle. Before the transplant I was unable to do basic things such as tie my shoe laces, walk for short distances without gasping for breath. I literally became a recluse at the expense of a number of significant relationships. Since the transplant I am experiencing an exponential improvement in the quality of my life. On the physical front I attend gym an average of three times a week, I am a sprinter for the SA Transplant Team. I have an active social life with people from all walks of life based on the content of their character rather than the colour of their skin. I hold down a fulltime job and live in the understanding that I am a spiritual being enjoying a human experience which also helps me to see the good in others.

What are the lifestyle challenges as a transplant patient?

- Understanding that I will not feel great every morning
- Minimising the risk factors for stress
- Taking much longer to get over things like colds and flu



Stanley Henkeman, programme manager for the Institute of Justice and Reconciliation, had a heart transplant on the 13th February 2006 and has represented South Africa twice in the World Transplant Games.

What advice would you give to those who have been newly transplanted?

- Your best ally going forward is compliance to your medication regime
- Work with the professionals, they know what they're doing and they have your interest at heart.
- Do not underestimate the value of regular exercise – even something as mundane as walking on a daily basis can help you get on top and stay on top of your health.

What resources have helped you cope with transplantation (books, websites, support groups etc)?

My most valuable resource has been my mind – a positive mindset will see possibilities where others might see negativity. Good books by people who have overcome odds have helped me tremendously (e.g. The Audacity of Hope by Barack Obama, Mental Fight by Ben Okri, Honoring the Self by Nathaniel Branden, Shackleton's Way by Margot Morrell and Stephabie Capparell, Love Leadership by John Hope Bryant, Mastering the Seven Decisions that determine personal success by Andy Andrews and Reposition Yourself by TD Jakes)

I belong to a support group, "Heart to Heart," at the Christiaan Barnard Memorial Hospital which focuses strongly on psycho-social support for transplantees and those waiting for transplants.

What advice would you give to people contemplating having a transplant?

It is probably the most significant decision you will make in your life. The fact that you have to contemplate having a transplant suggests that it is your only hope for a better quality of life. Whether you go for it or not still needs a decision. Whatever it is you decide, you also choose the consequences of that decision. I made the choice for a heart transplant and five years on my most difficult decision turned out to be my best one.

Anything else you would like to add?

I owe so much to so many and the only way I know how to say thanks is to honour God, making my medical support team proud and serve humanity.

The Organ Donor Foundation - Our Progress and what lies ahead

Samantha Volschenk
Executive Director
The Organ Donor Foundation
Cape Town

The Organ Donor Foundation has undergone a number of changes over the past few months.

South African organ donor registry

In 2011, the Organ Donor Foundation successfully developed and implemented a fully functional database of registered organ donors. In the past, no records were kept of potential organ donors and no further contact made by the Foundation.

Since its inception, this database already houses almost 60,000 secure organ donor records and increases on average by 1,200 new registrations per month. This database can be accessed from anywhere in South Africa, simply with a login username and password. The Organ Donor Foundation will eventually make this system available to medical professionals and transplant co-ordinators nationwide so that they can login and confirm if someone is a registered organ donor, at the time of their death.

We continue spreading our message "Tell your family today". Although an individual may have registered as an organ donor in South Africa, their next of kin still needs to be informed of their decision and would have to give consent at the time of their loved one's death.

If you registered as a donor more than a year ago, we ask you to please contact us to confirm that your details are correct on our database. Our friendly staff will update your record and send you a new information pack in the post.

ODF newsletter

On 14 February 2012 in celebration of Valentine's Day, the Organ Donor Foundation launched its first official email newsletter to all its members. This newsletter is sent out on a monthly basis and the ODF can now inform all registered donors of upcoming events, news and happenings.

To coincide with the launch of the monthly e-newsletter, the ODF has also initiated a monthly debit order contribution. This process is 95% automated with very limited impact on people resources. We encourage all organ donors and members of the public to contribute as little as R10 a month to the Organ Donor Foundation.

The Organ Donor Foundation is committed to making a difference and to help transform the current situation of the thousands of patients awaiting life-saving organ transplants, from one of desperation, to one of hope. The strategy of the Organ Donor Foundation is two-fold.

Awareness and education

Firstly: to create awareness and educate the general public about organ donation and to convince them to become organ donors. Secondly: to motivate and educate medical professionals to refer organ donors. The ODF needs to reach hospitals in order to regularly motivate and educate nurses and doctors about the process of transplantation and what to do when they come across a potential organ donor.

The Organ Donor Foundation needs financial support to address the aforementioned issues. Fundraisers and events are simply not enough for the Organ Donor Foundation to raise the funds needed to fulfill their mandate. The Organ Donor Foundation is committed to its task to reach all South Africans and, in the Spirit of Ubuntu, explain the importance of considering the life-saving measures that are possible and that every individual has the capacity to make a choice that could save up to seven lives.



How can you help?

Help us save more lives with a monthly debit order contribution.

1. To register your monthly donation, please visit our website www.odf.org.za.
2. Click on the blue box on our website titled "Debit Order".
3. Follow the steps carefully.
4. This process is safe and secure.

The Debit Order registration form is also available in a downloadable pdf format on our website or you can call our head office to receive a copy via fax or email on 0800 22 66 11.

If you would like to register as an organ donor, please visit our website - www.odf.org.za or call Toll Free from a landline - 0800 22 66 11.

Save Seven Lives. Tell your Family Today. Become an Organ Donor!

Upcoming events

- **25 April – 5 May 2012: Old Mutual Joburg2c race**
Anton Booyzen and Jason Westgate are riding the Joburg2C to promote and fundraise for the Organ Donor Foundation.
- **12 May 2012: Angels of Rock concert**
Carnival City's Big Top Arena, featuring the hottest female acts in South African music. Tickets available at Computicket (www.computicket.com). We ask you to please support this event as the ODF will receive 10% of funds raised.
- **3 August 2012: Mad Hatter's Civvies Day**
Wear a mad, wacky hat to work and purchase your sticker from the Organ Donor Foundation. Contact Emlynn at admin@organdonor.org.za or call her on 0800 22 66 11 for further information.