

# A new lease on life. Kidney transplant gives the gift of quality time.



**Washington, D.C., resident John Bayton had been feeling “off” all summer. Tiredness, mild headaches, and difficulty keeping food down made him think he had the flu. He went to his primary care doctor, who did some tests to learn the cause of the symptoms.**

“When I called to get my test results, my doctor told me to go to the emergency room immediately because my kidneys were failing,” he remembers. “Two or three hours later, I started dialysis. It was an unexpected turn of events. No one in my family had kidney disease, I wasn’t diabetic, and didn’t have high blood pressure.”

That was 2003 and marked the beginning of John’s journey through the world of kidney disease and dialysis. During the next seven years, he received several different types of dialysis in different settings, including hemodialysis in the hospital and outpatient peritoneal dialysis.

In 2009, he received his first kidney transplant, but went into rejection in 2016, which meant going back on dialysis. He went on the transplant waiting list at The Johns Hopkins Hospital and MedStar Georgetown Transplant Institute at the encouragement of his nephrologist, who felt being on two lists would improve his odds.

He tried several more approaches to dialysis, starting with in-center hemodialysis. However, that approach took a toll on John’s lifestyle and finances, since he spent so much time away from home and work. He then switched to in-center nocturnal dialysis, where he slept at the dialysis center and received his treatments overnight so he could maintain as normal as possible a schedule during the day. This worked well for him for a while.

But John decided to explore at-home dialysis; learning all he could, he thought it was a good option for him. Following a month-long training program “I was finally able to do dialysis in the comfort of my own home, removing the need to travel to a clinic. In addition to being more convenient, it allowed me to become more involved and accountable for my treatment,” he says.

In February 2019, MedStar Georgetown Transplant Institute surgeon Peter Abrams, MD, performed John’s second kidney transplant, using a deceased donor kidney. “The experience went very smoothly,” John adds. “All my care has been well coordinated with my nephrologist and my primary care doctor. The MedStar Health transplant team have been awesome; they’ve become family. I have felt supported and informed through every step of the process and the care I have received has been extraordinary.”

Now that he’s no longer on dialysis, John’s life has changed markedly for the better. He says, “I’ve been really living again. I’ve accepted a new job, traveled, represented my fellow kidney patients at four conferences, made new friends, started working out again, and had the best Capital Pride weekend ever! The smile on my face says it all. I’m just getting started!” One of the activities he’s able to spend more time on since his transplant is expanding his advocacy efforts and sharing his experience as a kidney disease patient with other patients and physicians. He’s an active member of

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**Now off dialysis John Bayton is back to enjoying life.**

several kidney disease patient groups on Facebook, LinkedIn, and Twitter, where he shares his experiences and encourages his fellow patients to talk to their medical teams openly and honestly. He's also gone back to the facility where he used to undergo nighttime dialysis and talked with patients about the many different options available. He plans to return to talk with patients on daytime dialysis, as well.

As a vocal advocate for patients with kidney disease, he's taken part in the American Kidney Fund Capitol Hill Day, where he met with Congresswoman Eleanor Holmes Norton and talked about raising awareness of kidney disease. To help educate patients about their options, he's working with ESRD (End-Stage Renal Disease) Network 5, a non-profit that oversees policy structures and patient grievances related to dialysis centers in Virginia, West

Virginia, District of Columbia, and Maryland, which has given him the chance to help develop new resources for patients.

"What I learned through all my experiences is that there is no one-size fits-all solution," John reiterates. "You need to do research to understand all your options and, if something doesn't work for you, speak up and advocate for yourself with your medical team."

**It's how we treat people.**

