New kidney, new life for Pottstown man

By Kay Bensing
Journal Register News Service

Sunday, April 15, 2012

POTTSTOWN — When James Crowder, 44, greets a visitor into his Pottstown home, he appears to be healthy, energetic and full of life. The tall man’s appearance belies his middle-age status, and there are no clues Crowder, the recipient of a kidney transplant 14 months ago, didn’t always exhibit his “life is good” image.

Once inside the Crowder home, the visitor can’t help notice the multiple pill bottles and dispensers, separated carefully, on the living room coffee table.

James has been preparing his medications for the next day. This treatment regimen has become — his lifeline to maintaining his health — and the “good life” he and Rose, his wife, and sons Brandon, 12 and James, 8, now enjoy.

The couple shared how their life changed when James’s health began to rapidly deteriorate in 2004.

Diagnosed with diabetes when he was 22, James had type 1 diabetes, associated with children and young adults. With this type of diabetes, the person’s pancreas cannot secrete insulin to maintain normal blood sugar levels. The patient is considered to be insulin-dependent. If patients, like James, can maintain normal blood sugar levels with insulin, diet and exercise they have a better chance of preventing or minimizing the many complications of diabetes.

James admitted after he was diagnosed with diabetes as a young man, he didn’t take good care of himself. “I had many family members who had diabetes and I saw how they got sicker as they aged — and then they died at an early age,” he said. “I just thought that was going to happen to me eventually.”

He recalled, “I always had a phobia about blood. I didn’t like getting blood drawn at the doctor’s or having to stick my finger at home to check my blood sugar every day.

With his blood sugar elevated much of the time, James developed hypertension, a cardiovascular complication that can affect more than 50 percent of all patients with diabetes. The majority of the complications, associated with diabetes, is due to impaired blood vessels. In James’s case, the hypertension and the diabetes contributed to kidney complications.

Followed by a number of physicians at Pottstown Medical Associates, James was prescribed a number of medications and diet restrictions to treat his hypertension and kidney disease.

In 2009, the physicians treating James told him the only treatment options available to prevent life-threatening complications now were kidney dialysis or a kidney transplant. He was put on the kidney transplant list at Thomas Jefferson University Hospital in Philadelphia, but told it could be three years or longer before a kidney donor match could be found for him.

For the next 18 months, the quality of life for the Crowder family was not good. Started on hemodialysis, James had to spend his afternoons at a dialysis center, hooked up to an artificial kidney. This lifestyle was making him increasingly depressed, he reported. A barber by trade, James could not work. Now he felt sick.

“My whole body was swollen, especially my legs. I couldn’t see my ankles until after my transplant,” he noted. Going to the dialysis center three times a week just gave him more time to think about his pending death, he said.

Hemodialysis, the type of treatment James was receiving, requires a surgical procedure to connect the patient’s artery and vein to the dialysis catheters so the blood exchange can occur. It’s not unusual for clotting to occur with the A-V fistula and then another surgical procedure must be done. James had to have three fistula procedures performed before his physicians agreed he could self-dialyze himself at home every night or during hours convenient for him.

Peritoneal dialysis meant James could treat himself at home, but it is certainly not without complications, specifically peritonitis. With this procedure, a catheter is surgically secured into the patient’s peritoneal space, a membrane surrounds the abdomen and protects its internal organs. When a glucose solution is delivered through the catheter, the process of diffusion allows waste products and fluid to be removed from the patient. James reported he developed two bouts of peritonitis which he described as being very painful. He certainly couldn’t think he could continue this treatment much longer.

Crowder and his family will forever remember 1/11/2011. This was the day James received the call a live kidney donor match had been found for him and he was admitted to Jefferson. His transplant surgery lasted about six hours and there were no complications. He was discharged home in three days.

Living with a new kidney has changed James and the family’s life. He feels great and is a student at Montgomery County Community College, with the goal to eventually to find a job in digital media. He’s been taking Wellness classes at the college and just recently became certified in CPR. He sees his physician every two months and takes all his prescribed meds. He keeps getting good reports which makes him very happy and motivates him to keep doing what he’s doing.

These days, the kidney physicians at the 246 kidney transplant centers in the country report the life expectancy for one-year survival is 98 percent. James has already reached that
milestone. Most physicians won’t go beyond the one-year prediction, but all say following the individualized treatment plan definitely increases life expectancy. James is committed to living a long, productive life.

The major risk with any transplant is that the patient will develop antibodies that can reject the new kidney. It’s a concern for every patient who has received a transplant. Five of medications James receives daily are to prevent rejection. Before patients are discharged from the hospital, they are given instructions on the early signs and symptoms of rejection. If treated early, the transplant may be saved with powerful anti-rejection medications.

Brandon and James Crowder say life is back to normal now that Dad is healthy again — and Rose volunteered for the Gift of Life's Shared Donor program in 2011 and donated a kidney on April 19, 2011, (see sidebar) three months after James received his kidney. She is healthy, active and working, and she hopes to enter an RN nursing program in June 2013.