

LIVING KIDNEY DONOR EDUCATION



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Becoming a living kidney donor

At Tampa General Hospital (TGH), the majority of organs for transplantation are obtained from people who have died and whose families have given permission for their organs to be donated. However, there are not enough of these organs for everyone who needs one. Nationally, more than 100,000 patients are on the kidney transplant waiting list, with more added each day.

Living donor kidney transplantation is an important alternative. If a patient can receive a kidney from a relative or friend, the recipient does not have to wait for a deceased organ to become available and is less likely to die or get too sick to undergo transplantation. Usually the recipient will be listed as “inactive,” as we know the living donor is the best option.

Living donor kidney transplantation is possible because we are born with two kidneys. When surgeons remove a donor’s kidney, the donor’s remaining kidney grows slightly to provide adequate kidney function. Since the 1950s, surgeons around the world have performed living donor kidney transplants.

Here are some questions and answers that will address what you need to know about living donor kidney transplants.

What are the advantages of living donor kidney transplantation?

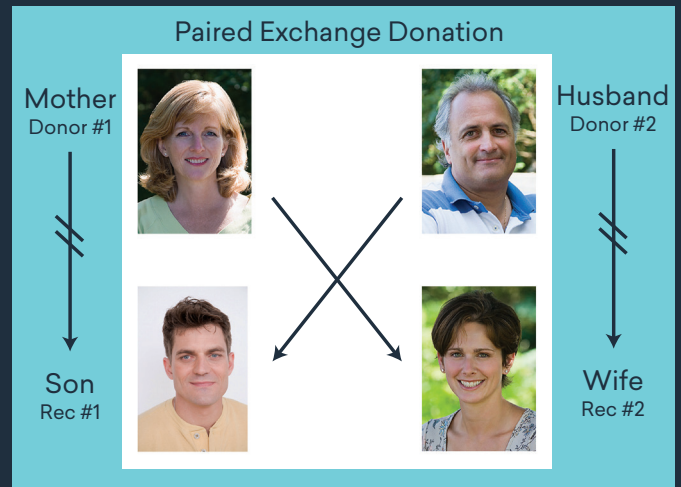
The main advantage for the recipient is that they can receive a kidney without having to wait on the deceased transplant waiting list. Patients who wait for a deceased transplant may have more medical problems, are usually weaker going into the surgery and are more likely to have complications. Another advantage of living kidney donation is evidence of better short- and long-term patient and graft survival. The advantage for the donor is knowing that they are helping someone who needs a kidney transplant.



What are the general requirements to become a living donor?

Generally, you should be no younger than 18 years old. You should not have any major medical or psychiatric illnesses, and you must not be pregnant. You should not be overweight, though you may still be a potential donor if you lose weight. You also must be able to understand the risks of this surgery and be able to comply with our instructions for follow-up medical care. If you smoke, we recommend you stop prior to surgery.

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Does the donor need to be related to the recipient?

No, blood relation is not necessary.

If the donor is related to the recipient, will the recipient experience less rejection?

No, not necessarily. The relationship between donor and recipient also doesn't appear to affect the amount of anti-rejection medication the recipient will need after transplantation. However, siblings may have a "near perfect" match.

Will the recipient be removed from the deceased kidney waiting list while a potential living donor is evaluated?

The recipient is listed with the United Network for Organ Sharing (UNOS) and may remain listed until the living donor is approved by the Medical Review Board.

What is the first step in the evaluation?

Contact the living donor program. The program will do blood testing to determine if you should donate directly to your recipient or be entered in our paired donation program.

What if my blood type does not match my planned recipient? Can I still donate?

Yes, through a kidney paired exchange program. In a kidney exchange, a donor will donate their kidney to another recipient who also has an incompatible or poorly compatible donor. In the example above, a mother and her son enter into an exchange. The son needs a kidney and his mother wants to donate hers, but they are incompatible. A husband and his wife also enter the registry in a similar situation – the husband wants to donate to his wife but is incompatible. In this kidney exchange, the mother in the first pair would donate her kidney to the wife in the second pair. The husband in the second pair would donate to the son in the first pair.

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The program that Tampa General participates in is the National Kidney Registry and Alliance for Paired Kidney Donation. The donor still must meet all the health requirements of our center and agree to be placed into this program with their recipient partner. No recipient can be placed into this program without a participating donor partner. So even though as a donor you may not match your intended recipient, through this program you can donate to someone you do match and your recipient can in turn receive a kidney from someone else who matches them.

What are the qualifications to be a kidney donor?

To qualify as a living donor, an individual must be physically fit and in good general health – and free from diabetes; cancer; HIV; and kidney, heart, liver and lung disease. Gender and race are not factors in determining a successful match.

The following are the general selection criteria for an acceptable living kidney donor:

- In excellent overall health and 18 years of age or older
- BMI of less than 35
- Cancer-free

- No history of chronic renal disease, e.g., glomerulonephritis or recurrent UTI
- No diabetes
- No hypertension. For Caucasian donors over the age of 50, well controlled on one antihypertensive medication is allowable
- Free of infections and potentially transmittable diseases such as hepatitis B or C and HIV
- No active psychosis or uncontrolled psychiatric illness
- No history of thrombosis or embolism
- No history of coronary artery disease
- No history of symptomatic valvular disease
- No history of chronic lung disease with impairment of oxygenation or ventilation
- No urologic abnormalities of donor kidney
- Creatinine clearance >80 ml/min/1.73 m² for donors between the ages of 21 and 55
- Creatinine clearance >70 for donors 55 or older
- No peripheral vascular disease
- On no active medications causing kidney dysfunction
- Donor with first-degree relative with PCKD must be over 30 years old to be considered for evaluation or have had genetic testing completed

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What is next?

Please visit TampaGeneralLivingDonation.org to complete a confidential questionnaire.

The questionnaire will give us an idea of any medical problems that would influence our decision to proceed with further testing. Please take your time in completing this questionnaire to ensure accuracy. Some questions, such as family history, may require the help of other family members. Other questions, such as alcohol or drug history, may be quite sensitive. We need you to be truthful. Withholding information could be dangerous to you and/or the recipient. Only the health professionals on the transplant team will use this information. It will not be shared with the recipient or others.

Once the form is submitted, a member of the living donor team will contact you by phone within 72 business hours. If you would prefer to speak directly to a coordinator about any questions or concerns, you may call the living donor program directly at (813) 844-5669.

What are the next steps of the evaluation?

Various blood and urine tests, a chest X-ray, an electrocardiogram (ECG or EKG), and renal CT scan will be completed. If these tests suggest that you could be a donor, then further scanning and testing will be ordered.

May I be evaluated by my own doctor?

In most cases the tests will be completed at TGH. In some instances, we can work with local transplant programs in your area to assist with your living donor evaluation.

Call the living donor program directly at (813) 844-5669.

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What is the purpose of the evaluation?

The purpose of the evaluation is to make sure that your kidneys are normal and that you do not have any medical or psychiatric illness that would make the procedure risky or difficult. It is also done to make sure you do not have any medical conditions that could be transmitted to the recipient. Finally, it is important that you are donating voluntarily, and that no one is pressuring you to donate.

What happens during the evaluation?

Your full medical history will be evaluated, and you will complete a physical, including a cardiovascular and cancer screening. A medical evaluation is done by a physician who serves as a donor advocate who looks at the donor transplant surgery with only the donor's interests in mind. None of the tests, procedures or consultations will be scheduled until insurance authorization has been obtained for both the recipient's transplant surgery and the donor's evaluation and surgery.

Do I need to fast before my appointments?

It may be necessary for you to fast for some of the tests.

Is my evaluation covered by medical insurance?

You should not incur any medical expenses related to the evaluation, surgery, hospitalization or immediate postoperative care. These charges are billed to the recipient's insurance company. If you receive any hospital bills from your donation, call the living donor office and send the bills to us. We will take care of settling the accounts.

If the candidate is covered by a private insurance plan, most insurance companies pay 100% of the donor's expenses. Most insurance companies do not cover transportation expenses, food, lodging, long-distance phone calls, child care or lost wages. You will need to discuss with your recipient what their insurance benefit covers for living donors. You may need to be prepared to cover these expenses yourself.

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Is the information shared by the donor with the transplant team confidential?

Yes. It is important that the donor is completely comfortable disclosing all requested information. The transplant team is as concerned with the safety of the donor as with the recipient. Many factors, both medical and psychological, contribute to the viability of you becoming a donor. For these reasons, donors have their own team of medical professionals who are separate from the transplant team that evaluates the potential recipients. We do this to protect any donor from feeling pressured into donation and to provide the donor with a “donor advocate team.” Your evaluation team’s sole purpose is to ensure, as much as possible, that any risk to you is minimized and you do not feel any undue pressure to make this decision. It is very important you understand the following: You may decide not to donate at any time, even up to the time of surgery, and your donor advocate team will support your decision and explain to the recipient that you are unsuitable to donate.

Should the chances for success or failure affect my decision to donate?

You are volunteering, with extraordinary generosity, to donate your kidney to improve another person’s quality of life. Before you make this gift, you should understand that there’s no guarantee the transplantation will improve your recipient’s life. The odds are in the recipient’s favor, but there is no guarantee. The recipient must follow a strict regimen of medication and routine transplantation follow-up.

How quickly will I know if I can be a donor?

Once every component of the evaluation is complete, your case will be presented to the Medical Review Board for approval. Further tests may delay your clearance. It is important that you allow yourself time to digest the information you are reading here and the additional information you will receive when you meet with us. The decision to donate your kidney is not one to make lightly. Consider it very carefully, and discuss it with your family and significant others.

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If I am cleared to be a donor, how is it decided when the transplant will take place?

This decision is made jointly by the transplant team, you and the recipient. The transplant team, particularly the physicians directly involved in your recipient's care, will determine as accurately as possible the best time to do the transplant, based on the recipient's medical condition. Once we know this information, we ask for your input as to what suits you best and try to accommodate your schedule.

Once the transplant is scheduled, will it definitely happen?

Unfortunately, very little is written in stone when it comes to kidney transplantation. A number of things could happen that might change what is planned. For example, your recipient's condition might deteriorate to the point where they are too sick for a transplant. Or the recipient or donor might develop an infection or some other condition that would need to be treated before the transplant could take place.

Do I need to do any special preparation prior to surgery?

The medical evaluation for potential living donors is extremely thorough. Once you have completed your evaluation and are approved to proceed, there is not much additional testing to be done. Some blood tests may need to be repeated if they were done more than 30 days before your surgery date. You also will need to give a sample of your blood to our blood bank at your pre-op appointment. You and your recipient will come in seven to 14 days prior to surgery for a final pre-transplant review, for any minor tests that may be needed and to get answers for any remaining questions. During this time, another HIV blood test will be done.

Should I stop smoking before surgery?

It is advisable for your own good health, but in some cases the physicians will require you quit smoking. Smokers have an increased risk of cardiovascular and pulmonary complications with any surgery; smoking can also increase your healing time.

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Should I stop drinking alcohol?

It is advisable for your own good health, but it is not a requirement of our program. If you have a history of heavy alcohol use, it is very important that you tell our physicians. Alcohol use may not preclude you from being a donor. However, you should not return to drinking alcohol after surgery until advised it is safe to do so by the transplant team.

Should I stop taking my medication(s) before the evaluation or the surgery?

You should not stop any prescription medication unless advised to do so by a physician. You should avoid aspirin or nonsteroidal medications (such as Advil or Motrin) for seven days prior to surgery. These medications can affect the ability of the blood to clot and put you at higher risk of bleeding complications. Instead, you may take Tylenol if needed. Women who take birth control pills will be advised to stop taking them 30 days prior to surgery to decrease the risk of blood clots after surgery. Any herbal supplements and vitamins should be stopped 14 days prior to your surgery.

Should I follow any special diet before surgery?

You can eat and drink normally the day prior to surgery. If you regularly take any medications, we will instruct you about these when you come in for the final appointment prior to surgery.

When will I be admitted for surgery?

You and your recipient will be admitted to the hospital the morning of surgery.

What should I bring with me to the hospital?

Bring only minimal belongings and no valuables. Please bring photo ID. Leave all jewelry and other valuables at home or give them to your family for safekeeping. You may want to bring basic toiletry items for use while in the hospital.

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How is my kidney removed?

The removal of a kidney can be done by using small incisions with the aid of a scope and with a camera (laparoscope). This technique, using the laparoscope, involves three or four small (1/2 inch) incisions. These small cuts are used to introduce special instruments, which can be used to dissect out the kidney. This technique takes about four hours.

Will I require a blood transfusion during my surgery?

Blood transfusion during this surgery is uncommon.

What are some of the possible complications of the donor's operation?

As with any surgery involving general anesthesia, there are possible complications of the anesthesia itself, including heart complications, stroke, and blood clot formation in the legs or lungs. There are risks associated with any surgery of the abdomen, which include bleeding, infection and failure of the wound to heal. Death is also a risk of any surgery.

The transplant team will discuss these risks with you in more detail during the evaluation. Because we are removing a kidney from you, a healthy person, you will need to consider the following:

- What happens if my only kidney fails in the future?
- How will this affect my health insurance and insurability in the future?
- There is no financial compensation for donation

Although many donors report a very positive experience, it is possible for negative psychological consequences to result from living donation. Living donors may feel pressured by their families into donating an organ. They may feel guilty if they are reluctant to go through with the procedure. Feelings of resentment may occur if the recipient rejects the donated organ. Living donors must be made aware of the physical and psychological risks involved before they consent to donate an organ. They should discuss their feelings, questions and concerns with a transplant professional and/or social worker.

How long will I be in the hospital?

The average stay for donors is one to two days after surgery.

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Will I have a scar after the surgery?

In most cases, the incision heals quickly, leaving a scar that fades over time but will always be visible. If a wound infection develops, you may be left with a wider scar that will be more obvious. Occasionally, people develop what is called a keloid, which is the over-growing or over-healing of the skin and results in a raised scar. Keloids can be corrected by plastic surgery if you so choose. However, this corrective cosmetic surgery will not be covered by your recipient's insurance.

Will I have much pain after the surgery?

Unfortunately, you may have significant pain after surgery. Pain medications will be administered, but despite the medication, you may still be uncomfortable. You will begin to have less pain as each day goes by. Most pain medications can make you drowsy, can affect your breathing, and may cause nausea and/or constipation. We will try to get the right balance of pain medication to make you comfortable but not drowsy, so you can do your deep breathing exercises, cough and walk. A prescription for pain medication will be provided to you before you leave the hospital for pain control at home.

Will pain medication be administered by injection or orally after the surgery?

We use a variety of methods to administer pain medication. As part of our enhanced recovery after surgery protocol, you will be given oral and IV pain medication around the clock. You will have additional medication ordered if needed. Please let your nurse know if you are in pain.

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Will I have any tubes or drains in me after the surgery?

You will have one or two intravenous lines during and after surgery for the administration of fluids to keep you hydrated and for medications. You will also have a catheter (drainage tube) in your bladder so we can monitor how your kidneys are working during and after the surgery. Having the catheter in your bladder means that you will not need to get up to go to the bathroom immediately after your surgery. The tubes and intravenous lines are usually removed the day after surgery.

Will I be in the same room as my recipient after surgery?

No, the recipient and donor will be on different units after surgery.

How soon will I be able to eat and drink after my surgery?

If you do not have nausea or vomiting with sips of water, you will be able to progress to clear fluids and then to a regular diet very quickly.

Will I have a normal life after surgery?

We expect that most patients will return to a normal life within four to six weeks after surgery, provided you do not experience any serious complications,

When can I go back to work?

The minimum amount of time you should allow yourself to recover is four weeks. Because people recover differently, with varying degrees of fatigue and pain, you may need as long as six weeks. We prefer that you be in a position (both financially and from a job security perspective) to be able to take six weeks off from work.

Will I be entitled to disability pay?

If your job provides disability coverage, then you will most likely be entitled to disability pay.

When can I restart my birth control pills?

We advise you to wait a minimum of 30 days after surgery, but you do need to practice some other form of effective birth control.

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Will I need to come back to the hospital for checkups?

This procedure is a major surgery, and we need to monitor you very closely to ensure your recovery is progressing normally. You must come back for a checkup about two weeks after you leave the hospital. We will contact you at six months, at one year and at your two-year anniversary. TGH will send a prescription for you to have labs completed. We request you complete a quick survey, and provide us with your weight and blood pressure. You should be followed annually by your own physician.

Must I remain close to TGH after my surgery?

You need to remain close to TGH at least until your two-week follow-up visit. If needed, there are local hotels that you and your caregiver may stay in until then. You must provide your own transportation and food. You will need to return for a two-week follow-up visit, and then you may return home if you are from out of town.

You also need to be able to return to TGH if you experience any problems during your recovery. You must have a relative or friend stay with you, especially immediately after you leave the hospital.

Will I need to take any medications after I donate a kidney?

You will not need any medications except for some pain medication. If you were to develop a wound infection, you might be prescribed antibiotics. You should not need any long-term medications specifically related to kidney donation.

Will I need a nurse to take care of me when I leave the hospital?

Although this is a very big operation and you will be tired and weak, you should not need any professional nursing care at home. You will need a friend or family member to do your food shopping, perhaps cook your meals and just generally be available should you run into any difficulties. It is also nice to have some company when you first come home from the hospital. You should have someone available to take you to and from the clinic for your checkups.

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When will my sutures be removed?

Usually, the wound is closed with sutures beneath your skin. These sutures dissolve and do not require removal. A type of medical glue is placed over the external incision and should not be removed.

When will I be able to drive after my surgery?

We advise you not to drive for at least the first two weeks after surgery. You must be physically and mentally strong, with normal reflexes, and not experiencing any abdominal pain or discomfort, before you can drive. You should not be taking any medication that can affect your mental alertness. Pain medications can affect your mental alertness, and you should not drive if you are taking these medications.

When can I resume physical activities?

If you are feeling well and are not having any complications, you may begin to return to your normal physical activities. Begin slowly and build up your strength and stamina. You must avoid any heavy lifting for the first six weeks until your abdomen has completely healed.

When can I begin to exercise?

As soon as you wake up from the anesthesia you will begin “exercising.” You will need to take deep breaths and cough to make sure you are getting air into all the cells of your lungs. Doing so will help prevent pneumonia. You will also begin exercising the muscles of your legs by flexing and relaxing them periodically. You will be helped out of bed the day after your surgery to begin walking. We cannot stress enough how important walking is to your recovery. Each day you should push yourself a little more. By walking as soon as possible after your surgery, you will help prevent such complications as blood clots, pneumonia and muscle wasting. You are encouraged to continue a program of daily walking when you go home. You should avoid exercises that use your core or abdominal muscles for six weeks. Remember, the goal is to be back to normal health within two months.

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When can I engage in sexual intercourse?

You will probably want to refrain from sexual intercourse for a couple of weeks until you have less discomfort and are feeling stronger. This decision is based on how you are feeling.

How long should I wait after surgery to get pregnant?

There is no definite answer to this question. We recommend that you do not become pregnant for at least one year after surgery.

Please read through this information carefully and discuss living donor kidney transplantation with your family and loved ones. If you have further questions, please call the TGH Kidney Transplant Program at (813) 844-5669 to speak with the nurse coordinator.



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[TGH.org/Transplant](https://www.tgh.org/transplant)