

A Living Gift:

Information about Living Kidney Donation



ABDOMINAL TRANSPLANT PROGRAMS

Living kidney donation is a selfless act of generosity.

It is also one of the most important decisions you may ever make.

This book has been provided to help guide you through the decision-making process. We have attempted to answer the most frequently asked questions about the living donation process. But there are other resources available to you; health care professionals such as transplant surgeons, social workers and nurse coordinators can share their experiences with other living donors and point you in the right direction to perform your own research. You also may be able to speak with someone who has already donated a kidney to a loved one.

In truth, the best indication as to whether or not you should donate comes from your own feelings; not those of others.

Why Consider Being a Donor?

Living kidney donors often say they have both given and received a gift – the gift of more time with his/her loved one. Through living donation, patients avoid the waiting list for a deceased donor organ, and can schedule the procedure at a time convenient for donor and recipient. There are also health reasons many individuals seek out a living donor, including:

- Success rates generally improve with living donor kidneys. Because living donor kidneys are transplanted immediately after removal, the kidney is able to function in the recipient much quicker.
- Studies show dialysis shortens a patient's lifespan. Because living donation allows transplants to happen sooner, recipients can expect to live longer, healthier lives.
- National statistics indicate a higher number of living donor kidneys were functioning after the end of the first year after transplant than deceased donor kidneys.

When a loved one is sick, it's natural to feel frightened and worried. Knowing you may be able to help can sometimes be overwhelming. While transplant recipients can benefit from living donation, it is important to make the decision that is best for you. We recommend you think about the following:

- What are your basic beliefs about organ donation?
- What impact will donation have on your relationship with the recipient as well as other family members?
- Who will provide valuable support to you throughout this process?
- How will you manage your work responsibilities during your recovery?



Understanding the Risks of Donation

Procedures performed under general anesthesia result in death in less than 3 of 100,000 cases. Because we ensure the excellent health of living donors, the incidence of death may be slightly lower.

If you choose to donate, you should be aware complications can arise during and after surgery, such as:

- Pain. Expect discomfort post-surgery. The transplant team will ensure you receive appropriate medications to control your pain.
- Infection. Your incision could become infected, which would delay the healing process or cause scarring. Infections are treated with antibiotics.
- Hernia. Due to a weakness or opening in the fascia/muscles, a bulging of the incision area may occur. This condition can be treated surgically.

Living donor surgery involves the same level of risk as any other major surgery.

- Pneumonia. Surgery increases the risk of developing this illness; you will be asked to cough and breathe deeply after surgery to address this risk.
- Blood clots. A risk associated with any major surgery, blood clots can be prevented by stimulating blood circulation. This is accomplished through sitting up and walking around as soon as possible after the surgery.
- Collapsed lung. Because the kidney is close to the lung, the space around the lung may be inadvertently opened during the procedure. This can sometimes result in lung collapse. In the event of this complication, a tube would be inserted into the chest to temporarily expand the lung until it heals and functions well on its own.

- Allergic reaction. Immediate corrective action is taken with individuals who react to anesthesia. The evaluation process prior to your approval as a donor addresses this issue.
- Death. Although exceedingly rare, death remains a possibility which must not be ignored.



Establishing Your Ability to Donate

After you've made the decision to donate, you must go through an extensive evaluation by the transplant center. You must be at least 21 years old; there is no upper age limit cutoff. Extremely overweight individuals or those with high blood pressure, diabetes, fibromyalgia or cancer are not eligible to donate. All testing except the initial blood type and HLA typing must be done at Tampa General Hospital. Mandatory medical testing includes:

- Blood type identification
- HLA typing
- Complete physical examination
- Chest x-ray
- Blood tests
- Urinalysis
- Electrocardiogram (EKG)
- Abdominal/pelvic CT scan (This x-ray enables the transplant team to note any abnormalities in the kidneys or blood vessels leading to them.)

If you are in excellent health, have a compatible blood type with the intended recipient and pass the required medical testing, then you may be determined an appropriate living donor.

We are occasionally asked if smoking, drinking or using marijuana rules people out as potential donors. Obviously, the healthier the donor, the better the outcome for everyone. In general, social drinkers do not experience problems. Smokers – of both tobacco and/or marijuana – can have longer healing times and a higher risk of pneumonia post-surgery. Recipients are also at a higher risk of blood vessel disease due to the plaque that builds as a result of smoking.



Common Donor Concerns

The experience of being a living donor has an enormous impact on the lives of both the donor and recipient. Concerns range from surgical scars to anxiety regarding hospital stays. We've addressed most of these issues here, but encourage you to ask the transplant team if you have additional questions.

What happens if my donor kidney is rejected?

While the majority of transplants from living donors are successful, it is possible the new organ will be rejected. This can happen immediately, while the donor and recipient remain in the hospital, or several years later. It can happen even though screening tests indicated the transplant would succeed.

Many donors ask about this potential outcome and express worry about their loved one's quality of life. The fact is, living donors have literally done everything possible to help improve life for the recipient. Options do exist after a transplanted kidney fails; the recipient can return to dialysis or choose to try another transplant. Second transplants are frequently successful.

Do relationships between donors and recipients often change because of the surgery?

Sometimes donors express concern that the recipient will feel guilt about requiring them to undergo surgery, or accepting other risks such as organ rejection. The most effective way to deal with these feelings is to speak directly with the person needing the transplant. An open discussion often makes everyone involved feel better about moving forward in the best direction for everyone.

What kind of scar will I have if I choose to donate?

Most often, living donor surgeries are performed laparoscopically, which requires a smaller incision. Scarring is therefore minimal – approximately three inches long. Scars are generally quite thin and can fade with time.

Will I be able to have children after I donate a kidney?

Studies have revealed no significant conception problems as a result of kidney donation, although the pregnancy will be considered high-risk. We advise women to wait six months after the surgery to allow their body to heal completely. Your gynecologist/obstetrician should be made aware of the fact you donated a kidney, to ensure they monitor your remaining kidney during the pregnancy.



What if an additional family member needs a kidney in the future?

Potential donors must decide whether or not they want to donate when it is clear that the person needs a kidney now. Because of some genetic diseases, other family members may require a kidney transplant in the future. Obviously, you can only donate once. It is your decision whether you want to donate now or wait until later. Whether or not someone chooses to donate, potential transplant recipients often tell us they are grateful that their loved ones even considered the possibility. Here are some things to consider:

- Is there reason to believe your child or spouse will suffer from kidney failure in the future?
- Are there others in your family who could donate in the future if you chose to donate now?
- Is your blood type compatible with your child or spouse? That is, could you actually be a donor for them?

What is the hospital process like for the donor?

Weeks prior to the surgery, a physical examination and several routine tests are performed to ensure the donor is healthy and the kidneys are functioning well. On the day of the surgery, shortly before going into the operating room, donors receive medication to help them relax. A general anesthetic is administered to induce sleep. After the kidney is removed, it is taken to an adjoining operating room where the recipient is waiting.

How long will I be in the hospital?

If donors are sufficiently recovered and feeling well, they may be discharged in 3 to 4 days.

Will I face expenses not covered by the recipient's insurance?

Travel, meal and lodging expenses might be able to be offset by applying to the National Living Donor Assistance Program for financial assistance. There are specific criteria that must be met. This can be discussed in more detail with your LD coordinator.

Will I be able to get or keep insurance after donating?

A recent article that evaluated data on a donor's ability to obtain life, disability, or health insurance after surgery found that the majority of donors surveyed did not experience any problems. However, the article indicated that a small percentage of donors reported some difficulty with their insurability. All donors are encouraged to check with their insurance companies to verify their policy.

*Source: Insurability of Living Donors: A Systematic Review. R.C. Yang, et al. American Journal of Transplantation (2007) 7:6, 1542-1551.

The transplant team is always available to answer your questions and address concerns about the living donor process. We also encourage you to investigate a number of transplant resources on the Internet. For more information, log on to:

www.kidneyregistry.org
www.livingdonors.org

www.donatelife.net
www.transplantliving.org





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