



TRANSPLANT  
INSTITUTE

# YOUR CARE AFTER DONATING A KIDNEY



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# ABOUT YOUR KIDNEY DONATION SURGERY

**You have decided to donate one of your kidneys to help another person, which is a wonderful gift. We want to help you understand about the care you will need before and after your surgery. Please ask your doctor or nurse if you have any questions about this guide to your care.**

## **Enhanced Recovery After Surgery (ERAS)**

This is a pathway designed to facilitate the earliest recovery. ERAS focuses on making you an active participant in your recovery because you are the most important member of your health care team. The ERAS protocol is comprehensive in its scope, covering all areas of your journey through the surgical process. Your team will work with you from pre-op to discharge to facilitate your recovery.

## **Before surgery**

You will be admitted to the pre-op area, where doctors and nurses will talk with you and examine you prior to surgery. They will ask you questions about your health history and any previous surgeries.

Your doctor will talk with you about the surgery and ask you to sign a consent form. Your nurse will talk with you about your care. If you have any questions about the surgery or your care, make sure that your questions are answered fully and in terms that you can understand before you sign the consent form.

## **Fasting and preparation**

You should not have anything to eat or drink after midnight. This includes water, gum, candy or food of any kind. However, you can continue to take your medications as usual. These should be taken with just enough water in order to swallow the pill or tablet completely.

In preparing for the surgery, you will be given antiseptic wipes to cleanse your entire body. These wipes help to reduce the risk of infection.

In the preoperative area you will be given oral pain medication and a nutrition drink. This is part of the ERAS protocol to facilitate early recovery through pain management and nutrition.

You will have a small tube, called an IV, put into a vein in your arm. Through this IV, you will receive fluids and medicines during surgery.

# ABOUT YOUR KIDNEY DONATION SURGERY



## Day of surgery

You will be taken to surgery in your bed. Your family will be asked to wait in the waiting area while you are in surgery. In the waiting area, your family may check in with the volunteer at the registration desk. Your doctor will contact your family in the waiting area to give them a report on how you are doing after your surgery.

In surgery, you will be moved to an operating table and secured with safety straps. You will have patches placed on your chest and arms. Cables connect the patches to a heart monitor that will be used to check your heart during surgery. Your blood pressure and breathing rate will also be followed closely during surgery.

You will be given medicine, called anesthesia, through your IV that will put you to sleep. Another tube, called a Foley catheter, will be put in to drain urine from your bladder and will stay in place until the day after your surgery.

Surgery will last about three hours, but this time frame can vary. After surgery, you will be moved back into your bed. You will be taken to the recovery room so you can be watched closely as you come out of the anesthesia, which may take up to 12 or more hours. From there, you will be taken back to your room, where your family will be able to come see you.

## After surgery

When you are back in your room, your family will be able to visit. Your nurse and other staff members will check your heart rate, blood pressure and temperature when you first get to the room and about every four hours after that. Until you are fully awake from surgery, you may need extra oxygen. This is supplied through a tube with prongs that fit into your nose. The IV will stay in place, and you will have your bladder drained of urine through the Foley catheter.

The incision made to remove your kidney will have glue or pieces of tape called steri-strips on the outside to hold the skin together. A dressing will be put on over the incision.

If you have nausea or feel sick to your stomach, let your nurse know.

# ABOUT YOUR KIDNEY DONATION SURGERY



When you are awake, you will be allowed sips of water or other clear liquids. As you are able, you will be given more solid foods to get you back to your usual diet.

The staff will help you sit on the edge of your bed and dangle your feet the first evening after your surgery. As you are feeling more awake, you will be able to sit up in the chair in your room and walk with help.

It is important you do your coughing and deep breathing exercises to clear your lungs. You will also use a device, called an incentive spirometer, to exercise your lungs.

## **Days after your surgery**

The first day after your surgery, you will have the oxygen removed if you were using it. Your Foley catheter will also be removed. If you are able to drink fluids well, the IV in your arm will have the tubing removed and will be capped off. This IV “lock” will stay in place until you are ready to go home, which is often the second day after surgery.

Your heart rate, blood pressure and temperature will be checked several times each day. You may have some blood taken for tests the first day after surgery to be sure your blood counts are normal.

# ABOUT YOUR KIDNEY DONATION SURGERY



## **Pain control**

We want to help you manage your pain. You will be asked to rate your pain on a scale of 0 to 10, with 0 being no pain and 10 being the worst possible pain. You will be provided pain medication around the clock to help keep your pain minimized. You also have additional pain medication ordered, if needed. This pain medication is not given around the clock, so you will need to ask your nurse to provide it to you. A pain score of 4 or greater should be treated. Be sure to ask for pain medicine if you feel the pain becoming stronger. By keeping your pain under control, you will be better able to move and do your breathing exercises, which will speed your recovery.

## **Activity and breathing exercises**

You will be assisted to walk in your room the day after surgery. As you are able, you can sit up in the chair in your room and take more walks around your room and into the halls. Walking will help you regain your strength and help reduce your risk of infection in your lungs and risk of blood clots.

Every few hours, use the incentive spirometer to do your breathing exercises. Doing so helps clear your lungs after your surgery to prevent pneumonia, a lung infection.

## **Diet**

You will return to your usual diet, as long as you are not having problems with stomach upset. Eating a balanced diet and drinking at least 8 cups of fluids each day will help you recover from your surgery. The fluids can be helpful in decreasing constipation that can occur as a result of the use of pain medicine. Your doctor will also order a stool softener to help alleviate the risk.

If you do have a problem with constipation, your doctor may suggest a suppository to help give you some relief.

# LEAVING THE HOSPITAL AND CARE AT HOME

## You will have some limits on your activity to allow time for you to heal

- You may shower, but you should not soak in a bath until your incision is healed. This is to reduce your risk of infection.
- You should not drive for two weeks after your surgery. Avoiding any strenuous activity for two weeks is also advised.
- Avoid lifting more than 10 pounds for the first six weeks after your surgery (for example, a gallon of milk weighs about 10 pounds).
- No pushing or pulling 10 pounds for six weeks after surgery; for instance, no pushing a stroller, grocery cart or vacuum or pulling a wagon or golf club carrier.
- You should not take part in any contact sports for eight weeks after your surgery.

You may resume sexual activity as you are able. Talk to your doctor about when you will be able to return to work.

## Follow-up appointment

Your follow-up appointment has already been scheduled. You will be notified of the date and time before discharge.

## Call your doctor if you have the following:

### Signs of a urinary tract infection, such as:

- Cloudy or foul-smelling urine
- Urge to urinate more often
- Burning when you pass urine
- Fever
- Loss of urine control
- Blood in your urine
- Pain that gets worse or is not eased with medicine

### Signs of incision infection, which may include:

- Pain in or around your incision
- A change in the amount, color or smell of the drainage
- Warmth or redness in the skin around the incision
- A fever, with a temperature of more than 101° F
- Incision line opening up or pulling apart
- Signs of gastrointestinal problems
- Nausea, vomiting
- Abdominal pain
- Inability to move your bowels



# HOW TO USE AN INCENTIVE SPIROMETER (MOUTHPIECE)

## Purpose

Deep breathing exercises with your incentive spirometer (breathing exerciser) will help open the air sacs in your lungs and may reduce future problems. You can use this incentive spirometer on your own and take an active part in your recovery.



## Steps

1. Attach the open end of the clear tubing to the port, or opening, at the bottom of the incentive spirometer. The mouthpiece is at the other end of the tubing.
2. Hold the incentive spirometer upright.
3. Your respiratory therapist or nurse will determine how deeply you should be able to normally breathe, based on your sex, height and age. *Your expected amount is \_\_\_\_\_ ml.*
4. Breathe out normally, close your lips tightly around the mouthpiece, and inhale slowly and deeply through your mouth. This slow, deep breath will raise the piston in the clear chamber of the spirometer. This step is similar to trying to suck a thick milkshake through a straw.  
It is important to breathe in slowly to allow the air sacs in your lungs time to open. Your incentive spirometer may have an indicator to let you know if you are breathing in too fast.
5. Continue to breathe in, trying to raise the piston as high as you can. Read the volume that you have achieved at the top of the piston.  
If you have had surgery on your chest or stomach area, do not be alarmed if your breath is not very deep. Each day you use your incentive spirometer, you should see improvement in how deep a breath you can take.
6. When you feel like you cannot breathe in any longer, take the mouthpiece out of your mouth. Hold your breath for three to five seconds; then breathe out slowly.
7. Breathe normally for a few breaths and let the piston return to the bottom of the chamber.
8. Set the goal indicator tab at the level that you reached.
9. Repeat the slow, deep breath in and slow breath out again. Continue this cycle for a total of 15 breaths. If you start to feel lightheaded or dizzy, slow your breathing down and take a longer time with normal-size breaths between the deep breaths.
10. After you have taken 15 deep breaths on your incentive spirometer, it is important to cough to try to remove secretions that build up in your lungs.  
If you have had surgery on your chest or stomach area, it will help to splint your incision with a pillow or a folded blanket while you cough. Place the pillow or the folded blanket over the top of the incision, and wrap your arms around it like you are hugging it. Doing so will provide support and decrease some of the pain you feel when you cough.
11. Repeat steps 2 to 10 every one to two hours, or as ordered by your doctor.

# HOW TO USE AN INCENTIVE SPIROMETER (MOUTHPIECE)

## Helpful hints

Pain control is important when you do your breathing exercises with the spirometer. Ask your nurse how often you can have pain medicine, and do not be afraid to take it as needed. Pain control will help you get the most out of your deep breathing exercises.

Keep the incentive spirometer within reach so you will remember to use it frequently. To remember to use it every one to two hours, some patients use their incentive spirometer at the commercial breaks between TV shows.

Continue to use your incentive spirometer when you go home. Using your spirometer frequently while you are still recovering at home will help keep your lungs clear.



# PAIN AND PAIN CONTROL



## Facts about pain control

Control of your pain is part of your overall treatment. Talking about pain will not distract your doctor from treating you. Please let your nurse know if your pain is not being controlled. Your physician or transplant pharmacist can meet with you to develop a treatment plan to minimize your postoperative pain.

**Telling the doctor or nurse about pain is not a sign of weakness.**  
You have a right to have relief from pain!

### Uncontrolled pain interferes with:

- Sleep
- Immune system
- Healing
- Thinking clearly at work
- Daily activities
- Appetite

### Uncontrolled pain makes you feel:

- Tired
- Worried
- Angry
- Stressed
- Lonely
- Frustrated
- Depressed

### Ask for relief from pain!

Most people do not get “high” or lose control when they take pain medicines as prescribed by their doctor. Some medicines may make you feel sleepy or drowsy. This effect usually goes away in a few days. If you get dizzy or feel confused, tell your doctor or nurse. Changing the dose or medicine can usually solve this type of problem.

It is important to take the medicine as needed and as ordered by your doctor.



## Talking about pain

It is very important that you talk about your pain with your doctors and nurses and ask for pain relief. Your health care professionals cannot know about your pain unless you tell them. Pain can have many difficult effects.

To control pain, begin by talking about it. Talk to your doctor or nurse about your pain and ask for pain relief. Tell them as much as you can about your pain.

- Location: Where does it hurt?
- Intensity: How strong does the pain feel?
- Duration: How long do you feel the pain? How often does the pain occur?
- Causes: What makes the pain worse?
- Relief: What helps relieve the pain? What types of remedies do you use for the pain? How much relief do you get from pain relief remedies you use?
- What the pain is like: Is it burning? Sharp? Dull? Stabbing? Spasms? Aching?

## Ask your doctor or nurse:

- What treatment or medicine can you suggest for me to relieve my pain?
- How and when should I take the medicine, and for how long?
- What are the side effects of the medicine?
- What should I do if side effects occur?

# PAIN AND PAIN CONTROL

## Pain control

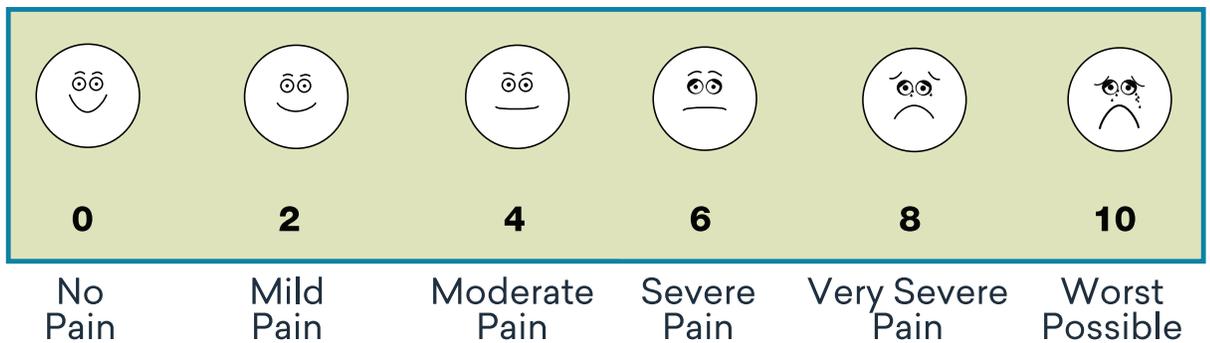
Keeping your pain under control is important to your well-being. It will help you eat and sleep better, move around more easily, and visit with your family and friends. You will be asked to set an acceptable level of pain (your goal) and then, on a regular basis, to describe your pain using the scale shown below.

## Pain rating scales

We like to use a pain rating scale to help us understand your pain and to set goals for pain relief. We will ask you regularly about your pain, but anytime you have pain, please let us know. Please rate your pain using one of the scales below. Try to use the same scale whenever you rate your pain.



Choose a number or face that best describes your pain:



Source: Wong, D.L.; Hockenberry-Eaton, M.; Wilson, D.; Winkelstein, M. L.; Ahmann, E.; DiVito-Thomas, P.A.: Whaley and Wong's Nursing Care of Infants and Children, ed. 6, St. Louis, 1999, p. 2040. Copyrighted by Mosby, Inc. Reprinted by permission.

# PAIN AND PAIN CONTROL

## Drugs and foods to avoid

Ask your doctor or pharmacist before using any other medicine, including over-the-counter medicines, vitamins and herbal products.

Make sure your doctor knows if you are also using atropine, dicyclomine (Bentyl®), phenothiazines (such as Compazine®, Phenergan®, Serentil® or Thorazine®) or any medicines that make you sleepy (such as sleeping pills, cold and allergy medicine, other narcotic pain relievers or sedatives).

Do not drink alcohol while you are using this medicine. Acetaminophen can affect your liver, and drinking alcohol can increase this risk. If you regularly drink three or more alcoholic drinks every day, do not take acetaminophen without asking your doctor.

Many combination medicines contain acetaminophen, including products with brand names such as Alka-Seltzer Plus®, Comtrex®, Drixoral®, Excedrin Migraine®, Midol®, Sinutab®, Sudafed®, Theraflu® and Vanquish®. Carefully check the labels of all other medicines you are using to be sure they do not contain acetaminophen.



# LIVING DONOR EDUCATION



The United Network for Organ Sharing (UNOS), along with Tampa General Hospital, tracks the outcome of all living organ donors. We provide information obtained from hospital records and from a brief questionnaire that will be mailed to you to complete and return to us at your six-month, one-year and two-year post-donation anniversary dates. The information we ask for is usually part of a yearly examination done by your family doctor and may include your height, your weight, your blood pressure and the value of your serum creatinine, which is part of a blood test sometimes called a BMP. It may also ask if you have had any specialized testing or problems, and if so, to provide additional information. The reason this information is obtained is to ensure that living donor donation does not impair the donor's long-term health.

We realize most donors will not see a physician during the first six months after donation, but it is still important that you complete the basic questions and return the survey to us. We have included a copy of the letter and survey you will be receiving to familiarize you with what may be requested.





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