



University **Transplant** Center

Experts On **Life.**

University Health System | UT Health San Antonio

A Patient's Guide to **Living Kidney Donation**

Ben and Suzanne Cabriales

Ben donated a kidney
to his sister in 2010.





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Welcome to the University Transplant Center at University Hospital, in partnership with UT Health San Antonio. Our faculty and staff are national leaders in the field of transplantation, with over 30 years of experience and 1,500 kidney transplants performed. This guide was designed to provide you with helpful information and answer some of the most commonly asked questions about living donation. The decision to become a kidney donor is not always an easy one but know that we are here to help you every step of the way.

Rozlynn and Ruben Garza

Rozlynn donated a kidney
to her husband in 2014.



WHAT IS LIVING KIDNEY DONATION?

Living kidney donation is when a person donates one of their kidneys to someone in need of a kidney transplant. Due to the shortage of deceased donors, living donation is the quickest way to transplantation. There are currently over 122,000 people waiting for a life-saving organ transplant in the United States. You can save a person's life by becoming a living donor.

WHY DONATE?

- A kidney transplant from a living donor starts working faster, lasts longer, and can extend a patient's life span compared to an individual who receives a kidney from a deceased donor.
- Persons on the transplant list typically wait six or more years for a kidney from a deceased donor.
- Living donation frees up a spot on the waiting list, saving the next person on the wait list.
- Living donation helps patients get off dialysis sooner. The sooner off of dialysis, the better the outcome for recipients — see chart below.

2008 USRDS ANNUAL REPORT PATIENT SURVIVAL RATES

TREATMENT MODALITY	1 YEAR	2 YEAR	5 YEAR
LIVING DONOR TRANSPLANT	98%	94%	89%
DECEASED DONOR TRANSPLANT	94%	88%	80%
DIALYSIS	79%	64%	33%

WHO CAN BE A DONOR?

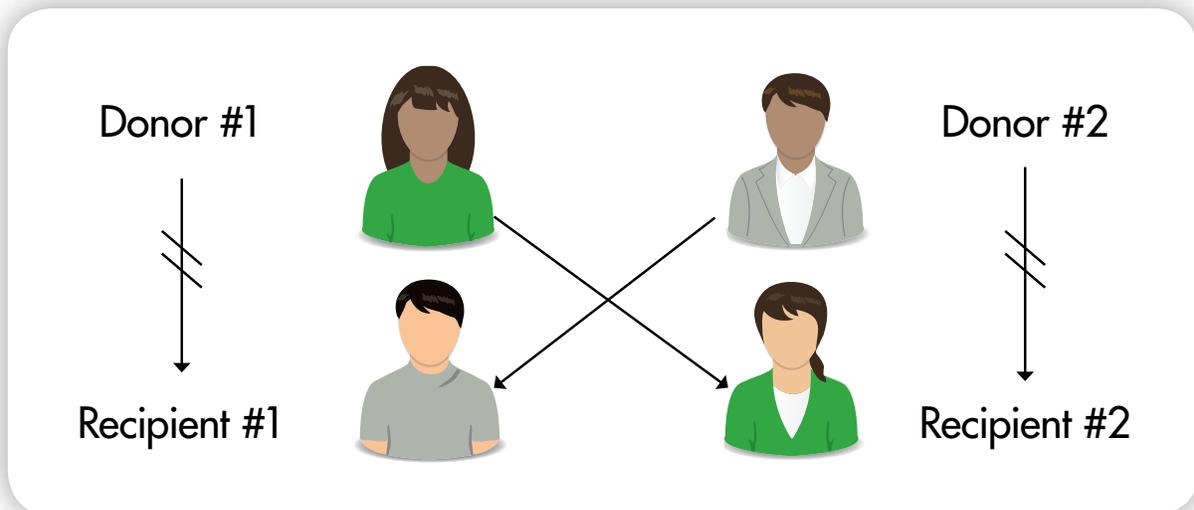
- A donor can be a family member, distant relative, friend, or co-worker. Donors do not have to be a "blood relative" of the recipient.
- A donor can also be someone who chooses to donate to someone in need without knowing the person they are donating to. They are called "Altruistic", "Good Samaritan", or "Non-Directed" donors.

MATCHING DONORS WITH TRANSPLANT CANDIDATES

Living donors must be compatible with the recipient. There are two types of blood test checks: tissue typing and cross matching to determine the blood type compatibility of the donor and recipient. The **tissue typing** blood test checks the tissue match between six codes on the donor's and recipient's white blood cells. The **cross matching** blood test determines how the transplant candidate will react to your organ.

WHEN NOT A MATCH

If a donor is not a match with the intended recipient, there are alternative options. Other donor-recipient pairs across the country find themselves in the same situation. Because of this, our transplant center participates in two national programs for paired exchange. This option allows hospitals to coordinate an exchange or "kidney swap" between incompatible pairs (see diagram below). By donating through a paired exchange, several lives could be saved.



A "kidney swap" is a transplant option that will be discussed with you in detail by your transplant coordinator if found to be an incompatible or poor match with your intended recipient.

BECOMING A LIVING DONOR

Having one kidney does not affect a person's life expectancy. Donors can have children, work, run and exercise. There are no restrictions, but we do encourage donors to commit to living a healthy lifestyle for the rest of their lives.

LIVING KIDNEY DONORS MUST BE:

- In good health, between ages 21 and 70 (70+ on a case by case basis).
- Willing to complete all testing required.
- Able to understand the risks and possible complications of kidney donation.
- In a stable life situation with family or social support to help with recovery.
- Volunteer to donate, free from coercion or pressure.

It is important for a donor to:

- Eat a healthy diet.
- Get regular medical check-ups including a blood pressure check and kidney function check at 6 months, 1 year, and 2 years after donation.
- Get annual check ups including age appropriate cancer screenings.
- Not gain an unhealthy amount of weight or become obese.
- Refrain from smoking, using drugs or excessive alcohol.
- Stay active, exercise, walk, run, dance, play, move and nurture - body, mind and spirit.
- Completely avoid non-steroidal anti-inflammatory drugs (NSAIDs) which include ibuprofen (Advil®/Motrin®/Ibuprin®) and naproxen (Aleve®/Naprosyn®).
- Have an established Primary Care Provider (PCP) seen within the prior year to assure future check-ups with private physician after donation.
- Stay hydrated. We recommend 2 Liters of water a day.

Organ donation is strictly voluntary and should be free from inducement or coercion. It is considered a federal crime for any person to knowingly acquire, obtain, or otherwise transfer any human organ for valuable consideration.

THE DONOR TEAM

The donor team consists of specialists committed to the safety and health of donor candidates before and after kidney donation. This group works separate from the recipient's team to ensure confidentiality and suitability.

- The **Independent Donor Advocate (IDA)** is responsible for promoting the best interest of the donor and acts as an advocate for the donor. The IDA assists the donor with understanding the consent, evaluation, surgery, medical and psychosocial risks and the importance of post-donation follow-up. The IDA does not work with the recipients.
- The **Living Donor Nurse Coordinator** manages all aspects of the evaluation for the living donation and post donation process.
- The **Donor Physician** performs the physical evaluation, explains the medical risks, and answers any questions regarding the surgery.
- The **Social Worker** helps donors with non-medical questions or personal challenges.
- The **Nutritionist** provides donors guidance with healthy eating choices.

THE DONOR EVALUATION PROCESS

Over 6,000 living kidney donor surgeries are performed each year in the United States. A kidney is the most frequently donated organ by living donors. Although living donation offers the best alternative for someone awaiting a kidney transplant, we are here to determine if it is safe for you.

A donor candidate must complete:

- A health history questionnaire by visiting www.UTCLivingDonor.com
- A Psychosocial assessment to determine a donor's daily life circumstances, mental health, whether the donor feels pressure to donate, a donor's ability to understand information and make informed decisions, and to assure that donation is free from inducement and coercion
- Blood and urine tests
- Chest x-ray, EKG and cardiac testing
- Complete history and physical exam
- CT Scan, which allows the physician to view the kidney including blood vessel supply
- Age appropriate cancer screenings
- Dietary evaluation
- Any additional tests the doctor feels is necessary

The donor evaluation, hospitalization and at least one post donation follow-up visit is covered under the recipients insurance.

A committee will review a donor's evaluation. If all results are normal and the transplant team approves the donation, you will be able to set a surgery date that works best for you and the recipient. If at any time during the evaluation process test results are abnormal, we will notify you and stop the process. You will be referred to your private physician. If a problem is identified, it is possible you may not be able to donate.

Donors have the option to stop the evaluation process or surgery at any time in a way that is protected and confidential.

The following are possible risks that may occur during an evaluation:

- Allergic reaction due to exposure to contrast materials used in abdominal imaging
- Discovery of infectious diseases
- Discovery of serious medical conditions that requires additional testing or treatment
- Discovery of adverse genetic findings unknown to donor



PSYCHOSOCIAL OR FINANCIAL RISKS

A psychosocial assessment is performed during an evaluation. It is important to be completely honest with your transplant team to avoid further financial or emotional stress. Donors should fully consider how donation may affect their physical and emotional health, as well as their family life, financial situation, and current and future health and life insurance status. Our transplant social work team is available to assist in addressing any non-medical issues before, during and after donation.

The following are possible psychosocial or financial risks:

- Financial stressors may include un-paid travel, personal expenses, time off work, housing costs, childcare, and household bills that are not covered by the recipient's insurance. *Resources may be available to assist if needed.*
- Post-surgery emotional/psychiatric disturbance, depression, or anxiety
- Guilt, resentment, disappointment, or emotional distress caused by the outcome of the recipient
- Altered body image
- Impact on donor lifestyle
- Need for lifelong follow up at the donor's expense
- Loss of employment or income
- Negative impact on the ability to obtain or maintain future employment, afford health, disability and/or life insurance
- Future health problems experienced by living donors after donation may not be covered by the recipient's insurance

◀ Kidney Paired Exchange in 2016

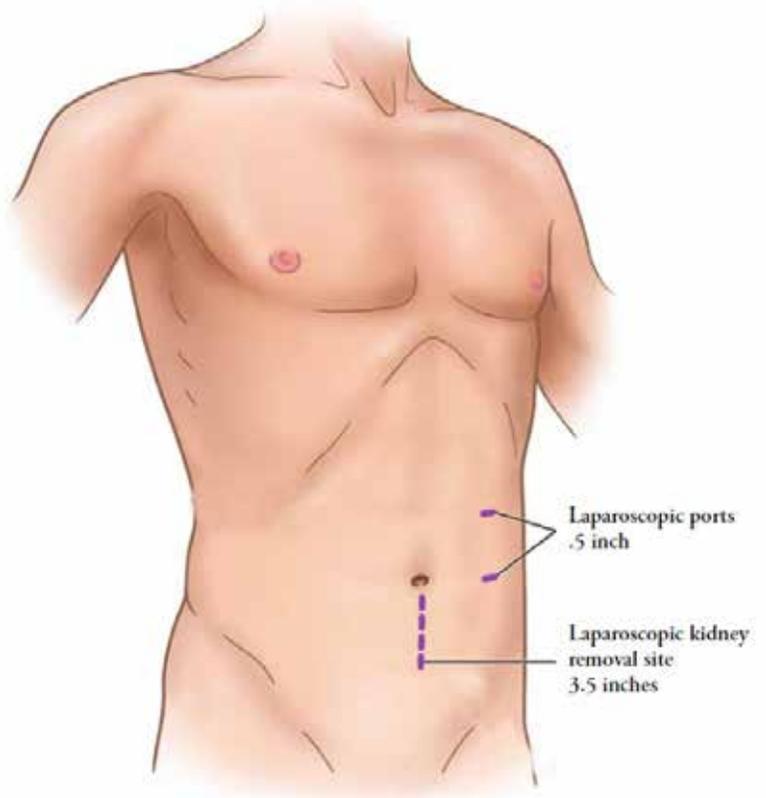
Pictured left to right: Allison Scott (Altruistic Living Donor), James Miller III (Living Donor), Diane Talamantes (Kidney Recipient), Tracy Miller (Kidney Recipient), Michael Talamantes (Living Donor), Windy Miller (Living Donor), James Miller Jr. (Kidney Recipient), and Norma Washington (Kidney Recipient)

ABOUT THE SURGERY

Our experienced surgeons will perform a minimally invasive technique to removing the kidney called hand-assisted laparoscopic nephrectomy.

Hand-assisted laparoscopic nephrectomy

The hand assisted approach is the most common method for surgery. . This procedure is performed through 2 small abdominal incisions, called "ports." The surgeon inserts laparoscopic instruments into these incisions to isolate. A 3 to 4 inch incision is made on the lower abdomen, just large enough to remove the kidney.



You will experience discomfort after kidney donor surgery and will be given pain medication as needed. You will be up and walking very soon after the surgery. Most living donors spend 2 days in the hospital, go home, and recover for in about 4 - 6 weeks. Recovery time will depend on the type of surgery you had and what type of work you do. Recovery from surgery does not mean complete bed rest. It does mean, rest from strenuous physical exertion, exercise, and heavy lifting.

POSSIBLE RISKS

Please consider the risk and possible complications of kidney donation surgery. Your safety is our priority.

COMMON RISKS:

- Constipation (laxatives will be provided)
- Bloating, nausea

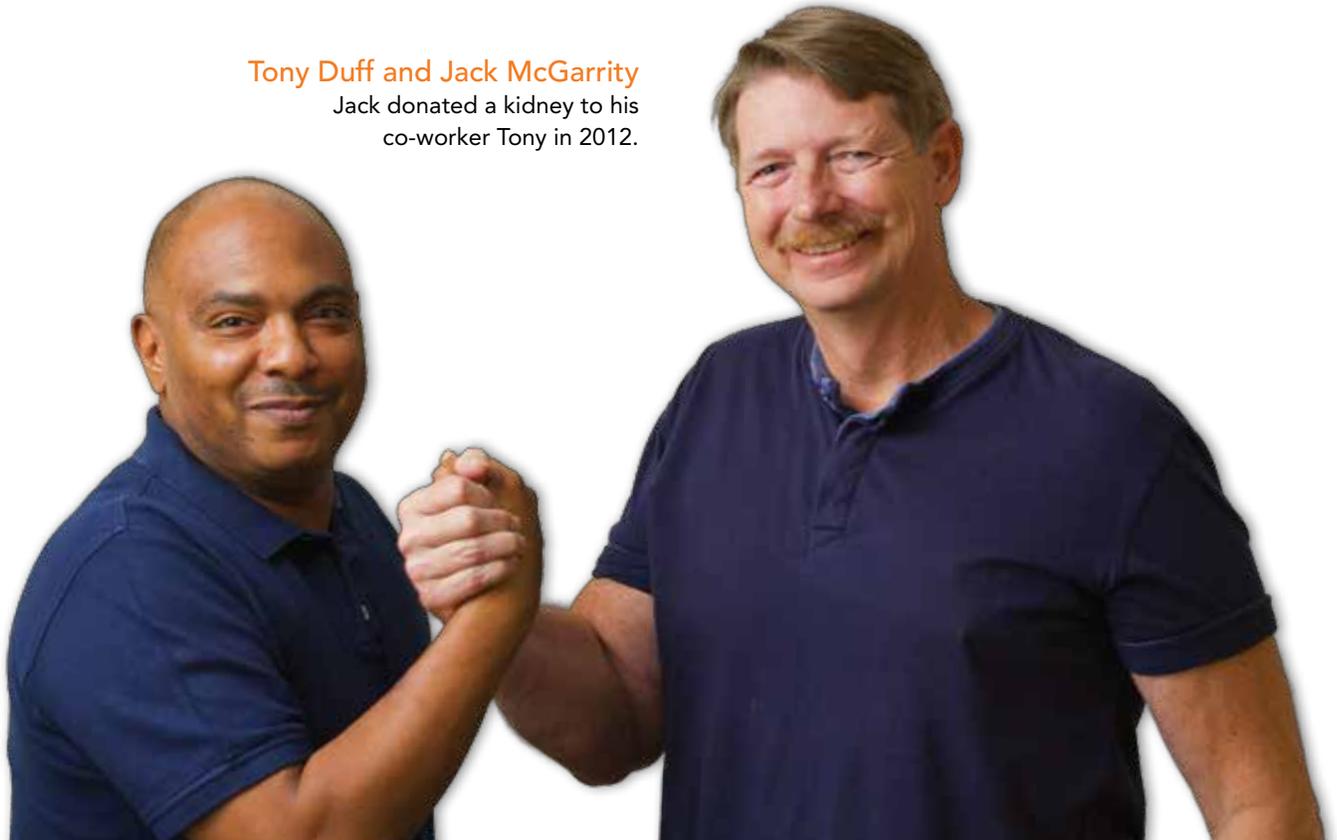
RARE RISKS:

- Bleeding
- Heart attack
- Hernias or wound infections
- Future obesity, hypertension
- Breathing problems, pneumonia
- Stroke
- Reactions to the anesthesia
- Renal failure (estimated risk is .2% to .3%)
- Blood clotting
- Death (mortality rates following surgery for living donors is estimated to be .03% or 3/10,000)

University Transplant Center survival outcomes have met or exceeded national expectations consistently for many years. You may visit the scientific registry of transplant recipients for more information at www.srtr.org.

Tony Duff and Jack McGarrity

Jack donated a kidney to his co-worker Tony in 2012.



MAKING AN INFORMED DECISION

QUESTIONS TO ASK YOURSELF:

- Do I understand the risks involved?
- How would I feel if my donated kidney didn't work, or if the recipient experiences rejection at any point in their life?
- How would I feel if the recipient does not take care of the kidney I donated?
- Do I have a plan for my family if a serious complication occurs?
- Do I need to speak to another living donor regarding their experience?
(A coordinator can help with this.)
- Do I feel pressured into becoming a donor?
- Do I still have questions? If so, what are those questions?

OTHER THINGS TO CONSIDER:

- Typically, your sexual life is not affected.
- Women cannot donate a kidney while pregnant.
- If you are taking birth control pills or hormone replacement therapy, these must be stopped four weeks prior to kidney donation surgery. You will need to discuss this with your gynecologist and transplant team.
- Women are counseled on the importance of avoiding pregnancy for at least one year after kidney donation. Women kidney donors should have a high risk obstetrician for all pregnancies that occur after donation.

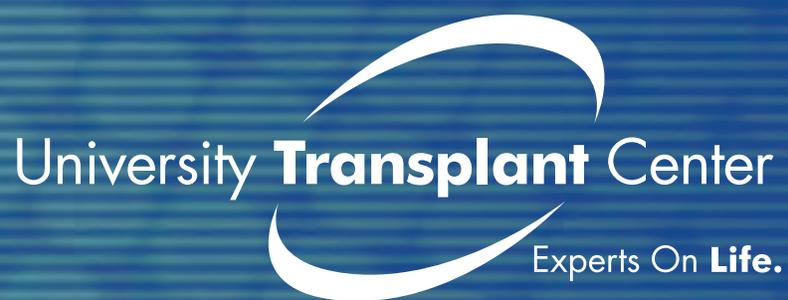
IMPORTANT BENEFITS FOR DONORS:

- Texas State Government Code Section 661.916 grants State employees 30 working days paid leave per year to serve as an organ donor and five working days paid leave per year to serve as a bone marrow donor. Federal employees also have the benefit available.
- The National Living Donor Assistance Center (NLDAC) provides financial assistance for travel for out of town donors who qualify. Our Transplant Social Workers can assist with the application process. For more information, visit www.livingdonorassistance.org.

Kidney transplants have a very high success rate, save lives, and enrich the quality of life for people with kidney failure.

ADDITIONAL RESOURCES

- **American Society of Transplantation**
myAST.org
- **Centers for Medicare and Medicaid Services**
[1-800-MEDICARE \(1-800-633-4227\)](tel:1-800-MEDICARE) | [877-486-2048](tel:877-486-2048) | cms.hhs.gov
- **Coalition on Donation**
DonateLife.net
- **Living Donors Online**
livingdonorsonline.org
- **National Kidney Foundation**
[1-800-622-9010](tel:1-800-622-9010) | livingdonors.org
- **National Living Donor Assistance Center**
[1-703-414-1600](tel:1-703-414-1600) | [1-888-870-5002](tel:1-888-870-5002) | livingdonorassistance.org
- **Organ Procurement and Transplant Network (OPTN)**
[1-888-894-6361](tel:1-888-894-6361) | optn.transplant.hrsa.gov
- **United Network for Organ Sharing (UNOS)**
UNOS.org | TransplantLiving.org
- **U.S. Government Information on Organ and Tissue Donation and Transplantation**
organdonor.gov/about/livedonation.html



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