

For Living Donors: What You Can Expect

The decision to donate a kidney is not an easy one to make. This chapter will help you decide whether becoming a living donor is the right choice for you. If you decide to go through the process, you'll find a lot of information on what you can expect before, during, and after your surgery. Your *pre-transplant coordinator*, or the nurse who arranges all of your tests and surgery, is also available to answer any questions. She or he is your main point of contact at the University of Chicago Hospitals.

Who Can Be a Living Donor?

IN SHORT

Living donors must:

- **be at least 18 years old**
 - **be in good health**
 - **not have any major health problems**
 - **be truly willing to give up a kidney**
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You can undergo testing to become a living donor if you are at least 18 years old and in good health. Although there is no upper age limit, a person who is older than age 60 may not be the best donor for some recipients.

People with major health problems cannot donate an organ because the operation may be too risky

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Pre-transplant coordinator – The University of Chicago Hospitals nurse who oversees your care before your transplant or donor surgery.

for them. These people may also be at risk of developing kidney problems themselves. Examples of major health problems include high blood pressure, diabetes, heart disease, and obesity. In addition, people who have cancer or infections, such as hepatitis, cannot be living donors because they may transmit these health problems to the transplant recipient.

Living donors must also be emotionally healthy and willing to go through everything that's involved in donating a kidney. It's also important to consider the commitment you'll need to make in terms of time and money. For instance, can you afford to take the time off from work? The sidebar "How Will Organ Donation Affect Your Life," on page 23, provides information on these and other issues.

You do not need to be related to the transplant patient to donate a kidney. A blood-related family member, such as a brother or a daughter, is more likely to be a good match than a non-blood relative. But all living donor transplants, including those obtained from non-relatives, tend to be very successful because they come from a healthy living donor. In addition to blood relatives, living donors can include husbands, wives, in-laws, close friends, and church members.

Who Pays for the Donor's Medical Expenses?

IN SHORT

Insurance will usually pay for your:

- **tests and exams**
 - **surgery**
 - **hospital stay**
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All of the medical costs of donating an organ—the tests and exams, the surgery, and the hospital stay—is usually paid for by the transplant recipient's insurance. Your pre-transplant coordinator may first need to ask your insurer to cover your medical costs, if appropriate. If your insurer denies coverage, then your pre-transplant coordinator will contact the transplant patient's insurer.

But insurers will usually not pay for any wages you lose if you need to take unpaid time off from work for the surgery. Insurers may also not pay for any travel costs, such as airfare to Chicago, that you may incur. (See Financial and Insurance Issues Chapter for information on finances.)

Donor Tests and Exams

IN SHORT

You have to go through two steps before becoming a living donor:

- 1. You have some blood tests. These will tell us if you and the transplant patient are a good match.**
- 2. You have more tests and exams. These tests will tell us if you're healthy enough to donate a kidney.**

Scheduling and completing these tests and exams can take 3 to 6 weeks.

You will need to undergo a series of medical tests and exams before we can tell whether you can be a donor. Depending on your schedule, it may take 3 to 6 weeks to complete all of these tests and exams.

Compatibility Tests. Before you donate a kidney, we first need to make sure that you and the transplant recipient are *compatible*, or a good match. For this reason, we first ask potential living donors to have the following three blood tests. The primary test for compatibility is a blood type test. Other matching will also be done to assess how likely the recipient's immune system is to react against your donated kidney.

- Blood type test. Your blood type needs to be compatible with the recipient's blood type:
 - If the recipient's blood type is O, then the donor's blood type must be O.

Compatible –
When one person
(the donor) can
safely give
an organ to
another person
(the recipient).
Also called
"a good match."

Crossmatch test – A blood test to see if a recipient is compatible with a donor. Samples of the recipient's blood and the donor's blood are mixed together. If there's a *negative crossmatch*, the recipient and the donor are compatible. But

a *positive crossmatch* means the two people are not compatible. When there's a positive crossmatch, the recipient's immune system may destroy the organ(s) from that particular donor.

- If the recipient's blood type is A, then the donor's blood type must be either A or O.
 - If the recipient's blood type is B, then the donor's blood type must be either B or O.
 - If the recipient's blood type is AB, then the donor's blood type can be A, B, AB, or O.
- *Crossmatch test*. During this test, a sample of your blood is mixed with a sample of the recipient's blood. We are testing for a *positive crossmatch* or *negative-crossmatch*. If there's a positive crossmatch, the recipient's immune system would immediately attack and destroy your kidney after donation. So you can only donate your kidney if this test shows a negative crossmatch.
 - HLA, or human leukocyte antigens test. *HLA antigens* are proteins found on the surface of all the cells in your body. There are hundreds of different HLA antigens. Some people refer to HLA antigens as "genetic markers" because you inherit these proteins from your parents. Blood relatives are more likely to share HLA antigens than non-relatives are. So, too, are people of the same race or ethnicity. During this blood test, a set of the donor's HLA antigens are compared to the recipient's HLA antigens to see how well they match. We look for a match of zero to six. A match of six is best, but this is not common. While it would be nice to always have a good HLA match, it often doesn't happen. Fortunately, medicines to prevent rejection

are so good that even a zero-matched kidney can work very well.

Health Tests and Exams. If these initial blood tests show that you and the recipient are a suitable match, then you will need to undergo more tests and exams. We need to make sure that you are healthy enough to handle major surgery and live life with only one kidney. For example, we need to make sure that you are not at risk of developing diabetes or high blood pressure in the future. These conditions might affect your kidney function over time. The tests and exams that you will need include:

- Urine and blood tests to assess the health of your kidneys and liver. We also want to make sure you don't have any infections, including hepatitis and HIV.
- A chest X-ray to check for lung or heart problems.
- A blood pressure test. If your blood pressure is high when we test it in the clinic, you may need to wear a blood pressure monitor for 24 hours at home to make sure your blood pressure is normal.
- An *electrocardiogram (EKG)*, a painless test that shows if the electrical activity in your heart is normal. To get an EKG, you will have several patches that contain electrodes stuck to your chest for a short while.
- An evaluation by our *transplant social worker*. The social worker is interested in whether you are emotionally prepared for donor surgery.
- A complete medical exam by a *nephrologist*, or kidney doctor, who specializes in kidney problems.

Human leukocyte antigens (HLA) – A blood test that helps match a recipient with a donor. HLA antigens are proteins found on the surface of all the cells in your body. You inherit HLA antigens from your parents. During this blood test, a

set of the donor's HLA antigens are compared to the recipient's HLA antigens to see how well they match. We look for a match of zero to six. A match of six is best. HLA tests are also called "tissue typing" or "genetic matching."

Electrocardiogram (EKG) –

A painless test that shows us the electrical activity inside your heart.

*Transplant**social worker –*

The University of Chicago Hospitals social worker who helps transplant patients with practical, financial, and emotional issues.

Nephrologist –

A doctor who helps people with kidney disease.

- A meeting with a transplant surgeon.
- A CT or MRI scan of your kidneys. The transplant surgeon needs to make sure that you have two healthy kidneys and determine which kidney would be best to remove.

If any potential health problems are spotted, additional tests or exams may be needed. For example, if a heart problem is suspected, you may need further tests to determine whether your heart can handle the rigors of donor surgery.

Where Can You Go for All of These Tests and Evaluations?

Your post-transplant coordinator can arrange for you to receive all of your donor tests and exams at the University of Chicago Hospitals. Out-of-town donors can also arrange to have the tests done at another transplant center that is close to them.

Talk to your pre-transplant coordinator about how you want to handle all of your testing. In some cases, the insurance company may not cover some of these tests unless you arrange for them through your primary care doctor.

Also, be sure to tell your coordinator if you had some of the tests done recently for another medical reason. In these cases, we can get a copy of the results so that you don't have to repeat a test.

Preparing for Your Surgery

IN SHORT

Before your donor surgery, you need to:

- **set the surgery date**
 - **visit the hospital for final tests and meetings**
 - **pack for your hospital stay**
 - **take time off, if you work**
 - **find someone to watch your kids or pets, if you have them**
 - **drink a clear liquid diet the day before your surgery.**
-

Once the transplant team determines that you are a suitable donor, we can set a date for your surgery. You and your donor will be operated on the same day.

Your Pre-Admission Visit. You will need to come to the University of Chicago Hospitals about 1 to 2 weeks before your surgery. During this visit, you will:

- meet with a transplant surgeon one more time.
- see the *anesthesiologist* to discuss how you will be put to sleep during the operation.
- give blood for another crossmatch test to make sure that you and the transplant patient are still compatible.
- have routine pre-operative lab testing.
- fill out some paperwork that will speed up your admission on the day of your surgery.

Anesthesiologist –
A doctor who puts
you or parts of
your body to sleep
during surgery.

Medical Issues. If you smoke, we would like you to stop smoking at least two weeks before your surgery. In addition, if you take birth control pills or hormone replacement therapy, stop taking these medicines at least four weeks before your surgery.

The day before your surgery, you will need to be on a clear liquid diet all day. You may also be told to take a mild laxative to clear out your intestines. It's important to stay well hydrated the day before surgery. Sports drinks, such as Gatorade, would be good to drink.

What to Pack and Other Concerns. You can expect to stay in the hospital for two to three days. Then, you will need to take it easy for two to three weeks after you are discharged. Here are some things to think about as you prepare for your surgery and recovery:

- How will I get to and from the hospital before and after my surgery?
- What do I need to bring to the hospital? You might want to consider bringing or packing:
 - Some clothing, such as underwear, socks, pajamas, a robe, slippers, and sweats or other comfortable clothing to wear home.
 - A pair of shoes. As your strength improves, the doctors will want you to do some walking.
 - Personal toiletries

- Eye glasses, dentures, hearing aid, etc.
- Any medicines that you take. Make sure your name is written on all the containers.
- Should I bring money to the hospital? If so, how much? Carry a small amount of money with you to buy a magazine or phone card for long-distance calls. (Local calls are free.) We suggest that you do not bring large amounts of cash, credit cards, or valuable items such as jewelry. You will not need them while you are in the hospital.
- Where should I stay after I get out of the hospital? Is my home a good place to recover? Or would it be better for me to stay at a loved one's or a friend's house until I'm strong enough?
- Who will watch my children and/or pets while I'm in the hospital and when I'm recovering?
- For patients who work: How much time can I take off work with pay—using sick time or vacation time? What is my job's short- and long-term disability policies? How can I prepare my boss for my eventual leave?

If you live out of town, you will have many other preparations to make, such as arranging for airfare or accommodations for any loved ones who are coming with you. Your pre-transplant coordinator can help you find appropriate accommodations and transportation.

The Day of the Surgery

IN SHORT

You will be told when to arrive at the hospital for your surgery. The surgery will last 3 to 5 hours. You will be given a drug to put you in a deep sleep.

The surgeon will make a few small cuts in your belly area. Then, he will remove one of your kidneys.

Your pre-transplant coordinator will tell you what time to arrive at the hospital on the day of your surgery. You should not eat or drink anything for about eight hours before you come to the hospital. Your surgery will start an hour or two before the recipient's surgery. But you will both be asked to arrive at the hospital around the same time.

Enter the hospital through the Bernard Mitchell Hospital entrance at 5815 South Maryland Avenue (one block north of 59th Street and one block east of Cottage Grove Avenue). Go to Admission Services (Room TS-200E) located in the lobby of the hospital on the second floor. You may be asked to provide some admissions information. Then you'll be asked to wait in the Surgical Waiting Room (Room P-211).

When the transplant team is ready, a staff person will come and take you into the preoperative holding room to prepare you for surgery. You'll be asked to take off your clothes and put on a hospital gown. You'll also have an intravenous line (IV) inserted in your arm so you can receive anesthesia before

surgery. One family member or loved one can stay with you during this pre-operative period, if you'd like.

Several members of the transplant team will probably stop by to talk with you before your surgery, including the transplant surgeon and the anesthesiologist. Some of the doctors who stop by your room may be *residents* or *fellows*. These doctors are receiving training in transplant care. The University of Chicago Hospitals is a teaching hospital and a premier transplant training center in the United States. So residents and fellows will be participating in your care throughout your hospital stay.

You will then be wheeled into the operating room for surgery. Your loved ones may wait in the Surgical Waiting Room (Room P-211) during the operation. It is a comfortable room with televisions and public phones. Cell phones are allowed. Once the surgery is over, the transplant surgeon or another staff member will let your loved ones know how everything went.

The Surgery. Today almost every living donor at the University of Chicago Hospitals undergoes an operation called a *laparoscopic nephrectomy*. This minimally invasive operation only requires a handful of small cuts, which allows for a much quicker recovery than the traditional procedure (that is, an open nephrectomy), which required a large 10-12 inch incision.

The laparoscopic surgery usually lasts three to five hours. First, you will receive a general anesthetic in the operating

Residents – Doctors with one to five years of advanced training beyond medical school. Fellows and residents will be helping with your care during your hospital stay. The University of Chicago Hospitals is a teaching hospital. It is also a leading transplant training center in the United States.

Fellows – Doctors who have completed a residency and are getting advanced training in an area of medicine, such as transplant care. Fellows and residents will be helping with your care during your hospital stay. The University of Chicago Hospitals is a teaching hospital. It is also a leading

transplant training center in the United States.

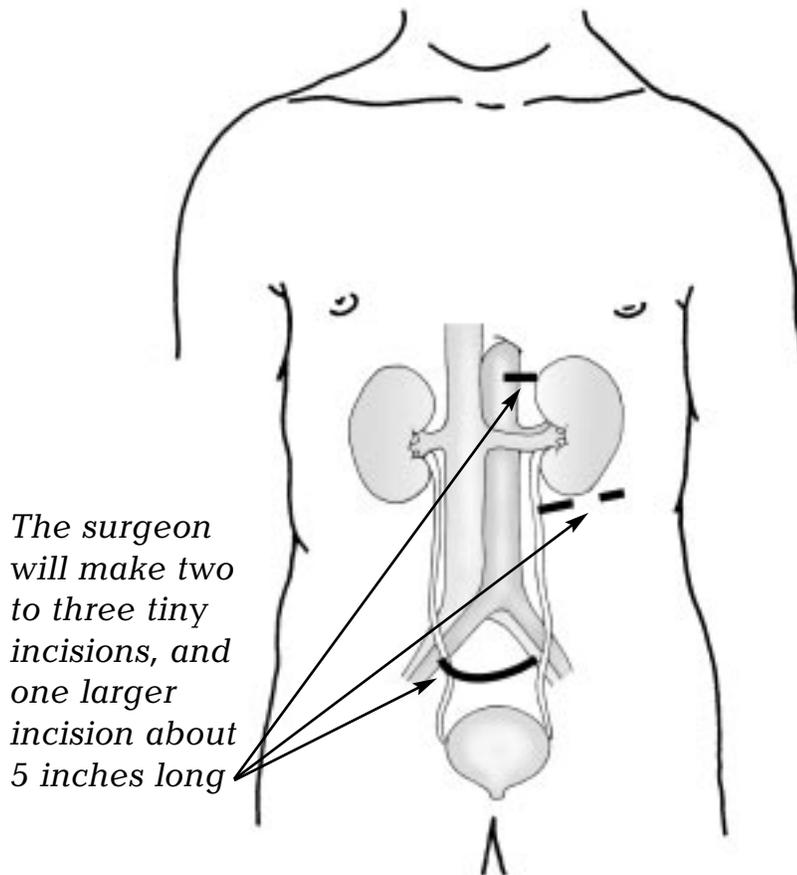
Laparoscopic nephrectomy – Surgery to remove a kidney from a living donor through a handful of small cuts. During the operation, the transplant surgeon uses a laparoscope, which is a thin tube that is connected to a video camera.

Foley catheter – A thin tube that is placed into your bladder during surgery to drain urine. The catheter will stay in place for two to five days after surgery.

room through an IV in your arm to put you in a deep sleep. A *Foley catheter*, which is a thin, flexible tube, will be placed into your bladder to drain urine. You will be connected to a heart monitor machine so we can track your heart function. An *endotracheal tube* will be inserted through your mouth into your lungs to control your breathing. In addition, a *nasogastric (NG) tube*, or stomach tube, will be inserted through your nose or mouth and down into your stomach to keep it empty throughout surgery. All of these steps are routine during surgeries that require general anesthesia. Some of these tubes and monitors will be removed immediately after surgery; others will remain for a day or two.

After you are asleep, the surgeon will inflate your belly with carbon dioxide. This step gives the surgeon more room to operate, and provides a clear view of your kidney. Then, the surgeon will make 1 to 1½ inch cut in your upper abdomen and insert a *laparoscope*, which is a thin tube that is attached to a video camera. (See Figure 1, page 14.) Once the laparoscope is in place, the surgeon can watch a live video of the inside of your abdominal area on a TV screen as he or she performs the operation.

Two or three other tiny cuts will then be made in your upper abdomen, below your kidney. The surgeon will insert miniature surgical tools through these small cuts in order to remove your kidney.



The surgeon will make two to three tiny incisions, and one larger incision about 5 inches long

Figure 1. Surgical Incisions for Laparoscopic Kidney Donor Surgery

A final cut about 5 inches long will be made a few inches below your belly button. The surgeon will remove your kidney through this longer cut.

After your kidney is removed, it is flushed with preservation fluid, packed in ice, and brought to the recipient in a nearby operating room. While your surgeon is closing your incisions, another transplant surgeon will be placing your kidney into the recipient's body.

Endotracheal tube – A tube that is put through your mouth or nose and into your lungs during surgery. The tube helps control your breathing.

Nasogastric tube (NG tube) – A tube that is passed through

the nose and into your stomach. The NG tube helps keep your stomach empty during surgery or recovery.

laparoscope – A thin tube that is attached to a video camera.

Recovery from Surgery

IN SHORT

You will need to stay in the hospital for 1 to 3 days. We will give you drugs for the pain. Tell the nurse or doctor if you feel sick to your stomach or have other problems.

You will need to get up and walk as soon as you feel able. This will help you get better faster.

Most kidney donors stay in the hospital for about two days. The recovery is somewhat different for every patient. So it's impossible to predict exactly what your hospital stay will be like. The scenario below gives a "typical" patient's experience. Your doctors and nurses will also be explaining everything to you as it happens. If you have any questions or concerns, please ask.

The First Few Hours After Surgery. After your operation, you will be brought into the surgical recovery room. This unit is specially staffed and equipped to take care of post-surgical patients. You will likely stay in the recovery room until the anesthesia wears off, which typically takes an hour or two.

Many patients only have a vague remembrance of the recovery room. But you may recall waking up. You'll be very groggy at first. Let a nurse or doctor know if you are in any pain or experiencing any nausea.

One to Two Days After Surgery. Soon after the anesthesia wears off, you will be taken to a

patient room. You may wonder why you have so many tubes, lines, and monitors attached to you. They are all there for important reasons:

- You will have one or two IVs in your arm or hand that we use to provide you with medicines and fluids. The IV's will stay in place for one to two days.
- You may have a blood pressure monitor around one of your arms, which automatically takes your blood pressure from time to time.
- You will have a catheter that drains urine from your bladder into a receptacle at the foot or side of the bed. You will probably need the catheter for a day or two. It is normal to feel pressure in your bladder from the catheter.
- You may have special socks or compression sleeves on your legs to prevent blood clots.

You can expect to be weak and in pain after surgery. Every patient is different. Some say they don't feel much pain at all; others say they feel quite a bit of pain. The key is to control any pain that you do feel. You will be given a patient-controlled pump that allows you to give yourself pain medicine as needed through one of your IVs. A nurse will teach you how to use this. You'll also probably be asked to rate your pain on a scale from 1 to 10 (with 10 being the worst possible pain). If necessary, we may increase the dosage of your pain medicine or switch to another type of pain medicine.

However, we also want to try and avoid side effects you can

get from pain medicines, such as confusion or mood swings. After a day or two, you will be taken off the IV pain medicine and given pain pills instead.

Please tell a nurse or doctor whenever you are in a lot of discomfort. Also, let us know if you feel sick to your stomach. Some patients feel nauseous after receiving anesthesia or as a side effect of pain medicine.

Within 24 hours of surgery, a nurse will help you sit up and take a short walk. The sooner you move around after surgery, the quicker you will recover. Because your body has been through a lot, it may be difficult to get out of bed the first time after surgery. A nurse and other staff will be there to prevent you from falling. (Don't try this without help.) Getting up and walking will get easier every time you do it.

Spirometer –
A device that helps you keep your lungs clear after surgery. You breathe air in and blow it out through a tube.

You will not be allowed to eat solid foods for a day or two. Most likely, this won't bother you because you won't have much of an appetite. You'll be getting all the fluid and nourishment you need through your IVs. We will start out by giving you liquids, such as soup or Jello. Once you're able to digest liquids without difficulty, you'll be given solid foods.

The nurses will also ask you to breath deeply into a *spirometer* or tri-flow from time to time. This device tests and improves lung function. At first, it may hurt your incision when you use the spirometer. But it's important to use it throughout your hospital stay. The spirometer can help prevent pneumonia and other lung problems.

In between resting and recovering, you'll have visits from members of the transplant team. They will stop by on occasion to monitor your condition. The nurses will also come to your room for various reasons throughout the day and night.

Your family and loved ones are welcome to visit with you. If you have a question about visiting policies, ask your nurse.

Every day, you'll start getting stronger and have more energy. Your daily walks will become more frequent and longer, and your appetite will come back. Eventually, the catheter and your IVs will be taken out. Before you leave the hospital, the nurses will teach you how to take care of yourself when you go home.

Life after Donation

IN SHORT

**You can go back to work in 2 weeks if you feel OK.
But don't lift anything heavy for 6 weeks.**

We will tell you when to come back to the clinic. If you have no problems, you will need to be seen three times:

- **2 to 3 weeks after surgery**
 - **6 months after surgery**
 - **12 months after surgery**
-

You will need to take it easy for a few weeks after you leave the hospital. You will probably tire easily and still feel some pain. Eventually, within a few weeks, you will start to feel like your old self.

Return to Normal Activities—Gradually. It will take about six weeks for your incision to heal. You should avoid lifting anything heavier than 10 pounds during this time. Sometimes a sneeze or cough will be uncomfortable. It is very common to be tired for four to six weeks after any abdominal surgery. You might need to take naps for the first month.

Here are some other guidelines:

- **Flying:** If you are from out of town, we recommend that you wait at least one week before flying. We would like for you to wait to return home until after your first post-operative clinic visit.
- **Driving:** You may resume driving a car once you feel ready and are off painkillers. This usually takes three weeks or so. Painkillers can affect your ability to react properly when driving.
- **Moderate-paced activities:** We encourage you to stay active to prevent your muscles from weakening. Walking is an excellent way to keep your muscles strong. But don't overdo it. Be sure to take lots of time to rest while you recover.
- **Vigorous activities and exercise:** Wait six weeks after surgery to run, swim, ride a bike, lift weights, or do any other strenuous activity.

- **Work:** Unless your job involves heavy lifting, you should be able to return to work as soon as two weeks after surgery. If your job is very stressful or physically hard, you may need to talk to your boss about working fewer hours or taking on different responsibilities until you completely recover.
- **Sexual activity:** It's safe to resume sexual activity about two to three weeks after surgery, if you are comfortable doing so.

Wound Care. The nurses in the hospital will give you instructions on how to care for your surgical wounds. The surgeon will close your incisions with absorbable sutures, and cover them with Steri-strips. These thin, paper strips help hold the wound together. The Steri-strips will fall off on their own about a week after surgery. Wait 48 hours after surgery to take a shower. Avoid taking a bath for about 10 days.

Your stitches will not need to be removed. The surgeon uses a material that will dissolve in your body.

Follow-Up Appointments. You will need to return to the University of Chicago Hospitals three times for follow-up appointments:

- two to three weeks after surgery.
- six months after surgery.
- 12 months after surgery.

You should come to the Post-Transplant Clinic for each visit. The Post-Transplant Clinic is located on the sixth floor of the Duchossois Center for Advanced Medicine (DCAM) in Room 6A. The transplant surgeon will check to make sure that your kidney is working well, your blood pressure is normal, and your wounds are healing properly.

After your last visit to the Post-Transplant Clinic, you will return to your primary care doctor for regular medical care. We advise you to see your primary care doctor once a year to make sure that your kidney function, blood pressure, and general health are fine.

Common Questions About Being a Living Donor

Q. Will donating a kidney increase my risk of future health problems?

A. People only need one healthy kidney to survive. After donating a kidney, your remaining kidney will immediately take on the work of two kidneys. Donating a kidney should not raise your risk of kidney disease, diabetes, or other health problems. (See the sidebar "How Will Organ Donation Affect Your Life?," page 23, for more on health risks.)

Q. Is there anything I won't be able to do after donating a kidney?

A. Once you recover from donor surgery, you should be able to do everything you did before donating your kidney.

If you have an interest in joining the military or becoming a police or fireperson, you may want to check if they will accept people with one kidney before you donate.

Q. Will I get to stay in a room nearby the person I'm donating my organ to?

A. We have special units that specialize in the care of donors and in the care of recipients. These are separate units on the same floor in the hospital.

So, you won't be on the same hospital unit as the kidney recipient. But you will be on the same floor. You will probably be able to visit each other within a day or two after surgery. Your first goal is to recover.

Q. After the surgery, how long will it be before I can go back to work?

A. It depends on your job. If you have a desk job, you may be able to return to work as soon as two weeks after surgery. But you will need to wait six weeks or longer to do any heavy physical labor.

Q. Is there anything I can do before my surgery to help make sure that I will recover well—and quickly?

A. The healthier you are before your transplant, the better your body will be able to handle the stress of surgery. Here's how to keep yourself in good health:

- Eat a healthy diet.
- Exercise on most days of the week.
- Stop smoking, if you smoke. If you need some help, talk to your primary care doctor about nicotine replacement options.

- Lose weight, if you are overweight. Our transplant nutritionist is happy to sit down with you to develop a diet that will help you lose any excess pounds.

Q. Can I have a baby after donating a kidney?

A. Yes, research shows that kidney donors have no problems becoming a mother or father. But we advise women to wait six months to a year after donating an organ to become pregnant. This gives your body plenty of time to heal. If you do become pregnant, let your obstetrician know that you have donated a kidney. It's important for your doctor to keep an eye on your blood pressure throughout your pregnancy.

How Will Organ Donation Affect Your Life?

Before deciding to donate, you should weigh the personal costs of giving up a kidney with the reward of helping another person.

What Are the Benefits to the Recipient?

Donating a kidney is the greatest gift you could ever give—the gift of health. Kidney transplant patients usually feel better within days of getting a new organ. They have more energy and are free of the grueling routine of *dialysis*.

When you give a kidney, you also save the transplant patient years of waiting for a transplant. The average wait for a kidney from a deceased person is about three to four years. In comparison, living donor transplants usually take place within weeks of

Dialysis – People who have kidney failure (also called end-stage renal disease) need to go on dialysis to remove waste and water from their bodies.

identifying a suitable donor. Living donor kidneys also tend to work better and last longer than kidneys from deceased donors. On average, living donor kidneys last 15 or more years. But deceased donor kidneys only last about eight to 10 years.

What are the Health Risks to You?

The health risks associated with donating a kidney are very low. Consider these findings:

- On average, people who donate a kidney live just as long as people with two kidneys.
- Most donors fully recover from the surgery in a few weeks.
- If the donor is in good health before surgery, removal of a kidney should not affect his or her health. In one study, 93% of donors did not think giving up a kidney had changed their health.
- Kidney donors are no more likely to develop kidney disease, high blood pressure, or other health problems later in life than non-donors.

However, you will need to undergo major surgery to donate a kidney. And any surgery involves some risks. For instance, you can expect to be in pain after the surgery. You also have a small risk of developing an infection, pneumonia, blood clots, or nausea from the anesthesia and surgery. If these complications do develop, they can all be successfully treated. If you have any worries about the health risks involved, please don't hesitate to ask one of the transplant doctors or nurses.

What Else Should You Consider?

Even though the risks are low, becoming a living donor is still a major commitment. Here are some issues to consider:

- Are you ready to make the time commitment involved? You will need to take time out for medical tests and exams before the surgery. You can expect to be in the hospital for one to three days. Then, you'll need to take it easy for two to three weeks after that.
- Will you be able to manage all your responsibilities while you're in the hospital and recovering at home?
- How do you think your decision to donate will affect your relationships with the recipient, your family, or your friends?
- Are you prepared for the disappointment if the medical tests and exams rule you out as a possible donor?
- Do you have people to lean on for support?
- Can you handle the expenses that you might incur from donating? Your medical costs will likely be covered by insurance. But you need to consider other costs. For instance, will you need to take time off from work without pay? Will you need to pay for child care or pet care? Are there a lot of travel costs involved?

Please remember that the transplant team is here to help you make the right decision about donating. Don't

hesitate to ask us any questions or voice any concerns. We will completely respect your decision to become a donor—or not. Any talks that we have with donors are kept private. We will not share your comments or concerns with the transplant patient or anyone else.

A Living Donor's Experience

Jeff, a 34-year-old living donor, shares what he went through when donating a kidney for his brother Mark, who is 38.

My brother has had type 1 diabetes since he was 12 years old. My family knew he might have kidney failure someday. But it happened a lot sooner than we expected. One day his creatinine levels jumped from 2 to 6.8. So, we got slapped in the face with the reality that he was going to have to go on dialysis.

As soon as my sister and I heard the news, we said "OK, let's find out if one of us can be a donor." There was no hesitation at all. My sister and I actually had a contest going as to who was going to win and get to donate.

The Tests and Exams. Both my sister and I got a blood test at the University of Chicago Hospitals and found out that our blood types were compatible with Mark's. Then, we came back for a genetic blood test, called a human leukocyte antigens (HLA) test. Mark and I matched six out of six, which is the best possible match. So, my brother was basically my genetic twin.

My sister matched one out of six. So, I ended up being Mark's donor.

After that, I had to go down to the University of Chicago Hospitals five or six more times for tests and exams. They wanted to make sure my kidney was going to work in Mark and my body was going to be OK to handle it. I met one-on-one with the transplant surgeon and had an EKG, a CT scan, and other tests. They also took a lot of blood. The whole process took about 2 months or so.

I was very happy with the way the doctors and nurses prepared us for surgery and let us know everything that was going on. They also gave me ample opportunity to back out of the donor surgery if I wanted to. When I met with the surgeon, he said point blank, "If you don't want to do this, it's OK. A lot of people wouldn't do this." But I didn't want to back out. I said, "Let's do it today. I'm ready." I saw my brother having to go through dialysis and it's awful to see someone go through that. I wanted to help him as soon as I could.

My wife was very understanding and supportive about my donating a kidney. We have two kids. So, we worried at first about the possibility of one of our kids needing a kidney one day. I wouldn't be able to donate to them if I gave my brother a kidney now. But we decided that the chance that either of our children would ever need a kidney was very small, about 0.01%. And even if it does occur, I might not be a suitable donor. So, we decided not to worry about that because I had a chance to help my brother right now.

In the Hospital. Our surgery was scheduled for 7:30 a.m. Before the surgery, I couldn't have anything to eat or drink for about seven hours or so. I checked into the hospital that morning, and they brought me into the preoperative room. I don't remember much. I remember getting an IV put in my arm, and then I fell asleep.

They told me the surgery would last between three to five hours. Mine lasted five. They said my surgery went incredibly smooth because of my age and my good health.

The first thing I remember is waking up in the recovery room. I looked over at the nurse and said, "We need to get this surgery going cause I'm in a lot of pain." And she said "It's already over." I couldn't believe the surgery was done. To me it seemed like only a minute had passed since they put me out. Right after that I fell asleep again.

The next thing I remember is waking up several hours later in my hospital room in a lot of pain. Thank God for morphine. I couldn't hit the button on the pain pump enough times. The nurses had to up the dosage of my pain medicines. About a day and a half after the surgery, I got off the morphine and switched to pain pills.

I was actually in more pain than Mark after the surgery. He was on his feet the next morning and walked down to my room. We were on same floor but on different ends of the corridor.

I started eating fairly quickly. I wasn't real hungry because my stomach hurt so bad. But I was able to eat and keep food down. But I never had any nausea or other side effects other than pain. I think they started me out on Jello and soup. But after that I was on a completely nonrestrictive diet in the hospital.

For a day or two, I had two IVs and a catheter. Being a male, the removal of the catheter is not a pleasant experience at all. My nurse was really good. She said, "Look away" and boom, it was done. So it was probably 5 minutes of pain and discomfort, and then everything was back to normal.

About two days after the surgery, the nurses got me up on my feet and moving to the bathroom. Once I got up, I tried to walk as much as possible. I knew that the quicker you can get up and move, the better and faster your recovery is going to be. So I pushed myself to walk the hallways. Walking hurt in the beginning. I felt like Grandpa Jones shuffling my feet. But it's important to work through the pain as much as possible.

Recovery. I got out of the hospital three days after the surgery. I stayed at my parent's house for a week and a half. My kids were five and six months at the time. And I was worried my five year old would be jumping all over me wanting to play. So I thought it would be best for me to recover at my parent's.

That first week I slept a lot. Mark came by to visit every day. He lives very close to my parents. His recovery seemed to go

about four times easier than mine. He'd come over and tease me, saying "Hey man, you look like hell."

I planned on going back to work in two weeks. I have a desk job so it's not like I do physical labor. But that first day back at work, I was only able to work for three hours, and I was beat. But it got better each day. I was back at work full time three weeks after the surgery.

Seven months after the surgery, I'm back to my normal activities. I run and golf for exercise, play around with my kids, and have a few beers on occasion. I am having a little trouble with my incision scar. The transplant surgeon thinks I may be having an allergic reaction to the material he used to sew me up. Part of the incision swells up and hurts when I'm stressed or do any heavy activity. The surgeon says the discomfort should go away once the stitches completely dissolve. This is not a common problem from what I understand.

I've also found out that I have Raynaud's disease, which is a disease that affects the circulation and causes your hands to be cold all the time. The doctors at the University of Chicago Hospitals think I had the disease before my surgery but didn't experience any symptoms. Then, the stress of the surgery and donating a kidney might have caused the disease to escalate and become noticeable. It's not a big deal. The Raynaud's isn't affecting my lifestyle. But other donors might want to know that giving up a kidney can cause a lot of temporary stress on the body, which may cause other health problems to suddenly arise.

Looking back on the whole donor experience, I'd do it again in a second. I'd even do it for a stranger. It's a small sacrifice when you think about it. My relationship with Mark hasn't really changed. We were very close before the surgery so I can't say we've gotten any closer. We joke around about the whole experience. I kid around and tell him he has to do whatever I say now.