What You Need to Know about Donating a Kidney

At UCSF, 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 deceased donor organs available for everyone who needs one. As a result, an increasing number of patients are being added to the national deceased transplant waiting list. Nationally, as of February 2007, there are more than 70,156 patients on this kidney transplant waiting list, with more being added each day. In the year 2006, 15,722 patients received a kidney transplant. Some patients may die while on the waiting list or become too sick to undergo transplant because of the organ shortage.

These facts prove that living donor kidney transplantation is an important alternative as a patient can receive a kidney from a relative or friend, and not need to wait for a deceased donor organ to become available. Since the 1950’s, surgeons around the world have performed living donor kidney transplants. Surgeons at UCSF have performed living donor transplants since 1963. Living donor kidney transplantation is achievable because we are born with two kidneys. A person can live a healthy life with one kidney, which is why this alternative is possible. The kidney is surgically removed from a live donor and transplanted into a recipient.
Q: What are the advantages of donating a kidney?
A: Kidney transplant is the best treatment for kidney disease. As a donor you may be improving the quality of a recipients’ life.

Q: What are the general requirements to become a living donor?
A: You must:

• Be at least 18 years old
• Not have any major medical or psychiatric illness
• Not be pregnant or intend to get pregnant for at least a year post surgery
• Not be overweight. You may still be considered a potential donor if you can lose weight
• Not be actively smoking cigarettes or marijuana. If you do smoke, you must quit for 6 week prior to surgery and never smoke again
• Not actively using illegal drugs
• Be able to understand the risks of this surgery

You will not be excluded from donating because of lack of personal insurance; however, it is in your best interest to purchase health insurance prior to transplant. For a more detailed description of insurance questions regarding your coverage as a donor, please refer to section “Will my evaluation, testing and surgery be covered by medical insurance?” in this booklet. Follow our instructions for short- and long-term follow-up medical care

Q: Does the donor need to be related to the recipient?
A: No. Blood relation is not necessary between the donor and the recipient.
Q: If the donor is related to the recipient, will he or she experience less rejection?
A: The relationship between donor and recipient also does not appear to change the risk of rejection or affect the amount of anti-rejection medication the recipient will need after transplant.

Q: Will the recipient be removed from the deceased donor transplant waiting list if a potential donor is being evaluated for possible donation?
A: No changes are made to the recipient’s status on the deceased donor waiting list.

Q: What are the steps in the evaluation process?
A: The steps are:

1. Know your blood type.
   Your doctor or a local blood bank can do this simple test. You must be either the same blood type as your recipient or blood type “O” which is the universal donor.

2. Check with your health insurance to see if they will cover the cost of this service

Q: What do I do once I know my blood type?
A: Call our Transplant office at (415) 353-1551 and let the receptionist know that you want to learn about kidney donation. You will speak with a Transplant Coordinator who will screen you over the phone. You will be able to ask questions at that time. A detailed medical questionnaire will be mailed to you. You need to complete the medical questionnaire, attach a copy of your blood type and return it to the Transplant Coordinator.
Q: Why is the questionnaire important?
A: The medical questionnaire will tell the Transplant Coordinator of any medical problems that may affect your ability to donate. Please take your time in completing this questionnaire, do not leave any questions blank and make sure all the information is correct. Some questions, such as family history, may require the help of other family members. You need to be truthful about your personal habits. Questions, such as smoking, alcohol or drug history, can be quite sensitive. Hiding information will be dangerous to you or the recipient.

Q: Will my questionnaire be kept confidential?
A: This questionnaire is considered extremely confidential. Only the health professionals on the Transplant Team will use this information. This information will not be shared with the recipient or others. It is confidential.

Q: What are the next steps of the evaluation?
A: We will need you to obtain various blood and urine tests, a chest X-ray and an EKG. You will also have an evaluation completed by one of our nephrologists (kidney doctor) and our social worker. If these tests suggest that you can be a donor, we will schedule you for a CT Angiogram to make sure that you have two healthy kidneys. Other tests and/or consultations may also be necessary, depending on your personal medical history.

Q: May I get my evaluation done by my own doctor?
A: The evaluation process will require visits to UCSF and in general most of the testing will be done here. An exception to this policy is an insurance carrier may prefer that some tests be done at a local designated facility. However, we insist that the most crucial testing be done at UCSF. The cost for these tests will depend on your insurance or the recipient’s insurance.
We can have some portions of the initial evaluation done near your home if you reside outside of California.

**Q: What is the purpose of the evaluation process?**

**A:** 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 this procedure risky or difficult for you. We also want to make sure you do not have any medical conditions that could be transmitted to the recipient. Finally, we want to make sure that you are becoming a donor voluntarily and no one is pressuring you to donate. To complete the donor evaluation, numerous tests and consultations are required over a period of several days to several weeks.

**Q: What takes place during the evaluation?**

**A:** In general, the donor work-up involves a full medical history and physical including cardiovascular, cancer and viral (Hepatitis, HIV, etc) screening. A physician does the medical evaluation. This doctor serves as a “donor advocate” physician and looks at the donor transplant surgery with only the donor’s interests in mind. None of these tests, procedures, or consultations will be scheduled for the donor until insurance authorization has been obtained.

**Q: Do I need to fast before my appointments?**

**A:** It may be necessary for you to fast for some of the tests and you will be instructed to do so. While fasting, you cannot have any food or drinks, including water.

**Q: Will my evaluation be covered by medical insurance?**

**A:** The recipient’s insurance will generally cover you for the donor testing and nephrectomy; however, we strongly recommended that you have your own health insurance. Some insurance companies require that we bill the donor’s
insurance for all pre-transplant testing and this may include
the donor nephrectomy.

A signed statement indicating that you do not have health
insurance will be required from the recipient’s insurance. The
Donor Financial Counselor will contact you and the recipient
if any insurance coverage issues exist because of limitations.
The type and limitation regarding donor coverage will be
reviewed before any testing begins.

Please note, donating a kidney may be considered a pre-
exisiting condition to some insurance companies if you apply
for health insurance after transplant. A pre-existing clause
may apply by way of a waiting period for coverage or denial
of individual insurance coverage. Generally a pre-existing
condition may not apply through a group insurance plan.
If you are not insured, we recommend that you contact an
insurance broker for more details regarding pre-existing
conditions as a donor and obtaining insurance in your locality.

**Q:** *Should the chances for success or failure of the
transplant affect my decision to donate?*

**A:** You are volunteering with extraordinary generosity, to donate
your kidney in an attempt to improve another person’s quality
of life. Before you make this gift, it is important that you
understand that there is no guarantee that your sacrifice will
actually improve your recipient’s life.

**Q:** *How quickly will I know if I can be a donor?*

**A:** Generally, within 2 weeks of completing every component
of the evaluation, we will let you know if you can be a donor.
Further tests are sometimes needed which could delay your
clearance for surgery. It is important that you allow yourself
time to digest the information you are reading here and the
additional information you will get when you meet with us.
The decision to donate your kidney is not one you should
make lightly. You should consider it very carefully, and
discuss it with your family and significant others.
Q: If I am cleared to be a donor, how is it decided when the transplant will take place?

A: This decision is made jointly by the transplant team, recipient and you. The transplant team, particularly the physicians involved directly 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, we ask for your input as to what suits you best and try to accommodate your schedule, if possible.

Q: Once the transplant is scheduled, will it definitely happen?

A: Unfortunately very little is written in stone when it comes to kidney transplantation. A number of things could happen that could change our plans. For example, your recipient’s condition might get worse to the point where they are too sick for the transplant. The recipient or donor might develop an infection or some other condition that would need to be treated before the transplant could be done.

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

A: The medical evaluation we perform on potential living donors is extremely thorough. Once you have completed your evaluation and we decide to proceed, there is not much additional testing to be done. If you opt to donate your own blood in the event of the need for transfusion, we will want you to donate a unit of your blood within 2-4 weeks prior to your surgery. We may also need to repeat some of your blood tests, if they were done more than 30 days before your surgery date. You will also need to give a sample of your blood to our blood bank within 72 hours of the surgery. We will have you, your recipient, and your immediate family, come 2 weeks before the surgery for a final pre-transplant review, for any minor tests that may be needed, and to answer any remaining questions you may have.
**Q:** Should I stop smoking before my surgery?

**A:** You **must** stop smoking to be a donor and never smoke again.

**Q:** Should I stop drinking alcohol?

**A:** If you are going to be a donor, it is required that you stop drinking 6 weeks before surgery. 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. You should not return to drinking alcohol after surgery until advised that it is safe to do so by the Transplant Team.

**Q:** Should I stop taking my medication(s) before the evaluation of the surgery?

**A:** You should not stop taking any prescription medication unless advised to do so by a physician. We do not recommend that kidney donors use Non-steroidal anti-inflammatory medications (NSAIDs) such as Advil, Motrin, or Ibuprofen during the evaluation phase or after surgery. Aspirin and other medicines that can thin the blood should be avoided for 7 days before surgery. Women who use hormonal birth control medications will be advised to stop taking them 30 days before surgery because of the increased risk of blood clots after surgery.

**Q:** Do I need any special diet before surgery?

**A:** You can eat and drink normally until noon the day before the surgery. You will have a liquid diet from noon until midnight then nothing by mouth until surgery. You will need to take a laxative the day before surgery. If you regularly take any medications, we will instruct you about these when you come in for the final appointment before surgery.

**Q:** When will I be admitted for surgery?

**A:** You and the recipient will be admitted to the hospital on the day of the surgery.
**Q:** What should I bring with me to the hospital?

**A:** Bring only minimal belongings and no valuables. Because we have your insurance information, there is no need to bring any documentation with you unless we specifically ask you to. Leave all jewelry or other valuables at home or give them to your family for safekeeping. You may want to bring a basic toiletry bag for your use in the hospital.

**Q:** How is the kidney removed?

**A:** The removal of the kidney can be done by one of two ways: an open incision in the flank (side) region or using small incisions with the aid of a scope with a camera (laparoscope). The open incision technique has been the standard for the last 35 years, involves a 5-7 inch incision on the side, division of muscle and removal of the tip of the 12th rib. The operation typically lasts three hours, and the recovery in the hospital averages 4-5 days with a time out of work of 6-8 weeks. The newer technique using the laparoscope was first used at our center in 1999 and involves four small (1/2 inch) incisions on the left or right side of the abdomen. These small cuts are used to introduce special instruments, which can be used to dissect out the kidney. In the final step, a 3.5-inch cut is made on the lower abdomen (at the “bikini line”) for removal of the kidney. This technique takes about 4 hours. This technique does not require the cutting of any muscle, and the usual hospital stay is 3-5 days, with a potential to return to work 4-6 weeks. The amount of pain from the incisions and bloating that occurs after the surgery is typically less in patients that undergo the laparoscopic procedure. Kidneys recovered with either technique work equally well. You will not know until after the CT angiogram of your kidney if it is possible for you to undergo the laparoscopic procedure.
Q: How much time passes between removing the kidney from the donor and transplanting it into the recipient?

A: The operations on the donor and the recipient take place at the same time, in separate operating rooms.

Q: Will I require a blood transfusion during my surgery?

A: Blood transfusion during this surgery is uncommon, although it may be necessary. Current data at our center show that less than 1% of our donors have needed a blood transfusion. The nurse coordinator will go over with you the blood donation options.

Q: What are some of the possible complications of the donor’s operation?

A: 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 operation on the abdomen, which are bleeding, infection, and failure of the wound to heal. There is even a risk that you might die. We will discuss these risks with you in more detail during the evaluation.
Q: How long will I be in the hospital?
A: The average hospital stay for donors is 2-5 days after surgery.

Q: Will I have a scar after the surgery?
A: 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 chose. However, this corrective cosmetic surgery is unlikely to be covered by your recipient’s insurance in the case of the donor.

Q: Will I have much pain after the surgery?
A: Unfortunately, you may have significant pain after this surgery. We will give you pain medication but, despite the medication, you will still be very uncomfortable for at least the first week. You will begin to have less pain as each day goes by, but most of our donors have told us that they still had a significant amount of discomfort for 1-2 weeks after the surgery. Most pain medications may make you drowsy, can affect your breathing, may cause nausea, and/or constipation. We will be trying 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.

Q: Will pain medication be administered by injection or orally after the surgery?
A: We use a variety of methods to administer pain medication. You will have what is called a PCA (Patient Controlled Analgesia). With PCA, you have an intravenous line attached to a computer-controlled pump. You press a button
whenever you need pain medication and the medicine is immediately administered directly into your vein. Once you are eating normally, we will switch you to a pain medication that is taken orally.

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

**A:** You will have one or two intravenous lines in you during and after the surgery so we can give you fluids to keep you hydrated and give you medications. One of these lines may be used to administer your pain medication after the surgery. 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 also means that you will not need to get up to the bathroom immediately after your surgery. The tubes and intravenous lines are usually removed within 2-3 days.

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

**A:** No, the recipient generally goes to the same floor but in a different room.

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

**A:** As soon as your intestines start to work again after the surgery, you will be able to begin to eat and drink again. 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 within the next 2 days.

**Q: Will I have a normal life after surgery?**

**A:** We expect that most patients will return to a normal life within 2-3 months after surgery, provided they do not experience any serious complications.
Q: How long will I be off work?
A: The minimum amount of time you should allow yourself to recover is 4-6 weeks. Because people recover differently, with varying degrees of fatigue and pain, you may need as long as 8-12 weeks. We prefer that you be in a position (both financially and from a job security perspective) to be able to take 8 weeks off from work, should you need it.

Q: Will I be entitled to disability pay?
A: You may be entitled for disability pay if you have paid into the State Disability System or have disability benefits through your employer. Contact your employer’s Human Resources Department to discuss your benefits and to obtain answers to your questions. If you have State Disability Benefits be certain to request an application before you are discharged.

Q: When can I restart my birth control pills?
A: We advise you to wait for at least one month but recommend restarting three months after surgery.

Q: Will I need to come back to the hospital for check-ups?
A: This surgery is considered a major surgical procedure and you will need to be closely monitored to ensure your recovery is progressing normally. You will need a follow-up visit a week after discharged from the hospital and may probably need another check-up 4-6 weeks after your surgery. These visits may be covered by the recipient’s health insurance and will be reviewed by the Donor Financial Counselor. It is important that you set-up a follow-up appointment with your primary provider soon after discharge. You will also require an annual medical checkup with your local provider for the rest of your life. We recommend you have your own health insurance coverage to cover these costs.
Q: Must I remain close to the UCSF hospital after my surgery?

A: You need to remain close to UCSF for at least 2-3 weeks after your surgery. You also need to be able to return to UCSF if you experience any problems during your recovery. We recommend that you have a relative or friend stay with you, especially immediately after you leave the hospital.

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

A: You may require medication for pain and will be supplied with an adequate amount upon discharge to last until you meet with your primary care provider. On rare occasions you may also require antibiotics if you develop a wound infection. Most of the time discharge medications are covered under the recipient’s health insurance.

If you require additional medications beyond the amount provided at discharge, our physicians will write the prescriptions. You will need to use your pharmacy insurance coverage or pay the retail cost. We do not anticipate that you will require any long-term medications specifically related to the kidney donation.

We encourage and it is of utmost importance that you set-up a follow-up appointment with your primary care provider soon after discharge.

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

A: 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 generally be available should you run into any difficulties as you cannot lift anything over 10 pounds for 6 weeks after surgery in order to prevent a hernia. 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 UCSF clinic for your check-ups.

**Q:** When will my sutures be removed?

**A:** Usually the wound is closed with sutures beneath your skin. These sutures dissolve and do not require removal. Small strips of tape are placed over the external incision and can be removed about one week after surgery.

**Q:** When will I be able to drive after my surgery?

**A:** We advise you not to drive for at least the first 2-3 weeks after surgery. You must be physically and mentally strong with normal reflexes, and not experiencing any abdominal pain or discomfort before you decide to drive. You should not be taking any medication that can affect your mental alertness. Pain medications containing narcotics (like Vicodan, Percocet or Tylenol with codeine) can affect your mental alertness and you should not drive if you are taking these types of pain medications.

**Q:** When can I resume physical activities?

**A:** If you are feeling well and are not having any complications, you may begin to return to your normal exercise activities. Begin slowly and build up your strength and stamina such as walking outdoors for at least 20 minutes per day. You will need to avoid any heavy lifting (greater than 10 pounds) for the first 6 weeks until your abdomen has completely healed.

**Q:** When can I begin to exercise?

**A:** 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. This will help prevent pneumonia. You will also begin to exercise the muscles of your legs by flexing and relaxing
them periodically. You will be helped out of bed the day after your surgery and begin walking. We cannot stress enough how important walking is to your recovery. Each day you should be pushing yourself a little bit more. By walking as soon after your surgery as possible, you will help to prevent such complications as blood clots, pneumonia, and muscle wasting. You are encouraged to continue a program of daily walking when you go home. Remember: the goal is to be back to normal health within 2-3 months.

Q: **When can I engage in sexual intercourse?**

A: 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.

Q: **How long should I wait after surgery to get pregnant?**

A: Female patients should not get pregnant for at least a year from the date of surgery.

Q: **When can I go on vacation for fly?**

A: If you reside outside the United States you should plan to stay for 6 weeks. If you live in the United States and have an established local physician, you may be able to return home 2 weeks after the surgery depending on how you feel and how you are recovering. Remember, if we have any concerns about possible complications we will want you to return to UCSF for evaluation and treatment. You should not plan any vacations or trips outside the United States for at least 4 weeks and preferable 8-12 weeks after your surgery. It should be no problem for you to take trips or vacations after 8-12 weeks.

Please read through this information carefully and discuss the “Living Donor Kidney Transplant” option with your family and loved ones. If you have further questions, please call the Transplant Center at (415) 353-1551 and speak with a Nurse Coordinator.

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