Living Kidney Donor Program

Introduction

Aaron received a kidney from his sister Jocelyn.
Recognized by *U.S. News & World Report* magazine as a top hospital caring for patients with kidney disease, The Ohio State University Wexner Medical Center’s transplant program is one of the largest in the country and among the busiest kidney transplant programs in the region. Ohio State’s Comprehensive Transplant Center is the only adult transplant center in central Ohio, performing more than 9,250 transplants since it was established in 1967. We perform approximately 250 kidney transplants a year.
Why Choose to be a Living Kidney Donor?

Patients with end-stage renal disease have three options for treatment: dialysis, a kidney transplant from a deceased donor or a kidney transplant from a living donor.

Dialysis is only a temporary solution. While a patient can remain on dialysis for many years, it is not a cure for kidney disease. It is also time-consuming, with treatment schedules as frequent as three times each week for four hours each session.

Transplantation is a preferred alternative, but the demand for donated organs is greater than the number of available organs, and demand is steadily increasing. United Network for Organ Sharing (UNOS), the organization responsible for allocating deceased donor organs for transplant, reports there are more than 95,500 candidates waiting for a kidney transplant. In 2017, only 9,397 kidneys were donated from deceased donors.

The best option for a patient waiting for a kidney is to receive one from a living donor. Wait times for patients with living donors are reduced from years to months, and transplant recipients have better outcomes with kidneys from living donors. According to the National Kidney Registry, kidneys transplanted from living donors may last nearly twice as long as kidneys from deceased donors.

At any given time, about 500 patients in Ohio State’s transplant program are awaiting a kidney transplant – many whose lives could be changed by a living donor.

Patients with a living donor can receive a transplant more quickly, potentially avoiding dialysis. The wait for a kidney from a deceased donor can be many years.

About half of the transplants performed at Ohio State use kidneys from live donors. Often these donors are family members, but a growing number are friends or co-workers. There are also people who choose to donate a kidney without having a specific recipient in mind. These extraordinary people are called non-directed or altruistic donors.

Anne (right) received a kidney from her son Billy (left).
Mythbusters: The Facts About Living Kidney Donation

MYTH: I’m too old to be a living kidney donor.
FACT: Individuals considered for living donation are usually between 18-65 years of age. Gender and race are not factors in determining a successful match. An individual should be in good overall physical and mental health and free from uncontrolled high blood pressure, diabetes, cancer, HIV/AIDS, hepatitis and organ disease.

MYTH: My religion does not permit organ donation.
FACT: All major religions practiced in the United States support organ and tissue donation and consider it a generous act of caring. Speak with your religious leader about donation.

MYTH: I can’t afford to donate a kidney. It is too expensive.
FACT: The recipient’s insurance generally pays the cost of the living donor’s evaluation, testing and surgery, therefore the donor should not incur any medical expenses. However, time away from work as well as travel expenses need to be considered. A new Ohio law gives state employees time off from work for donating. Financial assistance for travel and lodging may be available to qualifying donors through the National Living Kidney Donor Assistance Center.

MYTH: I can’t give a kidney to a family member. I could develop the same genetic kidney disease.
FACT: Living kidney donors are thoroughly evaluated to ensure good health and organ function prior to donation. If the evaluation shows a donor is at risk for developing a genetic kidney disease, the donation will not proceed. Most kidney diseases are not genetic in nature, and kidney disease most often strikes both kidneys simultaneously.

MYTH: If I donate a kidney, I won’t be as healthy with just one kidney.
FACT: A research study of more than 90,000 patients found that living with one kidney did not put anyone at excess risk of dying prematurely versus living with two kidneys. If you are healthy and you are free from any major diseases, living with one kidney after donation is going to be the same as living with two kidneys.

MYTH: I don’t have the time to be in the hospital for weeks after donating.
FACT: Most donors are eating and drinking the day after surgery and able to go home on the second day after surgery. About a week after surgery, donors generally report feeling tired but ready to go about normal activities. For the first six weeks, donors are restricted from lifting anything over five to ten pounds. After that six-week period, all normal life activities can be resumed.

MYTH: I don’t want a big scar.
FACT: Since 1999, laparoscopic surgery has been used for kidney donation surgery. The largest incision area is approximately three to four inches in length and is located in the lowest part of the abdomen. Also there are two to three one-inch incisions in the upper abdomen.
Qualifications
For Living Donors

To qualify as a living donor, an individual should be in good overall physical and mental health and free from uncontrolled high blood pressure, diabetes, cancer, HIV/AIDS, hepatitis and organ disease.

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Living donor candidates must take a blood test to determine blood type compatibility with the recipient.

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<th>DONORS WITH BLOOD TYPE</th>
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If the donor and recipient have compatible blood types, the donor undergoes a medical history review and a complete physical examination, in addition to tests to ensure compatibility. The donor and recipient may also have to complete a psychological evaluation. **It is important to note that even if a donor’s blood type is not compatible with the recipient’s, there is still the option to be an indirect donor for your recipient. Please review the information on Kidney Paired Donation on page 10.**

The decision to become a living donor is a voluntary one, and the donor may change his or her mind at any time during the process. The donor’s decision and reasons are kept confidential.

Education is the most important component in the decision to become a living kidney donor. If you are considering donation, you can speak with a living donor nurse coordinator at the Ohio State Comprehensive Transplant Center by calling 800-293-8965.
Evaluation Process – What to Expect

Ohio State’s Pre-Transplant Office will schedule an evaluation appointment with you that will include medical testing, an education session, evaluation by a surgeon and a nephrologist (kidney doctor) and a conversation with a donor advocate. Additional testing will also be scheduled. Here’s what you can expect during your evaluation process:

• You will need to provide a copy of your blood type or have blood drawn to confirm blood type (the Pre-Transplant Office will provide an order for blood draw)

• 24-hour blood pressure monitoring

• Women donors will need to provide a copy of their last Pap test result, breast exam and mammogram report. A Release of Information form is included in this packet. Please sign the form and forward it to your doctor’s office. If your Pap test or mammogram is more than a year old, you should schedule an appointment for new exams

• You may need to complete a Glucose Tolerance Test (GTT) if requested by the Pre-Transplant Office

• 24-hour urine collection (this will be performed twice)

• Chest X-ray and EKG (tests to determine heart and lung health)

• CT angiogram of kidneys (an X-ray test to evaluate the kidneys and blood vessels)

• Full day at Transplant Clinic for education, meeting with transplant coordinator, psychosocial evaluation, surgical and medical evaluations, completion of tests

• Any additional testing as needed

• Final pre-donation evaluation studies (done seven to ten days before surgery)
Chad (left) received a kidney from his brother Rick.
Becoming a living kidney donor is a voluntary, personal decision. For some it is an easy choice to provide a better life for a loved one, but for others it requires more careful consideration. However you arrived at your decision to be evaluated today, you may change your mind at any time during the process. Your reasons are kept confidential and your recipient will only be told that you are not an appropriate candidate.

Education and donor screenings are two very important components in the living donation process. Living kidney donors are advised on surgical, medical, financial and emotional risks. They are also thoroughly evaluated to ensure good health and organ function prior to donation.

Today’s Evaluation

Today, your evaluation appointment will include medical testing, an education session, evaluation by a surgeon and a nephrologist (kidney doctor), and a conversation with a living donor nurse coordinator, social worker and living donor advocate. You may also be asked to complete a psychological evaluation with a Comprehensive Transplant Center clinical psychologist. Additional testing may also be scheduled if your evaluation shows that donation is too risky for you, your donation will not proceed.

Your guide throughout the entire evaluation process will be your living donor nurse coordinator. You can approach your nurse coordinator with any questions or concerns at any time. Here’s what you can expect during your evaluation process today:

- Upon arrival, turn in your 24-hour urine collection #2 (this is your second 24-hour urine collection)
- Blood draw to confirm blood type, tissue compatibility and general health
- Education session with transplant surgeon and living donor nurse coordinator
- Evaluation by transplant surgeon and nephrologist (kidney doctor)
- Consult with social worker and living donor advocate
- Chest X-ray and EKG (tests to determine heart and lung health)
- CT angiogram of kidneys (an X-ray test to evaluate the kidneys and blood vessels)
- Any additional testing as needed

Additional Testing

After your clinic evaluation day, further testing will be arranged by the Pre-Transplant Office including:

- 24-hour blood pressure monitoring (if not previously completed)
- Women donors will need to provide a copy of their last Pap smear test result, breast exam and mammogram reports. A Release of Information form is included in this packet (if you have not already completed one). Please sign the form and forward it to your doctor’s office. If your Pap smear test or mammogram is more than a year old, schedule an appointment for new exams.
- Final pre-donation evaluation at the transplant center (done seven to 10 days before surgery)
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Living Donor Support

If you decide to become a living donor, you will need a support person for assistance after donation surgery. It is important to understand that living kidney donation is a major surgery. You may experience some discomfort after donation and will need the assistance of others while you recover at home.

Prior to your surgery date, please review the following with your support person:

- How to pay for additional costs related to donation surgery, like gas, parking and hotels
- Availability of support person to help you with daily activities after surgery
- Discussion with work supervisor or human resource department about time off from work for donation surgery and whether it will be a paid leave of absence
- If you have a Living Will and/or Health Care Power of Attorney
- Care for your home, family and pets while you are in the hospital
- Need for travel arrangements for you or caregivers including hotel and transportation
- How to stay in contact with friends, family and/or faith community while you are recovering

Please address any medical questions you have regarding your recovery to your living donor nurse coordinator at 800-293-8965. Also, if you are interested in obtaining information about joining a transplant support group, you can contact your transplant social worker at the same number.

Kidney Paired Donation

Sometimes, a person may agree to donate a kidney to a recipient, but his or her blood or tissue type does not match the recipient’s. Ohio State’s Kidney Paired Donation Program can help match such a donor/recipient pair with another donor/recipient pair.

For example, in the diagram below, Donor 1 is not a match with Recipient 1. In the second pair, Donor 2 is not a match with Recipient 2. In a paired exchange, a mismatched donor/recipient pair is matched with another mismatched donor/recipient pair for a swap. Each donor gives a kidney to the other person’s intended recipient.

Once medically cleared, both pairs are entered into a donor exchange registry (a computerized system that finds compatible matches for the pairs or a string of paired matches that result in a donor chain). This could result in Donor 1 matching with Recipient 2 and Donor 2 matching with Recipient 1, or in a chain with multiple pairs.

Non-directed donors are also entered into the exchange registry, and the computerized system finds a recipient match. A non-directed donor is someone who offers to donate a kidney to any recipient currently on the waiting list to receive a kidney from a deceased donor. When matches have been found, each involved transplant center cross-matches all donors and recipients. Once all involved transplant centers report negative cross-matches, meaning tissue is compatible between donor and recipient, surgery dates are scheduled. The kidneys are shipped from the donor center to the recipient center, if the donor and recipient are not at the same center.

At Ohio State, most matches are created internally between existing patients. Enrollment in national registries is done only when a match is not able to be found at Ohio State. Please notify your living donor nurse coordinator if you are interested in donor exchange.

Carl, pictured with his wife Louise, received a kidney from his daughter-in-law.
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During your health evaluation, a nephrologist (kidney doctor) will discuss your health risks for kidney donation. Possible risks include:

High Blood Pressure

High blood pressure, or hypertension, is a condition in which your heart is required to work harder than normal to circulate blood through the blood vessels. Blood pressure is made up of two measurements: systolic and diastolic. Normal blood pressure at rest is within the range of 100 to 120 systolic (maximum pressure) and 60 to 80 diastolic (minimum pressure). High blood pressure is said to be present if your blood pressure at rest is persistently at or above 140/90. If high blood pressure is not properly managed, it can damage your remaining kidney and contribute to other kidney diseases.

Proteinuria

Proteinuria is a condition in which urine contains a high amount of protein. As blood passes through your remaining kidney, waste products are filtered out. If the filters of your kidney, called glomeruli, are damaged, proteins can leak from your blood into your urine. Proteinuria can be a sign of chronic kidney disease, which is when the kidney becomes damaged but can still function. Chronic kidney disease is usually the result of uncontrolled high blood pressure, diabetes or diseases that cause kidney inflammation.

End-Stage Renal Disease

End-Stage Renal Disease, or ESRD, is a condition in which your kidney stops working and no longer performs normal fluid and waste removal. To live, you need dialysis or a kidney transplant. This kind of kidney failure is permanent and cannot be fixed. Most cases of ESRD are caused by diabetes or uncontrolled high blood pressure.

Regular checkups, along with and kidney function and blood pressure monitoring, are recommended after kidney donation. It is important that you follow the recommendations of your transplant team and keep your follow-up medical appointments to ensure your continued good health. Please discuss all medical concerns with your nephrologist and contact your living donor nurse coordinator or living donor advocate if you have any questions about living donation.

Medical Risks

Most medical expenses related to donation are covered under the recipient’s insurance. Medication that you may need following surgery (e.g., pain medication) will be given to you at the time of discharge from the hospital. If you receive a bill related to donation, please contact your living donor nurse coordinator immediately at 800-293-8965 to discuss.

As a donor, it is important to consider your financial situation in making a commitment to this process prior to surgery. Please take time to consider how your recovery time will affect your home and work life. It is also important to think about how much paid or unpaid time off you will be able to use after surgery, including sick days, personal/vacation days, short-term disability (STD) and Family and Medical Leave Act (FMLA). Please address your questions to your work supervisor or human resources department.

Some donors may be eligible to receive financial assistance for donation expenses like transportation, parking and hotels. There is no financial assistance available for lost wages. Contact your assigned social worker or living donor nurse coordinator about assistance at 800-293-8965.

Financial Concerns

Tax Incentives

The state of Ohio passed a tax incentive for organ donors that may benefit those with out of pocket costs. The information is discussed in the Ohio IT 1040 instructions manual. The tax incentive is up to $10,000 of qualified organ donation expenses incurred during the taxable year. “Qualified organ donation expenses” means unreimbursed travel and lodging expenses that you incur in connection with your living kidney donation. You can claim this deduction only once for all taxable years.

Expenses that can be claimed currently include gas, parking, hotels and out-of-pocket medical testing. Lost wages are not included. Evidence of the expenses (receipts, bills, etc.) should be kept, as the information will need to be itemized on your tax form.

Please contact the State of Ohio IRS Department with further questions at 800-282-1782. If you live in a state other than Ohio and file taxes there, please contact your local state tax department to discuss whether they offer any tax incentives based on organ donation.

Christie (left) received a kidney from her mother Barbara (right)
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Your transplant surgeon will detail major risks of donation surgery, as well as explain various precautions to prevent complications. Every surgery presents risks to the patient, which can be minimized by the precautions taken in health screenings prior to surgery, the expertise of your surgical team and by following the care instructions of your transplant team.

**Surgery Risks**

**Hemorrhage**
The use of laparoscopic surgery, also called minimally invasive surgery, greatly reduces your risk for hemorrhage or forceful, uncontrolled bleeding during living donation surgery. Laparoscopic surgery is performed through small incisions, resulting in minimal blood loss, reduced pain, shorter recovery time and reduced risk of infection when compared to open surgery. Our program has been performing laparoscopic living donor surgery since 1999.

**Pulmonary Embolism**
Pulmonary embolism is a blood clot that can form as the result of poor blood circulation while the body is asleep during surgery. The blood clot can travel to the heart and lungs, blocking circulation, and potentially cause death. To prevent blood clots, blood-thinning drugs are given before, during and after surgery. Also, special boots are applied to the lower legs where blood can easily pool. The boots pulse, encouraging circulation, and are worn until you are up and walking after surgery.

**Hernia**
A hernia can occur when the intestine or fatty tissue pushes through a weak spot in the abdominal wall, usually at an incision location made for surgery. Overexertion or anything that causes an increase in pressure in the abdomen can cause a hernia, including obesity, lifting heavy objects, diarrhea, constipation, or persistent coughing or sneezing. Surgery is required to repair a hernia, starting the healing process over from the beginning and slowing recovery time. It is important to follow the lifting and exercise guidelines of your transplant team to prevent a hernia after surgery.

**Infection**
When you have surgery that requires a cut or incision in your skin, there is a chance of infection at that site. The small incisions used in the laparoscopic surgery greatly reduce your risk of acquiring an infection. However, all surgeries have a risk of infection and every precaution will be taken before and after surgery to prevent one from occurring.

**Bowel Obstruction**
After donation surgery, the healing incision may form scar tissue that can obstruct or block a portion of the bowel or small intestines. Your bowels act like a garden hose, which can be easily squeezed, cutting off flow. Surgery can fix an obstructed bowel, but will increase your hospital stay and/or recovery time. You will be monitored closely after surgery to ensure that you are eating, passing gas, and not nauseated or constipated.

Please contact your living donor nurse coordinator if you have any concerns about these potential surgical complications.
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National Living Donor Assistance Center

The National Living Donor Assistance Center (NLDAC) helps to provide greater access to donation for persons who want to donate, but cannot otherwise afford the travel and expenses associated with donation.

Who Can Apply?
Any individual who will incur travel and other qualifying non-medical expenses toward living organ donation may apply for financial assistance. The donor and recipient must be U.S. citizens or lawfully admitted residents of the U.S. with permanent residences in the U.S. or its territories.

What Expenses Are Covered?
Coverage is provided for up to $6,000 in reimbursement for hotel, travel and meal expenses related to the donor evaluation, donor surgery and donor follow-up. Approved applicants will receive a controlled value card (similar to a credit card) to pay for covered expenses for themselves and up to two accompanying persons.

Who Can Qualify?
Preference is given to donors and recipients with income less than or equal to 300 percent of Health and Human Services (HHS) Poverty Guidelines. Documentation of recipient and donor income is required.

Applications may also be approved with an income greater than 300 percent of HHS Poverty Guidelines, if financial hardship can be demonstrated. Your transplant social worker or living donor nurse coordinator can help you determine if you are eligible and the appropriate preference category.

The donor would NOT qualify for this program if donor reimbursement is available from the recipient, a state compensation program, insurance policy or any federal health benefits program.

Where Do I Apply?
Speak to your transplant social worker or living donor nurse coordinator who can file an application on your behalf with the NLDAC. After your application is received, approval period is six to eight weeks.

Contact your transplant social worker or living donor nurse coordinator at 800-293-8965 for more information or contact the NLDAC directly at:

National Living Donor Assistance Center
2461 S. Clark St., Suite 640
Arlington, VA 22202
703-414-1600
LDAC@livingdonorassistance.org
livingdonorassistance.org
Living Donor Surgery – What To Expect
Kathy, 55, of Miamisburg, Ohio had been diagnosed with focal segmental glomerulosclerosis—a disease where scar tissue forms in glomeruli, or filters, of the kidneys. “My kidneys were dying,” she explains. Her daughter Jill was the only one of Kathy’s three children who was a match for transplant.

Still, Kathy wasn’t convinced she should accept Jill’s kidney. “What if something would happen to her kidney, or if she wouldn’t be able to have children,” Kathy says. “But she told me, ‘Mom, you gave me life and now you need me. So I’m giving this gift to you.’” When Kathy finally came to terms with her condition, she called The Ohio State University Wexner Medical Center to schedule the surgery.

Now Kathy can’t believe how much better she feels since her transplant. “When I look back, I see that I really didn’t feel well, even though I didn’t realize it,” she says. “I’m looking forward to seeing my kids and grandchildren grow.”

Tips Before Living Donation Surgery

Now that you have made the decision to become a living donor and been evaluated by our transplant team, continue with daily routines that will keep you in good health.

- Eat healthy meals and snacks while waiting for your donation surgery. A balanced diet will help you manage your weight and keep your body functioning to the best of its ability before surgery.
- Stay active and exercise at least five days a week. Exercise before surgery helps to speed up recovery after surgery.
- Keep your transplant team’s phone numbers with you at all times. Do not hesitate to contact any member of the transplant team with questions or concerns you might have while waiting to donate your kidney.
- To reduce the chance of getting sick while you are waiting to donate, we recommend you:
  - Do not share eating utensils and drinking glasses
  - Avoid people who are sick
  - Ask family and friends not to visit you when they are sick
  - Wash your hands with soap and water often or use an antibacterial cleaning gel and rub your hands together until they are dry
  - Avoid touching your eyes, nose and mouth where germs can easily enter the body

Please contact the transplant clinic with any significant health events such as surgery (including dental surgery), any hospitalizations, broken bones, open sores or wounds, any condition that requires you to take antibiotics, heart attack, stroke, or breathing problems. The transplant doctors will not move forward with surgery until both you and your intended recipient are determined to be in good health.

Day of Surgery Checklist

- Have your photo ID and money for parking
- Have a copy of legal medical documents, such as your Living Will and Medical Power of Attorney
- Pack a bag with loose-fitting clothes for when you go home
- Bring medication list
- Bring toothbrush, toothpaste, comb/brush and other personal grooming items
- Leave all valuables at home and remove jewelry and body piercings
- Nothing by mouth after midnight
- Take medication with a sip of water
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Now Kathy can’t believe how much better she feels since her transplant. “When I look back, I see that I really didn’t feel well, even though I didn’t realize it,” she says. “I’m looking forward to seeing my kids and grandkids grow.”
Your Hospital Stay

All donation and transplant surgeries are done at Ohio State Wexner Medical Center by our transplant team. If our transplant team clears you as a donor and your recipient has been identified, the surgery will be scheduled within a few weeks.

Week Before Surgery
About a week before the surgery date, you and your recipient will have blood drawn for a final tissue matching, as well as HIV and hepatitis testing.

Surgery Day – Day One in the Hospital
The day of your donation surgery you will be asked to check into the hospital, usually in the early morning.

When you arrive at the hospital, you will be admitted into the hospital and taken to the pre-operation area. Once you are comfortable, the doctors and nurses will conduct a final examination. You can expect to have blood drawn, and an IV placed in your arm. These final health checks help our transplant staff to know that you are in excellent health for donation. You will meet your surgeon prior to transfer to the operating room. This is also a good time for you to ask any last minute questions, and to openly talk about any concerns you may have before surgery.

Most donor surgeries are scheduled for early morning. Your family should arrive at the hospital about an hour and a half before your scheduled surgery. During the time of your surgery and recovery, your family will be made comfortable in our waiting area where they will be given updates on your progress by hospital volunteers.

To prepare you for surgery, you will be taken to a pre-surgical area and given medicine to help you relax. When the transplant team is ready, you will be taken into surgery. Your recipient will follow you to surgery a short time later and be placed in an adjacent operating room. If you are able to have laparoscopic surgery, you can expect the procedure to last about two hours. Once the kidney you are donating is removed, it will be placed into the recipient's body. You will then be taken to the surgical recovery room where you can expect to stay for one to two hours.

After your time in the recovery room, you will be taken back to your room in the transplant unit where family and friends are welcome to visit. While in your room, you will be closely monitored by our transplant team to ensure you are recovering well, have limited nausea, are able to eat, use the bathroom and pass gas, and are free from infection. Ask us for help when you want to get out of bed, as the surgery and medicines you are given can make you feel less than steady on your feet.

Day After Surgery – Day Two in the Hospital
The day after surgery we will encourage you to get out of bed and walk with support around the hospital unit. You will also be asked to practice your coughing and deep breathing to protect your lungs. The road to recovery should be relatively quick, and you will be given pain medicine as needed to relieve any discomfort.

Second Day After Surgery – Day Three in the Hospital
Most donors are able to go home on the second day after surgery. You can expect to have some soreness and discomfort. However, you will not be able to leave the hospital until we are sure it is safe for you to continue your recovery in the comfort of your own home. In some cases, if you live more than two hours from the medical center you may be required to stay in the area for up to two weeks after your surgery.

It is important to remember that living kidney donation is a major surgery and you will need help while you recover at home. Please talk with your support person about your needs. If you have any questions, contact your living donor nurse coordinator at 800-293-8965.

Home After Surgery
Every person reacts differently to surgery, and while some may be up and about the following week, it may take some a few additional weeks to return to normal routines. Expect to restart all normal activities within four weeks of surgery. Please do not lift objects over five to ten pounds for at least six weeks after surgery to protect your health and prevent wound problems.

During your recovery at home, we encourage you to contact our transplant team if you have questions or concerns about your progress.

After donation surgery, your continued good health is our main concern. It is required that you schedule and keep the follow-up appointments with Ohio State’s Transplant Center. Appointments will need to be scheduled for:

- Six weeks after surgery
- Six months after surgery
- One year after surgery
- Two years after surgery

After two years, we encourage you to visit your primary care physician for annual checkups.
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- Six months after surgery
- One year after surgery
- Two years after surgery

After two years, we encourage you to visit your primary care physician for annual checkups.
Emotional Concerns

Both before and after surgery you may have many emotions about organ donation. You may be excited about giving the gift of life, while at the same time be worried about the future. There are no absolute guarantees about the success of the surgery. You and your recipient may face surgical complications. The transplanted organ may not work right away in your recipient. There is also the chance it will not work at all. It is normal to feel sad, anxious, angry or resentful after surgery. Organ donation may change the relationship you have with the recipient.

While there is most often joy in the celebration of life after living donation, we want you to be prepared before surgery. Talk about your feelings, ask questions and share your concerns with your living donor nurse coordinator, social worker and living donor advocate. We want living donation to be a positive experience and our healthcare team will work to prepare you for every step of the journey.

Husband and wife pilots Greg and Susan Williams have enjoyed flying together over the years. But following years of diabetes and a heart attack, Greg was too ill to fly or do much of anything else. “Doctors told me my kidneys were failing,” he says.

Greg, 71, went through several months of dialysis before he found a kidney donor—his co-pilot, Susan who says Ohio State’s transplant team walked them through every step to get ready for the transplant surgery in June 2010.

Greg says his experience was wonderful. “I think Ohio State has the best hospital I’ve ever been in, and let me tell you, I’ve been in a lot of them,” he says. “I’ve had 27 operations, so I’m an authority.”
Living Donor Care
After Donation

Elaine (left) received a kidney from her daughter Beth (right).

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER
Recovery After Living Donation Surgery

Every person reacts differently to surgery, and while some may be up and about the following week, it may take others a few additional weeks to return to normal. You should be able to resume most normal activities within four weeks after surgery. Remember that living donation is a major surgery, and you will need assistance at home until you have regained your strength.

If you develop a fever, nausea, vomiting, shortness of breath, a sudden increase of pain or anything that seems out of the ordinary, please contact your living donor nurse coordinator at 800-293-8965. If you have severe chest pain or difficulty breathing, call 911.

Does My Incision Need Special Care?
You will have pain in the area of your incision. This will gradually go away, but you may feel some pulling, cramping or tightness in the area for several weeks after surgery. Your transplant team will help you to manage pain during the healing process, and you can expect to be fully healed in about three months. During this time follow the advice of your transplant team and avoid swimming and tub baths to prevent infection of the incision. Follow your after surgery care instructions from your transplant team.

Do I Need A Special Diet?
After living donation surgery, you should eat a healthy diet low in sodium, rich in fruits and vegetables, and avoid too much fat. You should also drink extra fluids to prevent dehydration. This will help your body recover faster from surgery. When you are no longer taking pain medicine, you may drink alcohol, but do so in moderation since alcohol causes dehydration.

When Can I Drive?
You can usually drive about one to two weeks after surgery. It may take longer if you are taking pain medicine or if you are unable to make quick movements while driving. Talk with your transplant team about when it is safe for you to resume driving.

When Can I Go Back To Work?
Depending on your type of work, it usually takes two to four weeks before going back to work full time. Feeling tired is a common side effect for several weeks after surgery. You may want to work half days until you regain your energy. If your job requires heavy lifting, your transplant surgeon may recommend not returning to work for up to eight weeks, to allow time for your incision to heal and strengthen.

When Can I Exercise?
Many living donors regain their energy level in four to six weeks. It may take more or less time for you. Start walking and increasing your activity level as soon as you feel up to it. Each day do a little more, but always within reason. Avoid vigorous activity for six weeks and do not go swimming until cleared by your transplant team. Do not lift anything over five to ten pounds for at least six weeks after surgery to prevent wound problems.

Sexual Activity?
It is your decision on when to resume sexual activity. We recommend waiting until your surgical incision is no longer painful.

How Long To Wait Before Becoming Pregnant?
Although studies have shown that kidney donation does not affect a safe pregnancy and childbirth, it is recommended that you wait at least six months after surgery before becoming pregnant. If you are considering becoming pregnant, be sure to talk with your physician or gynecologist to make them aware you have donated a kidney.

Reminders After Surgery
• Follow the care instructions from your transplant team
• Maintain a healthy diet
• Drink extra fluids
• Do not swim or take tub baths until approved by your transplant team
• Get permission to drive from your transplant team
• Do not lift anything heavier than five to ten pounds for six weeks
• Avoid vigorous activity for six weeks
• Contact Ohio State’s Comprehensive Transplant Center if you have any concerns about your care after donation surgery at 800-293-8965
Michael received a kidney from his wife Mary. Every person reacts differently to surgery, and while some may be up and about the following week, it may take others a few additional weeks to return to normal. You should be able to resume most normal activities within four weeks after surgery. Remember that living donation is a major surgery, and you will need assistance at home until you have regained your strength.

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Follow-Up With Ohio State’s Transplant Center

After donation surgery, your continued good health is our main priority. It is required that you schedule and keep your follow-up visits with Ohio State’s Comprehensive Transplant Center. Appointments will need to be scheduled for six weeks, six months, one year and two years after surgery.

At each visit, we will check your blood pressure, test your urine for protein and have blood drawn to check kidney function. If it is problematic to schedule your follow-up visits at Ohio State’s Transplant Center, your transplant team can help you make arrangements with your primary care physician.

Below is the required schedule to monitor your health and the health of your remaining kidney after donation surgery.

(As a reminder, please write down the month and year your visits need to be scheduled)

First Check Up
- Visit six weeks after surgery
- Schedule at Ohio State’s Transplant Center
- Incision check
- Blood pressure check
- Blood draw to check kidney function
- Urinalysis to check for protein in urine

Six-Month Check Up
- Visit six months after surgery
- Schedule at Ohio State’s Transplant Center
- Blood pressure check
- Blood draw to check kidney function
- Urinalysis to check for protein in urine

One-Year Check Up
- Visit one year after surgery
- Schedule at Ohio State’s Transplant Center
- Blood pressure check
- Urinalysis to check for protein and blood draw to check kidney function

Two-Year Check Up
- Visit two years after surgery
- Schedule at Ohio State’s Transplant Center
- Blood pressure check
- Urinalysis to check for protein and blood draw to check kidney function

To schedule your follow-up visits with Ohio State’s Comprehensive Transplant Center, please call: 800-293-8965.

If you have concerns regarding your results, we will contact you. If you would like the results for your own personal records, contact our office 48 hours after your visit.

Follow-Up With Your Primary Care Physician

At two years after surgery, it is highly recommended that you have a yearly physical exam with your primary care physician to monitor your overall health and the health of your remaining kidney. Also, please contact your primary care physician for the following:

If you notice your blood pressure is running higher than normal.

Write down your blood pressure reading and have it checked a few times throughout the year. High blood pressure that is not controlled can cause kidney damage.

If you develop signs or symptoms for a urinary tract infection or kidney stone.

Symptoms may include pain or burning during urination, the feeling of having to urinate often with very little urine coming out, cloudy or bad smelling urine, a tender or heavy feeling belly, pain on one side of your back or under your ribs, fever and chills or nausea and vomiting.

Before taking over-the-counter medicines or new prescription medicines.

Discuss which medicines are safe for you that will not damage your remaining kidney. You should not take NSAIDS (non-steroidal anti-inflammatory drugs), including ibuprofen (Advil, Motrin) and naproxen (Aleve). Many arthritis medications may also be harmful to your remaining kidney.
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- Blood pressure check
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Thank You!

We thank you for considering this decision to donate the gift of life.

Donating a kidney is a life-changing experience and a heroic act. The need for organs is great and there is still a critical shortage of organs available in the United States. Our best advocates are people like you who understand the importance of organ donation and the life-changing impact it can make. We encourage you to talk to friends, family and local organizations so others may consider giving their own gift of life.

To support organ and tissue transplant and donation, contact your local agency. In central Ohio, you can contact: Lifeline of Ohio at lifelineofohio.org or 800-525-5667 to learn more about becoming an organ donor ambassador.

Pictured with his family, George (seated) received a kidney from his step-daughter Tammy (left)
For more information about living kidney donation, please call 800-293-8965, option 3.

Living Kidney Donor Program

The Ohio State University Wexner Medical Center
Comprehensive Transplant Center
300 W. 10th Ave., 11th floor
Columbus, OH 43210

wexnermedical.osu.edu/KidneyDonor