Howard received a kidney from his wife Catherine.
Why Choose to be a Living Kidney Donor?

About The Ohio State University Wexner Medical Center

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 8,500 transplants since it was established in 1967. We perform approximately 200 kidney transplants a year.

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 99,000 candidates waiting for a kidney transplant. In 2015, only 8,250 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 57% of 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.
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. Individuals considered for living donation are usually between 18-65 years of age. Gender and race are not factors in determining a successful match. Living donor candidates must take a blood test to determine blood type compatibility with the recipient.

<table>
<thead>
<tr>
<th>DONORS WITH BLOOD TYPE</th>
<th>CAN DONATE TO PATIENTS WITH BLOOD TYPE</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>A and AB</td>
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<td>B</td>
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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 5.

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.
Sometimes, a person may agree to donate a kidney to a recipient, but his or her blood or tissue type does not match their recipient. Ohio State’s Comprehensive Transplant Center can help match such a donor/recipient pair with another donor/recipient pair through a process called Kidney Paired Donation. For example, if the recipient from one pair is a match with the donor from another pair and vice versa, the Transplant Center can arrange the exchange through two simultaneous transplants. This allows the two recipients to receive organs from two people who were willing to donate, even though the original pairings were incompatible or mismatched.

Kidney Paired Donation

In a paired donation, an incompatible donor/recipient pair is matched with another incompatible donor/recipient pair for an exchange. Each donor gives a kidney to the other person’s intended recipient.

Both donor and recipient candidates are carefully evaluated and tested medically and psychosocially to ensure that the benefits outweigh the risks. It is important for both surgeries to be scheduled for the same time, in case either donor changes their mind at the time of surgery. Though the surgeries take place at the same time, they can occur at different hospitals and even in different time zones.

Kidney Paired Donation can also involve multiple donors and recipients. In September 2011, Ohio State achieved national recognition with a six-way paired kidney transplant, coordinating the in-house transplantation of six kidneys in a domino-effect surgical process (read more about the six-way kidney transplant on page 8). Ohio State has an internal paired donation program in addition to working with three national donor exchange registries to share information among hospitals to find matches for pairs of donors and recipients who are not matches. These types of paired donations will hopefully have a positive impact on the waiting list for kidney transplants. More than 99,000 Americans are currently waiting for a kidney.
Are living donor kidney transplants common?
Most kidney transplant centers perform living donor transplants. At The Ohio State University Wexner Medical Center, more than 100 living donor transplants are performed each year.

Do living donor transplants offer any advantages over deceased donor transplants?
A kidney from a living donor offers several benefits over a deceased donor organ:
• Receiving a kidney from a living donor keeps patients from long waits for a deceased donor kidney.
• Living donor transplants have a first-year success rate of 98.5 percent.
• Preservation time and organ transportation are not factors in living donation. Donor and patient operating rooms are adjacent to each other, and transplanted kidneys are working in the recipient within 30 minutes of donation.
• Living donation surgeries can be scheduled in advance, which allows procedures to be performed under the best circumstances for the patient and donor.
• The entire health history of a living donor is known and verifiable.

Who can donate?
To be a donor, you must be in good general health. You must be free from diabetes, cancer, HIV/AIDS, hepatitis, kidney disease and heart disease. Gender and race do not matter. Individuals considered for living donation are typically between the ages of 18 and 65. A matching blood type is not a requirement for living kidney donation. Through our Kidney Paired Donation Program, it is possible to donate with mismatched blood or tissue.

Will kidney donation cause health problems for a living donor?
All donors must go through a series of tests before being accepted as a donor. These tests must be reviewed and approved by the transplant team. Only healthy people are accepted as donors. After donation, you will be able to return to a normal lifestyle. Life expectancy of donors is the same as that of people with two kidneys. A single kidney is able to meet the body’s needs very well. There are always possible risks with any surgery; however, these are reduced by the extensive evaluation performed on all donors.

How do I get started?
The first step in the donor process is to contact Ohio State’s Pre-Transplant Office at 800-293-8965, option 3. You will be provided with a packet of information to begin the process of living kidney donation; or visit Ohio State’s Living Donation web page at http://wernermedical.osu/LivingDonor to complete a donor assessment form.

What testing will I have to complete?
If you decide to become a donor, the next step will be to confirm your blood type. You will also have your blood pressure taken. Once these are received, we will proceed with any other preliminary tests that need to be completed prior to scheduling your full evaluation.
Your evaluation will include laboratory tests such as tissue typing, urine collections, chest X-ray, EKG and any other testing deemed necessary by our transplant team. Once your evaluation has been reviewed, you will be scheduled for a CT angiogram of the kidneys. If all testing is found to be acceptable, the transplant surgery will then be scheduled.

Are there medications I should be careful about using after donating my kidney?
You should always check with your doctor before taking medication. You should avoid taking NSAIDS, which include any medications with ibuprofen, such as Advil or Motrin, and medications with naproxen, such as Aleve. Also, many arthritis medications may be harmful to your remaining kidney.

Who pays my medical bills?
Your evaluation and surgery are paid for by the recipient’s medical insurance. However, some things to consider that are not covered are travel and lodging expenses (if any), and lost wages from work if you do not have ill or vacation time. Some donors may qualify for assistance with travel and lodging. The usual recovery time for a donor is four to six weeks.

How long will I be in the hospital?
Generally, donors are in the hospital for three days. Recipients are usually in the hospital for four to eight days.

Where can I obtain more information about living donor transplantation?
• Call Ohio State’s Pre-Transplant Office at 800-293-8965, option 3.
• Visit Ohio State’s living donor web page at wernermedical.osu/LivingDonor.
• Review the available website resources listed on page 12.

Bob (right) received a kidney from his wife Tawnya (left).
A non-directed living donor, or altruistic donor, is someone who offers to donate a kidney to any recipient currently on the deceased donor waiting list.

- Non-directed donors must satisfy the same medical, psychosocial and ethical criteria used in the selection of all living donors, as well as any recommended psychiatric criteria.
- Non-directed donors must be 21 years or older.
- The transplant team will provide opportunities for discussion and education at all stages of the donor evaluation. Non-directed donors will be reassured of the ability to withdraw their decision to donate at any time.
- The transplant team will assess the donor and the recipient's position regarding anonymity. In all cases, anonymity between the donor and the recipient will be maintained until the transplant is complete. The transplant team will facilitate correspondence between the donor and the recipient post-transplant, only if agreed-upon by both parties.

Evaluation Process:
- Non-directed living donors will receive a medical evaluation at Ohio State Comprehensive Transplant Center.
- A preliminary donor evaluation is conducted after the individual’s first contact with our transplant team to indicate his or her interest in pursuing organ donation. Potential donors are sent a living donor informational packet and asked to complete and submit a potential donor screening form.
- A full donor evaluation is initiated after candidates submit the potential donor screening form, if the patient meets general selection criteria. This process involves gathering additional information and reaffirming the potential donor’s interest and intent in pursuing donation. Education on all aspects of donation is provided to the potential donor.
- Non-directed donors will undergo the same evaluation process as directed donors, including evaluation by a living donor coordinator, transplant coordinator, social worker, psychologist, transplant nephrologist (kidney doctor), transplant surgeon and living donor advocate.

Non-directed donors are often viewed as Good Samaritans who have the opportunity to spur multiple transplants by starting a transplant chain in our Kidney Paired Donation Program. In September 2011, a 58-year-old mother of four from central Ohio, who had been inspired by the strength of those she’d seen struggle with illness and injury, decided to become a non-directed donor. She set in motion a six-way kidney transplant at Ohio State Comprehensive Transplant Center. Performing a true act of selflessness, the mother only recently allowed herself to be identified. “This story is not about me;” she wrote in a statement. “This story belongs to the families on this chain. I am privileged to be a positive footnote to their story.”

For more information about becoming a non-directed donor, please contact Ohio State at 800-293-8965, option 3 to speak with a living donor nurse coordinator.
A History of Excellence: Ohio State’s Kidney Transplant Program

1967: First kidney transplant – the first solid organ transplant at Ohio State
1968: First living-donor kidney transplant performed between primary family members (parent or sibling)
1986: First living-donor kidney transplant between non-relatives
1999: First laparoscopic kidney donation surgery
2005: First paired donor exchange kidney transplant
2011: National recognition for in-house six-way paired kidney transplant

- More than 200 kidney transplants per year
- Among top 10 percent in patient volumes in the United States
- Recognized by U.S. News & World Report as a top hospital for kidney disease care
- Expertise with transplant in older patients and those with co-morbidities, such as diabetes and obesity, that place them at higher risk
- More than half of kidney transplant patients at Ohio State receive organs from living donors
- Recognized as a Best Practice Center by Center for Medicare and Medicaid Services for excellent living kidney donor follow-up care

Resource Websites

The Organ Procurement and Transplantation Network – optn.transplant.hrsa.gov
Information and data on living donation
Living Donors – livingdonoronline.org
Read, post messages and chat with other living donors
Donate Life America – donatelifednet
National coalition on organ donation and living donor information
American Kidney Fund – kidneyfund.org
Provides direct financial assistance to kidney patients in need, and education for those with and at risk for kidney disease
Transplant Living – transplantliving.org
Information on live organ donation and transplant information for patients
National Kidney Foundation – kidney.org
Information on kidney disease, transplantation and living kidney donation
Lifeline of Ohio – lifelineofohio.org
Information about transplantation and living donation from the local agency
Transplant Life – transplantlife.com
Information about transplant
TRIO – trioweb.org
Support, education and awareness for those involved with organ transplantation
Scientific Registry of Transplant Recipients – srtr.org
Data on living donation at specific transplant centers
United Network of Organ Sharing – unos.org
Resources for living organ donors
U.S. Department of Health and Human Services – organdonor.gov
Information and resources on donation and transplantation
National Kidney Registry – kidneyregistry.org
Information and resources regarding donor exchange
Living Donor Evaluation

Chad (left) received a kidney from his brother Rick.

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER
John received a kidney from his daughter Samantha.

Donor Evaluation (check off as completed):
- Blood Draw
- 24-Hour Urine Collection #1
- 24-Hour Urine Collection #2
- Urine Specimen Mailer
- 24-Hour Blood Pressure Monitor
- Chest X-ray
- EKG
- Overview with Living Donor Nurse Coordinator
- Consult with Living Donor Advocate
- Psychologist Interview (scheduled if needed)
- Social Worker Interview
- Consultation with Nephrologist (kidney doctor)
- Consultation with Transplant Surgeon
- Pap Smear and Breast Exam (all female donors to schedule)
- Mammogram (all females age 40 or older)
- CT Angiogram (final exam)
- Colonoscopy (age 50 or older)

Additional items requested by Transplant Team:

Patient Name: ________________________________
Date: ____________________________________________________________________
Living Donor Nurse Coordinator: _____________________________________________
Social Worker: _____________________________________________________________
Living Donor Advocate: _____________________________________________________
Nephrologist: ______________________________________________________________
Surgeon: _________________________________________________________________

The Evaluation Process

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)
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.

Living Donor Support

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.
As a potential living kidney donor, you will be carefully screened by our transplant team to determine if you are a good candidate for kidney donation. According to the United Network for Organ Sharing (UNOS), there is no national systematic long-term data collection on the risks associated with living kidney donation. Based upon limited information that is currently available, overall risks are considered to be low and about the same as risks for people who have not donated a kidney. Risks can differ among donors and, as with any surgery, death is a possibility.

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**

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Living kidney donation surgery is considered a relatively safe procedure, but it is still a major surgery with the potential for complications. Donors are tested and re-tested prior to surgery to ensure overall good health for the best possible outcomes after surgery.

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.
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
Evans donated a kidney to his son
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 grandkids grow.”

Tips Before Living Donation Surgery

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

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.
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.
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)
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
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.

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
- Blood pressure check
- Blood draw to check kidney function
- Urinalysis to check for protein in urine

Schedule for: __________ (insert date)

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

Schedule for: __________ (insert date)

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

Schedule for: __________ (insert date)

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

Schedule for: __________ (insert date)

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.
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.

Thank You!

Pictured with his family, George (seated) received a kidney from his step-daughter Tammy (left).