DISCHARGE INFORMATION
FOR LIVING KIDNEY DONORS
Table of Contents

Introduction………………………………………… 2
Surgery……………………………………………… 2
After Surgery……………………………………….. 3

Taking Care of Yourself

Wound Care……………………………… 4
Activity…………………………………… 4
Disability Forms…………………………. 4
Returning to Work or School……………. 5
Follow-up Appointment………………… 5
When to Call the Doctor…………………. 5
Telephone Numbers………………….. 6
Introduction

Thank you for your “gift of life.” Donating a kidney is one of the greatest gifts a person can give. By donating one of your kidneys, you have helped a loved one live a more normal life, a life free from dialysis.

The goal after surgery is for you to be able to resume your normal activities without complications. Please share this with your family members or friends who may be assisting you during the recovery period.

Surgery

You will be admitted to the hospital the morning of the surgery. You must report together with the recipient at the Admissions office in the main hospital. The Admissions office is located on the first floor of the main building. The Admission staff will process the admitting paperwork and will direct you and the recipient to the Procedures and Treatment Unit (PTU). While at the PTU, an intravenous (IV) line will be started in your arm so that the doctors and nurses may give you medications and IV fluids during and after surgery. The donor surgeon and anesthesiologist will discuss the surgery with you, do a pre-operative check-up and ask you to sign the surgical consent.

You will be transported from the PTU to the Operating Room where the anesthesiologist will put you to sleep. Once asleep, a breathing tube will be placed down your throat to help you breath. You may have a sore throat for about a week because of the breathing tube placement. A tube called a Foley catheter will be passed into your bladder through your urethra (a tube from your bladder to the opening of your penis or vagina). The Foley catheter may be removed after the surgery once you are able to walk to the restroom.

The removal of a kidney is called a Nephrectomy (nephros, kidney + ektome, excision). There are two types of surgical techniques to remove the kidney. Laparoscopic nephrectomy is the less invasive option that has recently become
the most common method for removing a donor’s kidney. This technique has been in use at UCLA since 1999, and is now performed in the vast majority of donor surgeries. Four tiny incisions are made in the abdominal wall. Instruments with cameras attached are inserted through these incisions. The cameras enable the surgeon to direct the instruments to remove the kidney from its blood vessels. An incision about three inches long is made just below the navel through which the kidney is removed. Removing the kidney this way means a hospital stay of 2-3 days, minimal pain and discomfort, and a return to normal activity within two to three weeks. Eighty percent of donors undergoing Laparoscopic Nephrectomy are discharged the following day with a few donors staying for another day.

The “open” procedure is the traditional method. This operation requires a seven to eight inch incision around the donor’s flank to allow the surgeon access to the kidney, blood vessels, and ureter. Hospital stay and recovery are longer. Some people have experienced a weakness in the wall around the area of the incision and there is more postoperative pain related to this procedure.

**After Surgery**

Once the surgery is completed, you will be taken to the recovery room where your condition will be monitored as you start to wake up from the anesthesia. The breathing tube will be removed once you start to wake up. Once fully awake and stable, you will be transferred to your room on the 6 West Urology floor. Donors and their recipients are not allowed to share a room, however, your recipient will usually be on the same floor.

You will be given pain medications as needed to help alleviate the pain associated with the surgery. Your nurse will instruct you on coughing and deep breathing exercises to prevent pneumonia and will help you get out of bed several times a day to prevent blood clots from forming in your legs.

Your first meal after the surgery will be clear liquids and you will be given a regular meal once you are able to tolerate the clear liquid meal. The IV will remain in your arm until you are able to tolerate fluids by mouth.
On the day of your discharge, you will need to stop by the Outpatient Pharmacy located on the A-Level in the East wing of the hospital. You will have two prescriptions waiting for you and are provided for free. You will have to pay for these prescriptions if filled by an outside pharmacy. One of the prescriptions is for pain and the other is a stool softener to prevent constipation caused by the pain medication.

**Taking Care of Yourself**

**WOUND CARE**
Your incisions are closed using pieces of special tape called “steri-strips.” The gauze dressing over the incision can be removed once you get home, but the steri-strips should NOT be taken off. You can shower with the steri-strips in place and there is no need to cover them. Just let warm, soapy water run through them. The strips may start to peel off, but DO NOT pull them off. Let them come off on their own. Do not swim or sit in a bathtub until your incision is completely healed, usually in 2-3 weeks.

**ACTIVITY**
Avoid lifting heavy objects (15 pounds or heavier) for about one month after surgery. Lifting and straining may result in the opening of your wound or the formation of a hernia that usually requires surgery to repair.

Begin a daily routine of walking for exercise. Walking will improve and maintain your health while you recovering from surgery.

Driving is permitted two weeks after surgery. Until then, it may be unsafe for you to drive because you may not be able to react quickly because of the medication.

**DISABILITY FORMS**
Bring your disability forms with you the day of the surgery. UCLA’s Social Worker will process the disability forms while you are in the hospital. These forms cannot be processed before admission to the hospital. Notify your Transplant Coordinator or Social Worker if you need a letter for your employer or school regarding the length of time you need for medical leave.
RETURNING TO WORK OR SCHOOL
Depending on your occupation, you may return to work or school within two to six weeks. You will need to discuss this with the donor surgeon. The surgeon will be able to give you more specific instructions during your follow-up appointment.

FOLLOW-UP APPOINTMENT
You need to see the surgeon in about two weeks for a follow-up visit after being discharged from the hospital. Call the surgeon’s office at (310) 825-1172 to schedule the follow-up appointment. A routine annual medical check-up performed by your primary health care provider is strongly recommended.

WHEN TO CALL THE DOCTOR
You should see your surgeon if you have any of the following signs or symptoms:

- Fever
- Burning during urination
- Increased frequency of urination
- Urine with an unusual, strong smell
- Cloudy urine
- Pain or soreness at or around the incision for more than two months.
TELEPHONE NUMBERS

24-hour Emergency Number……………………………. (310) 825-6836

Surgeons
  Dr. Peter Schulam (Laparoscopic)………………… (310) 825-1172
  Dr. Jakob Rajfer (Open)…………………………… (310) 206-8164

Nephrology Clinic…………………………………………………………….. (310) 794-1757

Donor Transplant Coordinator
  Suzanne McGuire, RN…………………………………… (310) 794-0696
  Nancy Kearsley, RN (pediatrics)…………………... (310) 794-3418