

## Living Donor Information

### What Makes a Good Donor?

While many people are willing to be living donors, not everyone has the qualities necessary to participate in living donation. Donors must be chosen carefully in order to avoid outcomes that are medically and psychologically unsatisfactory.

While the individual circumstances of each potential donor are discussed privately and tested to determine compatibility, all potential donors must be genuinely willing to donate, physically fit, in good general health; and free from high blood pressure, diabetes, cancer, kidney disease and heart 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.

It is the policy of our Living Donor Program regarding matches found on social networking sites such as Matchingdonors.com or Craig's List that the potential donors must be at least 25 years of age and have current health insurance coverage to be considered as a potential donor.

**Living related donors** are healthy blood relatives of transplant candidates. They can be:

- brothers and sisters
- parents
- children (over 18 years of age)
- other blood relatives (aunts, uncles, cousins, half brothers and sisters, nieces and nephews)

**Living unrelated donors** may be emotionally close to, but not related by blood, to the transplant candidate. They can be:

- spouses
- in-law relatives
- close friends
- co-workers, neighbors or other acquaintances

### **IT IS ILLEGAL TO BUY OR SELL AN ORGAN IN THE UNITED STATES**

### How does someone get tested to be a donor?

A donor cannot be tested until the recipient has been evaluated and approved to be placed on the transplant waiting list. Please ask your recipient when their evaluation appointment is and contact UCLA once it has been completed.

Donors may contact our donor department to be tested in any of the following ways:

- Call our toll free donor line 866-672-5333
- Complete and fax the attached living donor intake form to (310) 983-3628
- Complete and mail the attached living donor intake form to UCLA Kidney & Pancreas Transplant Programs at 1145 Gayley Ave., # 321 Los Angeles, CA 90095

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***Please note UCLA may not contact any donors until the donors have specified their wish to donate.***

**What if more than one person offers to donate?**

Testing will begin with only three donors. If you have more than three people who are willing to donate they may contact the donor department to discuss their options. Once compatibility tests have been completed the recipient and donors must discuss which donor he/she will proceed with. The donor coordinator can help families decide which donor may be best for them.

**What will be expected of the donor?**

The donor will be assigned a nurse coordinator who will be responsible for educating them through the donation process. The coordinator will work only with the donor and cannot disclose any health information to their family or the recipient. It is very important for donors to keep the recipient informed of the process as it moves along.

**How long does the process take?**

The donation process depends on how many tests are required of the donor and how quickly he or she is able to complete them. The average donor work up may take six months or more for completion. A transplant date cannot be set until the donor has completed their entire work up and has been evaluated by the surgeon. The transplant center does its best to accommodate the needs of the donor and recipient, but appointment times may be limited.

**What if the donor is not a match?**

When compatibility testing shows that the donor is not a match to the recipient there are other options to consider so that the recipient might not have to wait for a deceased donor organ to become available.

- In some cases, the donor may still be able to donate directly to the recipient as part of our Blood Type (ABO) Incompatible Transplant Program. More testing must be done to decide if this is an option
- If the donor cannot donate to the intended recipient, the donor-recipient pair might be able to participate in our Paired Donation Transplant Program. In this program, incompatible donor-recipient pairs exchange kidneys so that each recipient receives a compatible organ.

For more information visit our website [www.transplants.ucla.edu](http://www.transplants.ucla.edu).

For additional living donor information refer to: <http://www.transplantliving.org/>

## **GUIDE TO LIVING KIDNEY DONATION**

Donating a kidney so someone can live a life free of dialysis is one of the greatest gifts a person can give. This unselfish act to a relative, loved one, or friend gives the donor an opportunity to greatly improve the quality of life for someone they love or want to help.

In our community and across the country, thousands of people are in need of a kidney transplant. The United Network for Organ Sharing (UNOS) Wait List continues to grow every year, while the number of deceased donor organs has remained steady over the past decade. The shortage has prompted a nationwide effort to increase living organ donation.

This guide will explain the process involved in the testing and acceptance of a potential donor. It is intended to answer questions for those considering donation, as we understand this is an emotional, personal and difficult decision.

### **ADVANTAGES OF LIVING DONATION**

The greatest advantage of living donation is that the kidney tends to have more immediate function and last longer than a kidney from a deceased donor.

Other benefits include:

- The possibility of a normal, dialysis-free life, which allows steady employment, more time for enjoyment of family and even such pleasures as a vacation.
- The probability for the need of less medication, leading to fewer long-term side effects.
- The convenience of being able to arrange the best time for surgery for both the donor and recipient.
- The advantage of potential donors receiving a medical work up at no expense, whether or not donation eventually takes place.
- The knowledge that it will not be necessary for the recipient to take a kidney from the limited pool of deceased donor kidneys, thereby leaving an opportunity for another person who has no hope of a living donor.

## THE POTENTIAL DONOR

The “perfect” donor would be a healthy identical twin, but few people have this option. However, advances in medications that keep the body from rejecting a less-than-perfectly-matched kidney have made it possible for siblings, parents, aunts, uncles, cousins, and children to donate, as well as people who are not related by blood. These willing, emotionally related donors--spouses, coworkers, and friends--have expanded the pool of potential donors for recipients whose family members cannot donate.

The best way to determine suitability for donation is to call the UCLA Living Donor Line at 866-672-5333. The transplant team will obtain medical and personal information for initial review. Any questions about individual issues can be discussed confidentially with a transplant coordinator.

More than one friend or family member may want to donate to a recipient. The transplant team will help determine the best suitable donor but the final decision rests with the donor and recipient. The best-matched donor is not always the “best” donor. Other factors to consider are the potential donor’s availability for testing, surgery, and recovery time or the financial strain this time off may cause. Potential donors should have support available during recovery to help with transportation, meals, and doctor’s visits. Travel and lodging expenses are the donor’s responsibility and may add to the financial burden, especially for donors who do not live in the area.

### *Conditions that MAY prevent a person from being accepted as a donor:*

- Diabetes
- Significant obesity
- Positive HIV status
- A history of hepatitis
- High blood pressure or the use of medication for high blood pressure
- A history of more than one episode of kidney stones
- Chronic use of some medications for arthritis or other chronic pain
- Cancer
- Mental illness
- Strong family history of kidney disease or diabetes

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## FUTURE CONSEQUENCES OF DONATION

Before donating an organ, serious thought should be given to the future consequences of a donor’s overall health and welfare. Studies do not indicate a significant long-term risk to the donor. Still, donation should not be taken lightly. There may be a slightly higher risk of developing high blood pressure. This usually occurs in donors over 55 years of age at the time of donation. There is also a very small risk of developing kidney failure. This is usually related to the development of kidney disease that was not present or anticipated at the time of the donation and not directly related to the kidney donation itself.

Many women have had normal pregnancies following donation. Having one kidney is little extra risk to the mother and none to the baby.

## **THE FIRST STEP TO BECOME A DONOR**

### *Initial Interview*

Potential donors should contact the UCLA Living Donor Line at 866-672-5333 to start the process. The confidential information will be given to a living donor coordinator to review.

The evaluation process is directed together with the living donor coordinator and donor assistant. The donor assistant will arrange tests and appointments while the coordinator will review results, and guide the donor through the process.

## **THE NEXT STEP**

### *Establish Compatibility*

After a review of the potential donor's information, the coordinator will determine if the donor can proceed with the evaluation process. If so, medical testing begins. Medical testing is done to ensure a potential donor is healthy, would not be put at risk by donating, and has a kidney suitable for transplantation.

All donors receive thorough health exams and counseling to ensure they are physically, emotionally, and mentally prepared to be a donor. The length of time it will take to complete the evaluation is determined by the donor's availability.

The donor evaluation is performed at no cost to the donor as long as the intended recipient is eligible for Medicare benefits. The donor coordinator and the transplant financial counselor handle coordination of the financial issues. The donor's surgery and hospitalization are billed to the recipient's insurance; in cases where a medical condition is identified during the evaluation process, clearance of the medical condition is the donor's financial responsibility. Medical clearance must be done before the evaluation can proceed.

To begin the donation process, the donor and recipient blood types are determined and compatibility is evaluated. Tissue typing is then performed. This test helps determine who will be the best match for the recipient if there is more than one person willing to be tested as a donor.

At the same time tissue typing is done, another test called a crossmatch will be performed. During a crossmatch, the donor's and the recipient's blood are mixed together and monitored over a given time period. A "negative" reaction is favorable indicating a transplant with this donor's kidney will be successful. Crossmatch results will be disclosed to each donor by the donor coordinator; results generally take two to three weeks to complete.

Once compatibility has been established, comprehensive diagnostic tests will look at the donor's health status further. If more than one donor has been tested, a primary donor must be chosen, and that donor will begin the next step. If the donor is incompatible with the intended recipient there is still an opportunity to participate in the previously mentioned ABO Incompatible Transplant Program or Paired Donation Transplant Program. For more information visit our website under "Blood Type (ABO) Incompatible Transplant Program" or "Paired Donation Transplant Program" at [www.healthcare.ucla.edu/transplant](http://www.healthcare.ucla.edu/transplant).

## **STEP TWO**

### Medical and Psychiatric Review

The donor evaluation includes the following tests:

- Blood tests to determine overall health and prior exposure to infectious diseases
- Urine tests to evaluate kidney function
- Blood pressure readings to rule out high blood pressure
- Electrocardiogram (EKG)
- Chest X-ray
- 2-hour Glucose Tolerance Test to screen for diabetes in donors with a family history of diabetes, donor candidates who are overweight or donors who have an elevated fasting blood glucose
- Cardiac Stress test may be required for donors over the age of 50.
- Colonoscopy may be required for donors over the age of 50.
- Prostate Specific Antigen test for male donors who are 50 years or older

The following tests may be requested, but will not be paid for by UCLA.

- Pregnancy test for premenopausal female donors
- Pap Smear for all females
- Mammogram for female donors who are 40 years or older

### Evaluation

If the above tests indicate that the donor is healthy, a thorough evaluation by a UCLA nephrologist for a review of the completed test results and a history and physical is next. The nephrologist may request more testing after their evaluation.

Each donor must undergo psychosocial evaluation with the transplant psychiatrist. This interview ensures the donor is comfortable with the decision to donate and has explored all of the concerns that may apply to donation. A potential donor's decision to donate must be strictly voluntary. No emotional coercion or monetary compensation may have been given or promised for a kidney.

The urine tests done at the beginning of the evaluation helps determine that the kidneys are functioning properly. Next, a CT Urogram (CTU), a dye test imaging of the kidneys, will be performed to provide the surgeon with a picture of the structure of the kidneys. Upon review of these results, the surgeon decides which kidney will be removed for donation.

## **STEP THREE**

### Scheduling Surgery and Final Preparations

Following complete medical, social, and psychosocial clearance, the donor will meet with the surgeon. After review of the CTU, the surgeon will discuss the techniques that can be used. Together, the donor and surgeon will determine which procedure will be performed to remove the kidney.

Now that the donor has been cleared medically and the surgical procedure has been determined, the surgery date for donor and recipient can be scheduled. Because it is a scheduled procedure, the donor and recipient can work out a time that is convenient to them, their families and their obligations.

During this final stage, many emotions may surface for both the donor and recipient. It is not unusual to feel a range of emotions from elation to concern. Family and close friend support is very important throughout the preparations for surgery, donation, and recovery.

In the final weeks before surgery, the donor and recipient will be scheduled to see the members of the team in clinic to make final arrangements for surgery. Some tests will be repeated for final confirmation, such as EKG, chest x-ray, and routine laboratory work. The blood types and crossmatch will be repeated and confirmed. The donor will have an appointment with the nephrologist to have final questions answered. The donor coordinator will provide diet instruction and information about hospital admission.

## **SURGICAL TECHNIQUES**

Laparoscopic nephrectomy is the less invasive option that has recently become the most common method for removing a donor kidney. This technique, which is far less demanding on the donor than the traditional method, 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 and a camera are inserted through these incisions. The camera enables the surgeon to direct the instruments and remove the kidney. An incision about three to four inches long is made just below the navel through which the kidney is removed. Removing the kidney this way means a hospital stay of one to two days, little pain and discomfort, and a return to normal activity within two to three weeks.

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 body wall around the area of the incision and there is more postoperative pain related to this procedure.

## **HOSPITAL STAY**

Two hours before surgery, the donor will be admitted to the hospital. The surgery will take about four hours. In addition, the time necessary for anesthesia before and after the surgery may be 30 to 60 minutes.

Usually, the donor who had a kidney removed by the laparoscopic procedure will be able to leave the hospital in 24-48 hours. Donors having the “open” procedure will remain in the hospital several days longer.

As with any surgery, problems can arise. The risk of death as a result of complications of donor nephrectomy is 3 deaths out of 10,000 (0.03%) surgeries performed. Bleeding, injury to internal organs, nerve damage, collapsed lung, blood clots in the legs or in the lung, or heart attack have been reported in less than 1% of patients. Both “open” and laparoscopic surgeries have the same risk.

Two weeks after discharge from the hospital, donors have a clinic follow-up appointment with the surgeon who removed the kidney.

## **LIVING WITH ONE KIDNEY**

After leaving the hospital, the donor will typically feel tenderness, itching and some pain as the area begins to heal. Heavy lifting is not recommended for about six weeks. Many people go back to work within three weeks of their surgery.

Kidney donors are recommended to have routine medical follow-ups after donation to detect any blood pressure or kidney function abnormalities. The donor should return to the care of a physician and be seen on an annual basis. A normal diet, adequate water intake and avoidance of a heavy salt intake, as well as maintaining a regular exercise program, is highly recommended.

### **IT'S UP TO YOU**

This guide is provided to answer your basic questions about donating a kidney. The decision to donate is up to you. For more detailed information, or to begin the evaluation process, contact:

The UCLA Living Donor Line  
866-672-5333

or visit our website:  
[www.transplants.ucla.edu](http://www.transplants.ucla.edu)

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