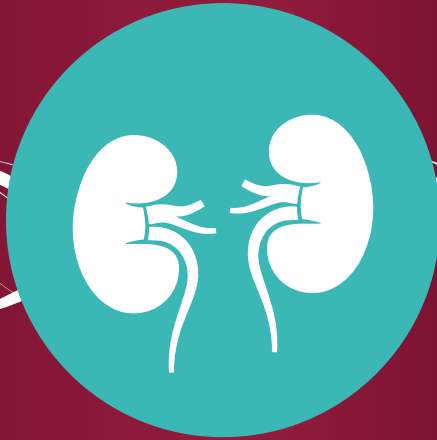


A Guide to
**LIVING KIDNEY
DONATION**



JOHN C. McDONALD
REGIONAL TRANSPLANT CENTER

Welcome to the John C. McDonald Regional Transplant Center Living Kidney Donor Program



What is now the John C. McDonald Regional Transplant Center at Willis-Knighton opened in 1989 through a partnership with Louisiana State University Health Sciences Center Shreveport and has performed more than 2,000 organ transplants for people in North Louisiana and the surrounding areas.

Transplantation cannot occur without the generosity of others!

Being a kidney donor is an important decision. Donating a kidney to someone in need can make a positive change in that person's life, but there are risks involved. It is a decision only you can make.

The information contained in this booklet will help you and your family understand

what is involved in donating a kidney, both before and after surgery. Keep it in a safe place so that you can refer back to it as often as needed.

We urge you to read the booklet carefully while your friend or family member is in the evaluation stage. We want you and your family to be fully prepared for your donation when the time comes, so we urge you to ask questions and to be sure you attend all of your scheduled appointments at the transplant center.

Once again, welcome to the John C. McDonald Regional Transplant Center at Willis-Knighton and thank you for choosing us as your transplant team!

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To help you fully make the decision to donate a kidney, you may want to understand more about the kidneys' role in your body. The kidneys are located deep in your abdominal cavity near your back, just above your waist. Even though most people are born with two kidneys, a person can live normally with just one healthy kidney.

Your kidneys perform many important functions. They filter your blood to remove dissolved waste products to form urine. Urine travels from your kidneys to your bladder through small tubes called ureters. Urine collects in your bladder until you urinate. Your kidneys also regulate the chemical and fluid balance in your body. These are some of the chemicals your kidneys regulate:

- Sodium, a component of salt, regulates your body's fluid balance. Excess levels of sodium can cause fluid retention (puffiness) and high blood pressure.

- High potassium, often seen in kidney failure, can cause irregular heartbeats or rhythms.
- Calcium and phosphorus are necessary to maintain healthy bones and teeth.
- Your kidneys also produce several hormones which help regulate blood pressure, stimulate red blood cell production, aid in vitamin D production, and additional tasks.

If your recipient suffers from end stage renal disease (ESRD), they may experience the following symptoms:

- Generalized itching and dry skin
- Headaches
- Weight loss without trying
- Loss of appetite
- Nausea
- Swelling of the feet and hands

QUALIFICATIONS FOR LIVING KIDNEY DONATION

In order to be considered as a living donor, you must be genuinely willing to donate (without a feeling of obligation), physically fit, and in good general health. Potential donors must be free from uncontrolled high blood pressure, diabetes, cancer, kidney disease, liver disease, lupus, active infections, HIV, and heart disease. Individuals considered for living donation are usually between 18 and 60 years of age. Gender and race are not factors in determining a successful match, but your blood type must be compatible with the intended recipient.

Medical tests are performed to determine your physical and mental health as well as genetic compatibility with the potential recipient. Living donors are informed in detail about the risks of the operation, potential complications, outcomes, and alternative methods of care.

We ask all our living donors to comply with necessary follow-up care post donation which includes clinic visits at one week, three months, six months, one year and two years. Valuable information is obtained during these visits that can be used to improve our living donor program for future donors.

THE DECISION TO DONATE

The voluntary decision to become a living donor requires your careful consideration. To help you through this process, consider reaching out to your family members, close friends, a donor who has gone through this process before, a social worker, or a counselor. It is important to know that is it your CHOICE to donate. You must not feel pressured or feel that donation is something you "have" to do – it is a decision you will need to make yourself. It may also be helpful to ask yourself the following questions:

- How do I feel about organ donation?
- Do I know enough to make a logical and educated decision?
- Am I being pressured into becoming a living donor?
- Am I prepared for any unforeseen expenses related to donation?
- Will donation have an impact on my relationship with the recipient?

- What are the medical risks involved?
- Am I physically up to donating?
- Do I have a support system to help me through this process?
- How will I feel if I am declined after the screening process?
- How will I deal with the possible rejection or failure of my donated kidney?

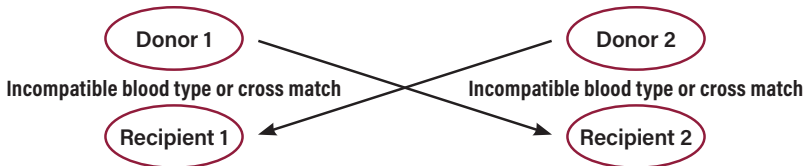


It is important for both you and your family to understand that donation, from the evaluation phase through recovery, requires a great deal of physical and emotional strength. It is also important to know that as the living donor, you have the right to change your mind at any time. The donor's decision and reasons are always kept confidential. Know that the transplant center is here to support you no matter what decision you make.

TYPES OF LIVING DONATION

When most people think of kidney donation, they associate the potential donor as having some familial relation to the recipient. Although this is one of the most common forms of donation, there are a number of ways in which living kidney donation can occur.

- **RELATED** – Related living donors are immediate or distant relatives of the transplant candidate. Related donors can include:
 - ✓ Brothers or sisters
 - ✓ Parents
 - ✓ Children over the age of 18
 - ✓ Other blood relatives
 - Aunts, uncles, cousins, half-brothers or sisters, nieces or nephews
- **NON-RELATED** – Unrelated living donors are healthy individuals not related by blood to the transplant candidate. Unrelated donors can include:
 - ✓ Spouses
 - ✓ In-laws
 - ✓ Friends
 - ✓ Co-workers
 - ✓ Neighbors
 - ✓ Other acquaintances
- **NON-DIRECTED** – Non-directed donors are living donors who have no relationship with the recipient. This type of donation is also referred to as anonymous or altruistic.
- **PAIRED EXCHANGE** – A paired exchange donation consists of multiple kidney donor/recipient pairs whose blood types are incompatible. The recipients switch donors so that each can receive a kidney with a compatible blood type. Once the evaluations of all donors and recipients are completed, the kidney transplant operations are scheduled. Paired exchanges can occur between two sets of recipients or more.



- **KIDNEY DONOR WAITING LIST EXCHANGE** – If a paired exchange cannot be found, a kidney donor who is not compatible with their intended recipient offers to donate to a stranger on the waiting list. In return the intended recipient advances on the waiting list for a deceased donor kidney. This type of living donation is also referred to as list-paired exchange and living donor/deceased donor exchange.
- **DESENSITIZATION** – Is a way to remove harmful antibodies with plasmapheresis. If you have a mismatch with your intended recipient due to antibodies, high PRA, or high sensitization, desensitization may be another option.

Our transplant center does not currently have a desensitization program in place, but if you are interested in this option, we will add your name to our list so that we can contact you when we start our program.

The Living Kidney Donor Evaluation

PHASES OF THE LIVING DONOR EVALUATION

The living donor evaluation process can be broken down into the 5 phases discussed below.

▪ **Phase 1** – Beginning the Process

- Education with the Living Donor Coordinator
- Blood tests to verify blood type, if you are still interested in donation
 - ♦ If your blood type is compatible with your intended recipient, additional tests are ordered to make sure you are medically suitable for donation.
- Discussion of your results and any associated risks with the living donor coordinator
- Living donor coordinator will answer any questions you have at this time.

▪ **Phase 2** – First Visit to the transplant center

- Formal education at our transplant center
- Meet with the living donor coordinator, independent living donor advocate, dietitian, pharmacist, and financial coordinator

▪ **Phase 3** – Laboratory and Radiology

- Complete 24 hour urine collection
- Rule out any potential for kidney or transmissible diseases
 - ♦ Chest x-ray
 - ♦ EKG

- CT scan
- Cancer screenings
- Pap Smear and mammogram for females, PSA for males
- Colonoscopy
- Living donor coordinator will call you with the results of these tests, and, if applicable, schedule you for the next phase

▪ **Phase 4** – Meeting with physician and surgeon

- Review of your medical and surgical history with the transplant physician and surgeon
- Time with the living donor coordinator and independent living donor advocate to discuss any additional questions or concerns

▪ **Phase 5** – Pre-operative Clearance

- Occurs one week before surgery
- You and the recipient will have an updated physical exam by the transplant surgeon
- The transplant surgeon and living donor coordinator will answer any questions you may have at this point
- Repeat blood work including serology and final cross match
- The transplant surgeon will determine which kidney will be removed
- You and the recipient will both sign your consents for surgery

PRESENTATION OF YOUR CASE AT SELECTION COMMITTEE

The decision to accept or decline an individual as a living kidney donor is made at Transplant Selection Committee meetings. Upon completion of your evaluation and testing, members of the multi-disciplinary team along with additional transplant center staff listen to your case and make a determination as to your suitability as a donor.

If the decision is made not to proceed with your donation, you will be notified by a letter from the living donor

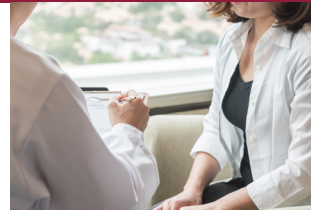
coordinator. If the committee decides to proceed with your living kidney donation, the living donor coordinator will call you to discuss setting a date for your donation.

The final cross match blood test is done a few days prior to the surgery to make sure you have not developed any new antibodies which could potentially harm the donated kidney once it is placed into the recipient.

CONFIDENTIALITY

As with all patient information, please know that all medical information and anything you discuss with our staff will remain confidential from your intended recipient. Subject only to an authorized medical release from you, any decisions you make, including your reasons to donate or not donate, will remain private. No one except you can call and

ask about your medical evaluation. You have the option to change your mind about donation at any point in the process and withdraw yourself from consideration.



PRELIMINARY TESTING



- Diagnostic tests
- A review of your medical history

The screening process looks at your health and ability to donate. Tests include:

- Evaluation of the size and shape of your kidneys
- Evaluation of your blood vessels and ureters
- A review of your psychosocial history

As a potential donor, you will have a very thorough evaluation to make sure there are no medical or psychosocial issues that would prevent you from becoming a donor. Every donor is assigned an independent living donor advocate who is interested only with your well-being and is not involved with the recipient in any way.

Multiple tests are performed in order to determine your ability to donate. Your overall health will be revealed through these tests and help determine if you are eligible to be a living kidney donor. The following tests must be performed before moving forward with your evaluation.



- **Blood Pressure Readings** – Your blood pressure must be recorded on five days (2 readings per day, at least 15 minutes apart) for a total of 10 readings. The readings do not have to be on consecutive days and it is preferred that they be read at random times by an individual qualified to take blood pressures. These readings can be taken at our transplant center, your doctor's office, a clinic, a fire station, a dialysis unit, etc.
- **Blood Typing** – You must provide a blood sample to determine blood type compatibility with the recipient. If you already know your blood type, you may send your blood type documentation with your initial paperwork or fax it to us.

- **Tissue Typing (HLA)** – White blood cells obtained from a sample of your blood are used for tissue typing. Genetic compatibility between the donor and the recipient is checked by matching between six antigens on the donor and recipient cells.
- **Cross Match** – A cross match is done to determine if the recipient has harmful antibodies in his or her blood that would destroy your donor kidney after transplantation. This blood test is performed two times, prior to evaluation and prior to the transplant, to see if the recipient will react to your organ.
 - If the cross match is “positive,” then you and your intended recipient are incompatible. Antibodies will immediately react against your cells and consequently cause immediate loss of the transplanted kidney.
 - If the cross match is “negative,” then the evaluation may proceed.

Once all blood work has been completed and you and the recipient are determined to be compatible, you will be scheduled to come to WK John C. McDonald Regional Transplant Center and meet with members of our multi-disciplinary team.

YOUR LIVING KIDNEY DONOR TEAM

The living kidney donor team is comprised of skilled healthcare professionals who want to make sure that you are a suitable candidate for donation. Our team is here to help you with your decisions and your care. Your initial visit to the transplant center will last several hours in order to see multiple members of the living donor team.

- **The Living Donor Coordinator**, who is a registered nurse, provides education regarding the evaluation process, testing, and patient responsibilities before and after donation. The living donor coordinator will keep you informed of your progress throughout the evaluation and will oversee your

care. Your living donor coordinator will schedule all of your appointments and testing, and will be your point of contact for any questions you may have throughout your evaluation.

- **The Independent Living Donor Advocate (ILDA)** serves to protect your rights and evaluate your understanding of the donation process. Your meetings must be done face-to-face and one-on-one. The ILDA has no interaction with your intended recipient and serves solely to look out for your needs and your best interests.

- **The Transplant Social Worker** will meet with you to evaluate your ability to cope with the stress of donation and assess your support system. The meeting must be done face-to-face and one-on-one.



- **The Transplant Financial Coordinator (TFC)** will discuss the costs associated with donation and the way in which your bills will be submitted. As a living kidney donor, you nor your insurance should be billed for anything related to the donation. Instead, the recipient's insurance will cover the costs of your evaluation and donation. The TFC is available to answer any questions you have about the financial implications of donation.
- **The Transplant Dietitian** performs a nutritional assessment and provides education on diet before and after donation.

- **The Transplant Pharmacist** will answer any questions you may have about your current medications. After donation, you will go home with pain medicine to be taken on a temporary basis. You will not need any long term medications after donation.

- **The Transplant Physician** will go over your medical history and how it relates to kidney donation. The transplant physician will discuss your medical history with you, perform a physical exam, review your test results, and discuss the benefits and risks of kidney donation.

- **A Transplant Surgeon** will meet with you and discuss the appropriateness of a transplant based on the information obtained during your evaluation. The surgeon will also discuss the significance of undergoing donation, the risks of the surgery, and any possible complications after your procedure. The transplant surgeon will participate in your care before and after donation.

- **A Transplant Psychiatrist** may conduct a more in-depth evaluation and assessment once you have met with the social worker. Living donors with a history of drug or alcohol abuse may be required to participate in a rehabilitation program in order to meet abstinence requirements prior to and after evaluation.

Depending upon your individual medical history, as well as the results of your tests, you may also be seen by specialists from cardiology, gastroenterology, hepatology, endocrinology, or infectious disease, among others. The living donor coordinator will explain any reasons for any additional testing.



You will need additional testing after meeting with the Living Donor Team. These tests are performed in order to further verify your capability to be a donor. Every donor is different, but the following is a list of tests that are generally performed on potential donors:

- **Urine Test** – In order to assess your kidney function, you must accurately collect all of your urine during a 24 hour period. A urinalysis is performed on a small sample of the 24 hour collection.
- **Creatinine Clearance Test** – A blood sample must be drawn at the time the 24 hour urine is done to help determine your kidney function.
- **X-ray and EKG** – A chest x-ray and EKG (electrocardiogram) are performed to screen for the presence of heart and lung diseases.
- **Lab Work** – Lab analysis includes
 - Renal function panel – to measure how well your kidneys remove wastes and excess fluids
 - HgbA1c – to determine your average measure of blood sugar
 - Liver function tests – to screen for diseases of the liver
- Lipid panel – to check your cholesterol level
- CBC - complete blood count for hemoglobin and hematocrit
- Viral testing – to see if you have been exposed to hepatitis, CMV, EBV, HIV, RPR, or TB
- Blood typing – to confirm your blood type
- **Pap Smear and Mammogram** – A pap smear will be required for all females 18 and older. Documentation of a clinical breast exam will be required for females under age 40. A mammogram will be required for females age 40 and older.
- **Cancer Screenings** – Routine cancer screenings as recommended by the American Cancer Society include a colonoscopy, PSA (prostate blood test), and skin exam if applicable.
- **3-D CT Scan** – A radiology test performed so the transplant surgeon can decide which of your kidneys to remove. The scan also gives a good picture of the entire abdomen to be able to better prepare for your surgery

The Living Donation Surgical Event

THE LIVING DONATION SURGICAL PROCEDURE

Nephrectomy is the surgical removal of a kidney which can be done in one of three ways: hand-assisted laparoscopic nephrectomy, robotic nephrectomy, or open nephrectomy.

LAPAROSCOPIC DONOR NEPHRECTOMY

Also referred to as “keyhole surgery”, laparoscopic donor nephrectomy is a minimally invasive surgical procedure for obtaining a kidney from a living donor that can make the process easier and take less time during the surgery.

The transplant surgeon makes two or three small incisions close to the belly button. A special camera, called a laparoscope, is inserted through one of the incisions to get an inside view of the abdominal cavity. The kidney is removed through the central incision. The surgeon uses the laparoscope to transmit a real-life picture of the internal organs to a video monitor to guide them through the surgical procedure.

In comparison to the open operation, laparoscopic donor nephrectomy results in a smaller incision, reduces recovery time, causes less post-operative pain, and usually shortens your hospital stay. Many donors are discharged from the hospital within two to five days and are able to resume normal activity within four to six weeks.

ROBOTIC DONOR NEPHRECTOMY

The transplant surgeon may speak with you about the option of robotic surgery. Robotic surgery was designed to give the surgeon a better range of motion

than the human hand. Ideally, it should be a minimally invasive surgery leading to less blood loss, smaller scars, and a faster recovery.

OPEN DONOR NEPHRECTOMY

Open nephrectomy was the standard option for 35 years prior to other minimally invasive options. It involves a five to seven inch incision on the flank area. A surgical instrument called a retractor is generally needed to spread the ribs to gain access to the donor’s kidney. Occasionally it is necessary to remove part of a rib for better exposure.

The operation typically lasts three hours, and the recovery in the hospital averages four to five days. Donors usually resume normal activity within six to twelve weeks. Open nephrectomy is only used if medically necessary or as a last resort if other options are unsuccessful.

YOUR KIDNEY FUNCTION AFTER DONATION

After donating a kidney, your remaining kidney will compensate for the donated kidney. UNOS states that although your kidney function will always be decreased, generally 75 - 85% of function is restored in kidney donors. Living kidney donors have a normal life expectancy and only a slightly increased risk of kidney disease when compared to other healthy individuals. Your lifestyle and activities will not be restricted after the post-operative healing process. Women who donate generally do not have added risks

associated with pregnancy or childbirth. You should always notify all of your physician(s) that you have donated a kidney.

POTENTIAL RISKS AND COMPLICATIONS ASSOCIATED WITH SURGERY

There are risks associated with any surgery, and the risks vary for every patient. Although most living donor surgeries are highly successful, complications for the donor and recipient can arise. The risks and complications associated with your donation will be thoroughly discussed with you by the living donor coordinator and transplant surgeon prior to the surgery.

Complications of organ donation can include, but are not limited to:

- Allergic reaction to anesthesia
- Pneumonia
- Blood clots
- Bleeding from surgery that may require blood transfusions or other operations
- Pain
- Infection of the wound or urinary tract
- Loss of the donated kidney (non-

function)

- Death (occurs in less than .04% of donors)
- Other unforeseen complications
- Psychosocial complications including post-surgical depression related to complications, family tension, or employment issues
- Anxiety
- Loss of work or inability to work or obtain future employment
- Financial issues including the inability to obtain health, life, or disability insurance

Potential long-term complications of kidney donation may include:

- Increased risk of developing high blood pressure in the future
- Increased incidence of kidney failure
- Possibility of trauma or injury to the remaining kidney
- Risk of developing a disease in the remaining kidney
- Hernia



The Post Donation Period

AFTER YOUR PROCEDURE

After your surgery, the recovery period is generally about four to six weeks. Heavy lifting should be avoided for about eight weeks after surgery. An initial post-op visit at one to two weeks is required to check your recovery. You will be given a follow-up schedule at your pre-operative visit. As a donor, you are required to follow up at six months, one year, and two years. The United Network for Organ Sharing (UNOS) requires information on your health status to be collected at six months, one year, and two years after donation.

Follow-up is the only method of information collection needed to assess the long term health outcomes of living donation. Post donation follow-up includes reviewing important labs and vital data to assess the continued well-being of the donor. All donors will be placed on a national donor registry.

Donor follow-up is the donor's responsibility and will not be covered by the recipient's insurance. For this reason



we encourage all donors to have health insurance and a primary care physician they see on a regular basis.

Living donation does not change life expectancy, and most donors go on to live happy, healthy, and normal lives. Your remaining kidney will become slightly enlarged in order to do the work that your two kidneys shared before.

It is your responsibility to initiate short term disability, vacation, or sick time to obtain compensation while you take time off of work. We will be happy to assist with paperwork if needed.

You are required to have a designated caregiver lined up prior to your donation. The caregiver will be necessary to help in your recovery process and drive you to and from appointments.

Additional Information

ADDITIONAL CONSIDERATIONS

HEALTH INSURANCE AND LIFE INSURANCE

The transplant financial coordinator and social worker will answer any questions you may have to find out if donation could possibly affect your health or

life insurance coverage. Donors rarely report issues with insurance after organ donation. If you do not currently have health insurance or life insurance, we encourage you to do so before donating.



THE FINANCIAL COST OF LIVING DONATION

Medical expenses associated with living donor evaluation are covered by the recipient’s insurance, or in certain circumstances, by the transplant center’s Organ Acquisition Fund (OAF). In either situation the living donor should not incur any personal expenses for the medical evaluation. Expenses related to another health concern that may be identified during the evaluation process. High blood pressure or high cholesterol for example, will not be covered by the recipient’s insurance and will be the donor’s responsibility.

The kidney donor’s surgery costs are covered by the recipient’s insurance. The medical costs related to the donation procedure and required post-operative care are also covered. The required follow-up after donation is not covered by the recipient’s insurance and is the donor’s responsibility. You will be required to follow-up at six months, one year, and two years, but we encourage lifelong follow-up to insure your health and well-being. For this reason we encourage all our donors to have health insurance and regularly scheduled check-ups with your primary care physician.

Costs such as travel, lodging, lost wages, and other non-medical expenses are not covered by the recipient’s insurance. Although it is against the law to pay a living donor for their organ, these costs may be covered by the recipient. Be sure to check your specific insurance policy or ask the transplant financial coordinator about concerns related to your specific circumstances. The transplant financial coordinator and social worker can help you find assistance programs for living donors to help cover the cost of some of your non-medical expenses.

****DO NOT OBTAIN ANY TESTING WITHOUT ORDERS FROM THE JOHN C. McDONALD REGIONAL TRANSPLANT CENTER** - These tests will not be reimbursed.**

LIVE DONOR FINANCIAL TOOLKIT

The American Society of Transplantation has created a wonderful resource to help potential donors determine the financial impact donation may have on their lives. Worksheets are available to help calculate your out-of-pocket expenses, as well as share information on donor assistance programs. We encourage you to visit their website and explore the resources available to you. Turn to page 18 for website information.

Frequently Asked Questions

What is living donation?

An alternate option for individuals awaiting organ transplantation from a deceased donor. Living donation takes place when a living person donates an organ or part of an organ for transplantation to another person.

What are the advantages of living donation over deceased donation?

Living donor transplants have many advantages. Some living donor transplants are done between family members who are genetically similar which lessens the risk of rejection. Living donation also shortens the recipient's time on the wait list for a deceased donor transplant. Organs from a living donor typically function more quickly and continue functioning for a longer period of time versus deceased donation.

Is there risk with living donation?

As with any major operation, there are risks involved, and these risks will be discussed in detail by the Living Donor Coordinator. All patients experience some pain and discomfort after a surgical procedure. It is possible for kidney donors to develop infections, but thorough post-operative care by our multi-disciplinary team ensures you will receive the best treatment available.

Will I be entitled to disability pay?

Depending upon your employer's policy, you may be eligible for disability pay. Check with your Human Resources department for details.

Will I require a blood transfusion during my surgery?

Although blood transfusion during this surgery is uncommon, it may be necessary. You will be required to sign consents for possible blood transfusion prior to donation. As a precaution your family members can donate before surgery in the event you need a transfusion.

Can someone with herpes become a donor?

Having herpes does not rule out someone being considered for donation, but the disease should be well-suppressed at the time of donation.

Will donating a kidney prevent you from becoming pregnant or fathering a child?

Although studies have shown that kidney donation does not affect the chances of having a safe pregnancy and childbirth, it is recommended that the donor wait one year after surgery to become pregnant. Be sure to discuss with your primary care physician or gynecologist about your interest in donation.

Should I stop smoking before my surgery?



We recommend you stop smoking in order to be a donor, even if you are a light smoker. Smokers undergoing any type of surgery have a higher risk of heart and lung complications along with a greater risk of developing a deep vein thrombosis, or blood clot.

Should I stop drinking alcohol before my surgery?

If you are going to be a donor, it is best that you stop consuming alcohol. If you have a history of heavy alcohol use, it is very important that you tell your physician. Alcohol use will not prevent you from being a donor.

Should I stop taking my medication(s) before the evaluation or the surgery?

You should not stop any prescription medication unless advised to do so by a physician. Be sure to tell your transplant physician and team about all prescription and over-the-counter medications you are currently taking, including supplements.

What should I bring with me to the hospital?

You should only bring minimal belongings, such as a basic toiletry bag, for your use in the hospital. The hospital will already have your insurance information so there is no need to bring any documentation unless you are specifically asked to do so. Leave all jewelry and other valuables at home or give them to your family for safekeeping.

If I am cleared to be a donor, how is it decided when the transplant will take place?

This decision is jointly made by you, the recipient, and the transplant team. The transplant team, particularly the doctors involved directly in you and your recipient's care, will determine as accurately as possible the best time to schedule the transplant based on the recipient's medical condition.

Once the transplant is scheduled, will it definitely happen?

A number of events could happen that may change the date of the scheduled transplant. For example, the recipient's condition might decline to the point where he or she is too sick to receive a transplant. The recipient or donor might develop an infection or some other condition that would need to be treated before the transplant can be done. In the event a transplant has to be cancelled or rescheduled, it is done to protect our donors and recipients.

LEGAL CONSIDERATIONS

In 1984 Congress passed the National Organ Transplant Act (NOTA), which prohibits the sale of human organs; however, the payment of “the expenses of travel, housing, and lost wages incurred by the donor of a human organ in connection with the donation of the organ” is expressly permitted by section 301 of NOTA.

OTHER RESOURCES AND HELPFUL LINKS

The United Network for Organ Sharing (UNOS)

www.unos.org

Division of Transplantation

www.organdonor.gov

The Louisiana Organ Procurement Agency (LOPA)

www.lopa.org

Transplant Living

www.transplantliving.org

The National Donor Memorial

www.donormemorial.org

US Department of Health & Human Services Organ Procurement & Transplantation Network

optn.transplant.hrsa.gov

FUNDRAISING ORGANIZATIONS

National Foundation for Transplants

www.transplants.org

Help Hope Live

m.helphopelive.org

DONOR ASSISTANCE PROGRAMS

National Living Donor Assistance Center

www.livingdonorassistance.org

NKF Peers

www.kidney.org/patients/peers

Live Donor Toolkit

www.myast.org/patient-information/live-donor-toolkit

National Kidney Foundation - The Big Give

www.kidney.org/transplantation/livingdonors/biggive

Donor Leave Laws and Tax Deductions/Credit for Living Donors

www.kidney.org/sites/default/files/LDTaxDed_Leave.pdf



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