

PATIENT GUIDE TO

Living Kidney Donation



Willis Knighton

John C. McDonald
Transplant Center

Welcome to Willis Knighton John C. McDonald Transplant Center **Living Kidney Donor Program**

Willis Knighton John C. McDonald Transplant Center opened in 1989 through a partnership with Louisiana State University Health Sciences Center-Shreveport. More than 2,200 organ transplants have been provided for people across north Louisiana and 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's a decision only you can make.

Information in this book helps you and your family understand what is involved before and after kidney donation surgery. We urge you to read this book carefully. Keep it in a safe place and refer back to it as often as needed.

We want you and your family to be fully prepared for your donation when the time comes. Please ask any questions you may have and attend all of your scheduled appointments. We're here to help you find answers and feel at ease. Thank you for choosing us as your transplant team.

TABLE OF CONTENTS //

Welcome	1
Table of contents	2
Introducing Kidney Transplantation and Living Donation	3
Kidney transplantation is an option for ESRD	4
The history of living kidney donation.....	4
Living kidney donation facts	4
Understanding kidney function.....	5
Qualifications for living kidney donation	5
The decision to donate.....	6
Types of living donation.....	7
The Living Kidney Donor Evaluation	9
Phases of the living donor evaluation	10
Presentation of your case to selection committee	11
Confidentiality.....	11
Preliminary testing.....	11
Your living kidney donor team.....	13
Testing during the living donor evaluation	14
Living Donation Surgical Event	16
Living donation surgical procedures.....	17
Post-Donation Period	20
After your procedure	21
Additional Information	22
Financial considerations	23
Frequently asked questions.....	24
Legal considerations.....	26
Helpful resources.....	27

Introducing Kidney Transplantation and Living Donation



KIDNEY TRANSPLANTATION IS AN OPTION FOR ESRD

Kidney transplants are firmly established as the therapy of choice for those with end stage renal disease (ESRD). The number of patients on the transplant waiting list far exceeds the number of deceased donor organs available.

- Over 113,000 men, women and children in the United States are waiting for organ transplants.
- Another patient is added to the list every 12 minutes.
- In Louisiana alone, more than 2,200 people are waiting for organs and 85% of them are waiting for kidneys.
- The average wait time for deceased kidney donation is three to five years.

Living donation increases the supply of suitable organs for patients with end stage renal disease.

THE HISTORY OF LIVING KIDNEY DONATION

The first successful living related kidney transplant was performed on December 23, 1954, in Boston, Massachusetts. A kidney was transplanted from one brother into his identical twin. The first deceased donor transplant was performed six years later by the same physicians.

In 2001, the number of all living organ donors in the United States surpassed the number of deceased donors for the first time. The National Kidney Foundation helped pass the Organ Donation and Recovery Improvement Act to help reimburse living donors with the expenses of donation.

Willis Knighton transplanted its first living kidney in October 1989. We have performed more than 214 living kidney donations since that time.

LIVING KIDNEY DONATION FACTS

The kidney is the most frequently donated living organ and the only type of living donation performed at our center. Waiting for a deceased donor kidney means staying on the kidney transplant list indefinitely. A living donor can provide the recipient some relief from this uncertainty.

UNDERSTANDING KIDNEY FUNCTION

Your 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.

- Kidneys perform many important functions. They filter your blood to remove dissolved waste products and form urine, which 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, including:
- Sodium, a component of salt, regulates your body's fluid balance. Excess levels of sodium can cause fluid retention (puffiness) and high blood pressure.
- Potassium, often high during kidney failure, can cause irregular heartbeats.
- Kidneys regulate calcium and phosphorus levels in the blood, which are needed for healthy bones and teeth.
- Hormones produced by your kidneys help regulate blood pressure, stimulate red blood cell production, aid in vitamin D production and more.

End stage renal disease (ESRD) means your kidneys no longer function well enough to meet your body's needs. People with ESRD 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

Any person can begin the evaluation process for consideration as a living kidney donor. You must be genuinely willing to donate without a feeling of obligation, physically fit, and in good general health. Potential donors must not have uncontrolled high blood pressure, diabetes, cancer, kidney disease, liver disease, lupus, active infections, HIV or heart disease.

Individuals considered for living donation are usually 18 to 60 years of age. Gender and race are not factors that determine a successful match, but your blood type must be compatible with the intended recipient.

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

We ask all living donors to do necessary follow-up clinic visits at one week, three months, six months, one year and two years. Valuable information is collected during these visits to improve our living donor program for future donors

THE DECISION TO DONATE

The voluntary decision to be a living donor requires your careful consideration. To help you through this process, consider reaching out to your family members and close friends, a donor who has already gone through this process, a social worker, or a counselor. It is your CHOICE to donate. You must not feel pressured or feel that donation is something you “have” to do – it’s a personal decision. It may be helpful to ask yourself these 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 able to donate?
- 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 you and your family to understand that donation requires a great deal of physical and emotional strength, from the evaluation phase all the way through recovery. It is also important to know that you have the right to change your mind at any time.

Your decision and reason are always kept confidential. Know that our transplant center is here to support you no matter what decision you make.

TYPES OF LIVING DONATION

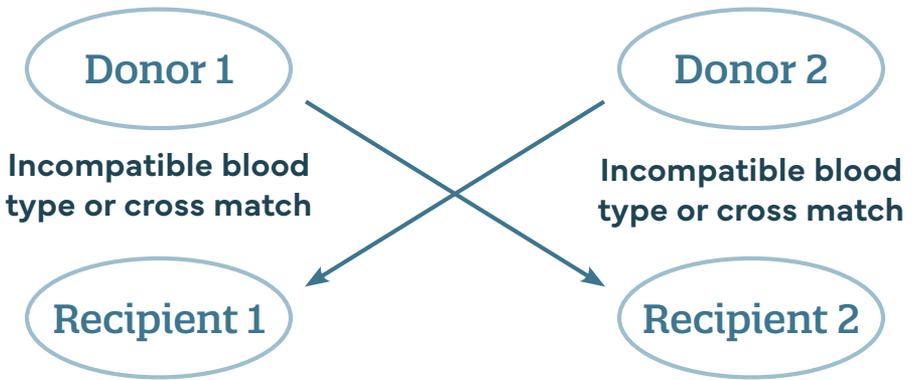
When most people think of kidney donation, they associate the potential donor as having some familial relation to the recipient. Although this is one of the most common forms of donation, there are many ways that living kidney donation can occur.

- **RELATED** – Related living donors are immediate or distant relatives of the transplant candidate. Related donors can include:
 - Brothers or sisters
 - Parents
 - Children older than age 18
 - Other blood relatives
 - Aunts, uncles, cousins, half-brothers, half-sisters, nieces, nephews

- **UNRELATED** – 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
 - 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. Paired exchanges can occur between two sets of recipients or more.



- **KIDNEY DONOR WAIT 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** – Harmful antibodies are removed with plasmapheresis. If you have a mismatch with your intended recipient due to antibodies, high PRA or high sensitization, desensitization may be an option.

The Living Kidney Donor Evaluation



PHASES OF THE LIVING DONOR EVALUATION

The living donor evaluation process can be broken down into five phases.

Phase 1 – Beginning the process

- Education with the living donor coordinator
- Blood tests. If your blood type is compatible with your intended recipient, additional tests are ordered to make sure you are medically suitable for donation.
- Discuss your results and associated risks with the living donor coordinator
- Get answers to your questions with the living donor coordinator

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 potential for kidney or transmissible diseases
 - Chest x-ray
 - Electrocardiogram (EKG, ECG)
 - CT scan
 - Cancer screenings
 - Pap smear and mammogram for females; PSA for males
 - Colonoscopy
- Living donor coordinator calls you with the results of these tests, and schedules you for the next phase, if applicable.

Phase 4 – Meet with doctors

- Review your medical and surgical history with the transplant doctor and surgeon
- Time with the living donor coordinator and independent living donor advocate to discuss your questions and concerns

Phase 5 – Pre-operative clearance

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

PRESENTATION OF YOUR CASE TO SELECTION COMMITTEE

The decision to accept or decline someone is made by the transplant selection committee. After you complete evaluation and testing, members of the multi-disciplinary team listen to your case and determine your suitability as a donor.

If the decision is made not to proceed with your donation, you'll 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 schedule 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 that could harm the donated kidney once it is placed into the recipient.

CONFIDENTIALITY

Please know that medical information and what you discuss with our staff remain confidential unless you sign an authorized medical release. Any decisions you make remain private. No one except you or individuals you designate 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

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
- Diagnostic tests
- A review of your medical history

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

Multiple tests are performed to evaluate your overall health and determine if you're 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 (two readings per day, at least 15 minutes apart) for 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 pressure. 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 six antigens on donor and recipient cells.
- **Cross match** – A cross match determines if the recipient has harmful antibodies in his or her blood that would destroy your donated kidney after transplantation. This blood test is performed twice: before evaluation and before 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. The recipient's

antibodies would immediately react against your cells and cause immediate loss of the transplanted kidney.

- If the cross match is “negative,” the evaluation may proceed.

Once all blood work is complete and you and the recipient are determined to be compatible, you’re scheduled to visit with members of our multi-disciplinary team.

YOUR LIVING KIDNEY DONOR TEAM

The living kidney donor team is made up of skilled healthcare professionals who work together to be sure that you’re a suitable candidate for donation. Our team is here to help you with your decisions and your care. Transplant team members include:

- **Living donor coordinator** educates you about the evaluation process, testing and patient responsibilities before and after donation. The living donor coordinator keeps you informed of your progress throughout the evaluation and oversees your care. Your living donor coordinator schedules all your appointments and testing and will be your point of contact for questions you may have throughout your evaluation.
- **Independent living donor advocate (ILDA)** protects your rights and evaluates your understanding of the donation process. Your meetings must happen face-to-face and one-on-one. The ILDA does not interact with your intended recipient as they look out for your needs and best interests.
- **Transplant social worker** meets with you to evaluate your ability to cope with the stress of donation and to assess your support system. This meeting is face-to-face and one-on-one.
- **Transplant financial coordinator (TFC)** discusses the costs of donation and the way your bills are submitted. As a living kidney donor, neither you nor your insurance should be billed for anything related to the donation. The recipient’s insurance covers the costs of your evaluation and donation surgery. The TFC answers your questions about the financial implications of donation.
- **Transplant dietitian** performs a nutritional assessment and

educates about diet before and after donation.

- **Transplant pharmacist** answers questions about your current medications. After donation, you'll go home with pain medicine you may need temporarily. You won't need any long-term medications after your donation.
- **Transplant physician** reviews your medical history and how it relates to kidney donation. They perform a physical exam, review your test results, and discuss the benefits and risks of kidney donation.
- **Transplant surgeon** discusses the appropriateness of a transplant based on information collected during your evaluation. The surgeon discusses the significance of undergoing donation, risks of the surgery and any possible complications. If you become a donor candidate, the transplant surgeon participates in your care before and after donation.
- **Transplant psychiatrist** may conduct a more in-depth evaluation and assessment after you meet with the social worker. Living donors with a history of drug or alcohol abuse may be required to participate in a rehabilitation program and meet abstinence requirements before and after evaluation.

Depending on your individual medical history and the results of your tests, you may be seen by specialists in cardiology, gastroenterology, hepatology, endocrinology, infectious disease or others. The living donor coordinator explains the reasons for any additional testing.

TESTING DURING THE LIVING DONOR EVALUATION

Living donor evaluation is an in-depth process to determine if you can donate to a potential recipient. Although not every donor requires all the same tests, here are some examples:

- **Urinalysis** performed on a small sample of the 24-hour urine collection assesses your kidney function.
- **Creatinine clearance test** from a blood sample drawn at the time of the 24-hour urine collection helps determine your kidney function.
- **Chest X-ray and EKG** x-ray and EKG (electrocardiogram) screen for the presence of heart and lung diseases.

- **Lab analysis:**
 - Renal function panel measures how well your kidneys remove wastes and excess fluids
 - HbA1c determines your average measure of blood sugar
 - Liver function tests screen for diseases of the liver
 - Lipid panel checks your cholesterol levels
 - CBC is a complete blood count for hemoglobin and hematocrit
 - Viral testing checks your exposure to hepatitis, CMV, EBV, HIV, RPR and TB
 - Blood typing confirms your blood type
 - If you have active cancer, kidney donation surgery is not in your best interest until you are cleared by an oncologist.
- **Routine cancer screenings** recommended by the American Cancer Society include a colonoscopy, PSA (prostate blood test), and skin exam.
- **Pap smear** for all women 18 and older. Documentation of a **clinical breast exam** is required for women under age 40 and a **mammogram** is required for women 40 and older.
- **3-D CT scan** gives a good picture of your entire abdomen and shows the transplant surgeon which of your kidneys to remove.

Living Donation Surgical Event



LIVING DONATION SURGICAL PROCEDURES

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 that removes a kidney from a living donor.

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 surgeon uses the laparoscope to transmit a real-life picture of the internal organs to a video monitor as a guide them during the surgical procedure. A kidney is removed through the central incision.

In comparison to open surgery, 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 can resume normal activity within four to six weeks.

ROBOTIC DONOR NEPHRECTOMY

The transplant surgeon may speak with you about the option of robotic surgery that gives them a better range of motion than the human hand. This minimally invasive surgery means less blood loss, smaller scars and a faster recovery.

OPEN DONOR NEPHRECTOMY

Open nephrectomy was the standard option for 35 years, before minimally invasive options were available. It involves a five- to seven-inch incision on the flank area. A surgical instrument called a retractor is used to spread the ribs for access to the donor’s kidney. Sometimes it is necessary to remove part of a rib for better exposure.

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

YOUR KIDNEY FUNCTION AFTER DONATION

After you donate one kidney, your other kidney compensates for the donated kidney. The United Network for Organ Sharing (UNOS) states that although your kidney function will always be decreased, 75% to 85% of kidney function is generally restored in 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 are not restricted after the post-operative healing process. Women who donate generally do not have added risks associated with pregnancy or childbirth. Be sure and tell your current and future doctors that you've donated a kidney.

POTENTIAL RISKS AND COMPLICATIONS ASSOCIATED WITH SURGERY

Risks are associated with every surgery, and the risks vary for every patient. Although most living donor surgeries are highly successful, complications for the donor and recipient can arise. Risks and complications that may be associated with your donation are thoroughly discussed by the living donor coordinator and transplant surgeon before your surgery.

Complications of organ donation may 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)
- Unforeseen physical complications
- Psychosocial complications, including post-surgical depression, family tension or employment issues
- Anxiety
- Inability to work or obtain future employment
- Financial issues including inability to get medical, life or disability insurance

Potential long-term complications of kidney donation may include:

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

Post-Donation Period



AFTER YOUR PROCEDURE

The recovery period is generally about four to six weeks. Heavy lifting should be avoided for about eight weeks after surgery.

You'll be given a follow-up schedule at your pre-operative visit. An initial post-op visit at one to two weeks is required to check your recovery. The United Network for Organ Sharing (UNOS) collects information on your health status at required follow-up appointments at six months, one year and two years after donation. Your doctor orders and reviews important lab values and vital data to assess your continued well-being. All donors are placed on a national donor registry.

Donor follow-up is the donor's financial responsibility and is not covered by the recipient's insurance.

We encourage all donors to have medical insurance and a primary care physician you 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 becomes slightly enlarged so it can do the work that your two kidneys shared before.

You are responsible for initiating short-term disability, vacation or sick time to get paid while you take time off work. We'll be happy to assist with paperwork if needed.

You must have a designated caregiver lined up before your donation. The caregiver helps with your recovery process and drives you to and from appointments.

ADDITIONAL INFORMATION



FINANCIAL CONSIDERATIONS

HEALTH INSURANCE AND LIFE INSURANCE

The transplant financial coordinator and social worker help you find answers about how donation could 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 by the transplant center's Organ Acquisition Fund (OAF). Living donors should not incur any personal expenses for the medical evaluation. However, donors are responsible for expenses related to health concerns that may be identified during the evaluation process. Treatment for high blood pressure or high cholesterol, for example, is not covered by the recipient's insurance and is 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 covered.

The required follow-ups after donation are not covered by the recipient's insurance and are the donor's responsibility. You are required to follow up at six months, one year and two years, and we encourage lifelong follow-up to ensure your health and well-being. We encourage all donors to have medical insurance and regularly scheduled check-ups with your primary care physician.

Costs related to 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 to help cover costs of some non-medical expenses.

****DO NOT OBTAIN ANY TESTS WITHOUT ORDERS FROM WILLIS KNIGHTON JOHN C. McDONALD TRANSPLANT CENTER****

These tests cannot be reimbursed.

LIVE DONOR FINANCIAL TOOLKIT

The American Society of Transplantation is a valuable 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. The organization also shares information on donor assistance programs. We encourage you to visit their website and explore the resources available to you.

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

FREQUENTLY ASKED QUESTIONS

What is living donation?

Living donation takes place when a living person donates an organ or part of an organ for transplantation to another person. It is another option for people waiting for organ transplantation from a deceased donor.

What are the advantages of living donation over deceased donation?

Living donor transplants have many advantages.

- Some living donor transplants happen between family members who are genetically similar, which lessens the risk of rejection.
- Living donation 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 than a deceased donation.

Is there risk with living donation?

As with any major operation, there are risks involved and these risks are 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 expert post-operative care by our multi-disciplinary team ensures you receive the best treatment available.

Am I 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 are required to sign consents for possible blood transfusion before organ donation. Your family members can donate blood before surgery in the event you need a transfusion.

Can someone with herpes become a donor?

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

Does kidney donation prevent you from becoming pregnant or fathering a child?

No. Although studies show that kidney donation does not affect the chances of safe pregnancy and childbirth, it is recommended that the donor wait one year after surgery to become pregnant. Talk to your primary care physician or gynecologist about your interest in donation.

Should I stop smoking before my surgery?

Yes. We recommend you stop smoking before you donate, even if you are a light smoker. Smokers who have any type of surgery have a higher risk of heart and lung complications and a greater risk of developing a blood clot.

Should I stop drinking alcohol before my surgery?

If you have a history of heavy alcohol use, it is very important that you tell your physician. Alcohol use does not prevent you from being a donor.

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

No You should not stop any prescription medication unless advised by your doctor. 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?

Bring only minimal belongings like a basic toiletry bag to the hospital. The hospital already has your insurance information so there is no need to bring any documentation unless you're specifically asked for it. Leave all jewelry and valuables at home or give them to your family for safekeeping.

If I am cleared to be a donor, when does the transplant take place?

This decision is jointly made by you, the recipient and the transplant team. Doctors determine 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 change the date of the scheduled transplant.

- The recipient's condition could decline to the point of being too sick to receive a transplant.
- The recipient or donor could develop an infection or some other condition that must be treated before the transplantation surgery.
- Transplantation surgery can be canceled or rescheduled to protect donors and recipients.

LEGAL CONSIDERATIONS

Congress passed the National Organ Transplant Act (NOTA) in 1984, 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.

HELPFUL RESOURCES

The United Network for Organ Sharing (UNOS)

unos.org

Division of Transplantation

organdonor.gov

The Louisiana Organ Procurement Agency (LOPA)

lopa.org

Transplant Living

transplantliving.org

The National Donor Memorial

donormemorial.org

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

optn.transplant.hrsa.gov

FUNDRAISING ORGANIZATIONS

National Foundation for Transplants

transplants.org

Help Hope Live

helphopelive.org

DONOR ASSISTANCE PROGRAMS

National Living Donor Assistance Center

www.livingdonorassistance.org

NKF Peers

kidney.org/patients/peers

Live Donor Toolkit – American Society of Transplantation

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

National Kidney Foundation – The Big Give

kidney.org/transplantation/livingdonors/biggive



Willis Knighton

John C. McDonald
Transplant Center

2751 Albert Bicknell Drive, Suite 4A
Shreveport, LA 71103

318-212-4275
800-241-3718
318-212-4555 (Fax)