

YALE-NEW HAVEN  

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TRANSPLANTATION  

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CENTER

LIVING DONOR - KIDNEY TRANSPLANTATION

*What You Need to Know  
About Becoming a Donor*

## LIVING DONOR - KIDNEY TRANSPLANTATION

### *What You Need to Know About Becoming a Donor*

In 1954, the first living donor kidney transplant was performed between twin brothers. Since then, the field of living donor transplant has increased dramatically and in 2002, the number of living donor kidney transplants exceeded the number of deceased donor transplants for the first time. This is important since the waiting list for a kidney transplant continues to grow, requiring many patients to wait longer and longer for a kidney transplant.

The donor procedure performed at Yale-New Haven Transplantation Center is the total laparoscopic donor surgery. We are one of the few centers that perform this procedure regardless of which kidney (right or left) is being used or the anatomy of the kidneys. This type of surgery means donors experience less pain, less use of narcotic pain medication and a shorter time to return to work.

This guide will answer many of your questions about living kidney donation and review the process to become a donor. Our staff, physicians and surgeons are always available to speak to you and answer any questions you may have. Considering the idea of donating a kidney is a remarkable act of giving, and our goal is for you to be well informed about all aspects of living kidney donation.

**Q. Who can be a kidney donor? Does a donor have to be a relative?**

A. Anyone older than 18 years of age who wishes to donate can be considered for organ donation. Though there are persons greater than 70 years old who have donated, many elderly persons are disqualified due to other medical conditions or the status of their own kidneys. A kidney donor does not need to be related to the recipient of the kidney transplant.

**Q. How do I know if I am a match?**

A. We perform extensive testing to assure that you are a good match. This testing includes blood type matching and more extensive testing called a crossmatch. If your crossmatch is negative, you are probably a good match.

**Q. What is the evaluation process?**

A. Once you have decided that you would like to donate, you will have blood testing, an electrocardiogram, a chest x-ray and urine testing. You will meet with one of our kidney specialists who will perform an independent medical evaluation and determine if you are healthy enough to donate. You will also meet with a donor advocate. If your kidney specialist feels that you are potentially a good candidate, you will likely need additional testing. This may include blood pressure monitoring, blood sugar analysis and a CT scan to examine your kidneys.

**Q. What is a donor advocate?**

A. A donor advocate will meet with you and advocate on your behalf. You can talk to your donor advocate about anything, especially if you are feeling pressured to donate or if you have decided not to donate but don't know how to best express your wishes. At Yale-New Haven Transplantation Center, we maintain confidentiality of our donor information and will make accommodations that will alleviate you from the pressure you may feel.

**Q. How do I get approved for donation?**

**A.** Your approval for kidney donation is through an independent panel of medical specialists, social workers and nurse coordinators called the Donor Advocacy Panel. This panel will discuss all of your testing and make a determination about your ability to donate. It is important to know that your surgeon or the recipient's surgeon is not involved in this panel because we consider it a conflict of interest.

**Q. What are some of the reasons the Donor Advocacy Panel would not allow me to donate?**

**A.** The most common reason that the Donor Advocacy Panel would not allow you to donate is if your testing shows that you have a risk of developing conditions that could result in poor kidney function in the future. We certainly don't want you to donate and then develop kidney disease. Other reasons could include active substance abuse, psychiatric problems or other conditions that could make donating risky for you.

**Q. May I donate even if the Donor Advocacy Panel says no?**

**A.** No. We will not let you assume that risk.

**Q. After I donate, will my other kidney grow larger?**

**A.** Not exactly. The remaining kidney does increase function; it will provide 80 percent of the kidney function you had prior to donating.

**Q. What are the possible complications of surgery?**

**A.** The complications of surgery are similar to other abdominal surgeries, including bleeding, infections, wound drainage, hernia formation, bowel injury, deep vein thrombosis and conversion to an open procedure.

**Q. What is the recovery time?**

**A.** You will be in the hospital for about two days. We suggest that you set aside six weeks for recovery from surgery. If your operation cannot be done laparoscopically, your hospitalization will be longer and your recovery time will be longer as well.

**Q. Will I require a blood transfusion during my surgery?**

**A.** Blood transfusion during this operation is very unusual, although it may be needed in the case of an emergency. We currently do not recommend donating your own blood before surgery, because the need is so rare, however, if this is something you wish to do, we can help arrange this for you. It will require donating your blood weeks prior to the scheduled surgery.

**Q. When will I be able to drive after my surgery?**

**A.** We advise you not to drive for at least the first two weeks after the surgery. Before you decide to drive, you must be physically and mentally strong, with normal reflexes. You must not be experiencing any abdominal pain or discomfort. Also, you should not be taking any narcotic medication such as Percocet or Tylenol with codeine, as these can affect your mental alertness.

**Q. When can I begin to exercise?**

**A.** As soon as you wake up from the anesthesia, you will begin “exercising.” You will need to take deep breaths and cough to make sure you are getting enough air into all the areas of your lungs. This will help prevent pneumonia. You will also begin to exercise the muscles of your legs by flexing and relaxing them periodically. You will be helped out of bed within 24 hours of your surgery and will begin walking. We cannot stress enough how important walking is to your recovery. Each day, you should be pushing yourself a little bit more. By walking as soon as possible after your surgery, you will help to prevent complications such as blood clots, pneumonia and muscle wasting. We encourage you to continue a program of daily walking when you are home.

**Q. When can I lift weights, jog, swim, etc.?**

A. You will need to avoid any heavy lifting for the first four weeks, until your abdomen has completely healed. You should not lift any weights greater than 10 lbs. After six weeks, if you are feeling well and are not having any complications, you may begin to return to your normal activities, such as swimming, jogging, aerobics, cycling, etc. Begin slowly and build up gradually. Be very cautious with abdominal exercises.

**Q. Are there any dietary restrictions before or after surgery?**

A. Generally, there are no dietary restrictions. We recommend that you drink plenty of fluids for the first few weeks following surgery.

**Q. Should I stop smoking before surgery?**

A. We strongly advise you to stop smoking. Even light smokers who stop smoking will realize benefits and smoother recovery following surgery. Heavy smokers will be ineligible to donate because of their increased risks.

**Q. Should I stop drinking alcohol?**

A. Heavy alcohol use is defined as greater than two drinks a day. We encourage you to limit your alcohol use during your evaluation process and surgery. After surgery you may consume alcohol only if you are completely off all narcotic pain medication.

**Q. Should I stop taking my medication before the evaluation or the surgery?**

A. You should not stop any prescription medication unless advised to do so by a physician. You should avoid aspirin or non-steroidal medication such as Advil or Motrin during the evaluation process and after kidney donation. Women who take birth control pills or pills for hormone replacement therapy will be advised to stop taking them because of the increased risk of blood clots during recovery from surgery. They may be resumed after three months.

**Q. How soon can I have sex?**

A. You will probably want to refrain from sexual intercourse for a couple of weeks until you have less discomfort and are feeling stronger. For the most part, this decision will be based on how you are feeling.

**Q. If I want to start a family, how long should I wait after surgery to get pregnant?**

A. There is no definite answer to this, but we recommend that you do not become pregnant for at least six months after surgery because you may be at a higher risk for a hernia to develop in one of your incisions if you become pregnant earlier.

**Q. Will I be entitled to disability pay?**

A. If your job provides disability coverage, we strongly suggest that you discuss this with your benefits department prior to surgery.

**Q. Whose insurance pays for my part of the evaluation and the surgery?**

A. As a donor, you should not incur any bills for the evaluation or surgery performed at Yale-New Haven Hospital. The recipient's insurance should cover all the costs. However, your insurance may be billed to obtain a formal denial prior to charging the recipient's insurance. If you receive a bill, please call our financial coordinator at 866.YALE.TXP.

**Q. What is the follow-up after donating?**

A. After surgery, we will see you the week after discharge and six weeks after discharge. You will be given a card with instructions to obtain tests from your local doctor. These tests must be sent to us at six months, one year and two years following the surgery. You will also meet with our kidney specialists at six months, one year and two years following your surgery.

## HOW TO PROCEED AS A POTENTIAL LIVING DONOR

The sequence of steps to follow if you wish to explore the possibility of donating a kidney to a patient is as follows:

1. Contact the kidney pre-transplant team directly at 866.YALE.TXP. You will be directed to one of our transplant nurse coordinators who will go through a brief questionnaire with you. A recipient or family member cannot contact our team; the individual who wishes to donate is required to call.
2. You will be instructed to obtain preliminary blood tests to make sure you are a match with the potential recipient. If you live far away, we will send you information about how to obtain the blood samples for testing at Yale-New Haven Transplantation Center.
3. If you match, you will be contacted by our kidney pre-transplant team member who will make an appointment for you to see one of our doctors specializing in kidney donation. You will also see your living donor advocate, who will explain his or her role in the living donor process and perform a psychosocial evaluation.
4. During the process of evaluating you as a potential donor, we will emphasize education. We want you to be well informed about the process, procedure, risks and benefits. Your first meeting with a member of our surgical team will primarily be to educate you and perform a surgical evaluation.



5. After your work-up is complete, it will be presented to the donor advocacy panel, which will make the decision about approval. Whether you are approved or not, you will be informed in writing within 10 days of the decision.

6. If you have been cleared to donate, there will be a two-week waiting period for you to think through your decision before we proceed with surgery. This is designed to allow you to fully consider your decision and develop any additional questions.

7. After this two-week waiting period you will see the surgical team again, who will answer any questions that you may have and get you ready for surgery. This visit typically occurs one week before the surgery.

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