



Capital Health

Giving a Kidney



***Live
Kidney
Donor
Program***

Giving a Kidney

Dear _____

There are never enough kidneys donated to provide transplants for all the people who need them. Some people wait years for a suitable kidney to be donated. Family members willing and able to donate a kidney are an important source of kidneys for many people.

The decision to donate is not an easy one to make. Each person has a unique set of circumstances that will affect his/her decision. We have written this pamphlet to give you some basic information about the process.

After you have carefully considered your situation, please let me know your decision. Feel free to call me with your concerns.

Sincerely,

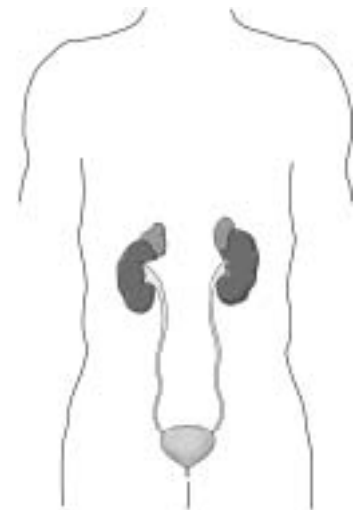
Transplant Coordinator

Telephone Number

Kidney Failure

Our kidneys remove waste products from our body. They control the delicate balance of salt and fluid and do other important work. We cannot live if our kidneys do not function and there is not some way of performing the functions normally done by our kidneys.

Most of us are born with 2 kidneys that work normally our entire life. Some people are born with only one working kidney, while others may gradually lose the function of a kidney and not be aware of it. When both kidneys are not working, a person has renal failure (kidney failure). This is a life-threatening condition.



Treatment

A person whose kidneys have failed has only 2 choices of treatment:

- some form of dialysis
- or
- kidney transplantation

Dialysis

Some people respond well to hemodialysis. They need to spend several hours, 3 times a week, connected to a machine that acts as an artificial kidney. Others may be treated with peritoneal dialysis. A special fluid is placed in the abdomen through a catheter and then drained back into a bag.

Both forms of dialysis remove waste products from the blood but lifestyle is restricted. Some people do well on these treatments for a number of years. Others develop problems that make dialysis difficult.

Kidney Transplantation

With the development of new medications, kidney transplantation has become a very successful and accepted treatment for renal failure. A kidney transplant allows a person to return to a normal life, free from dialysis and its many restrictions.

The 2 sources of kidneys for transplantation are:

- from someone who has died and donated his/her kidneys (cadaver donation).
- or
- from a live donor-usually a family member. Live donors are needed because there are never enough cadaver donations to meet the needs of those waiting for a kidney. There is a better success rate with living donor kidneys.

Donating a Kidney

A living donor can be a close family member—mother, father, brother, sister or child—whose antigens closely match those of the person receiving the kidney. It can also be an emotionally related person such as a partner or a close friend.

The decision to donate a kidney is a very personal one and should not be considered lightly. You should not be a donor because you feel guilty or because of pressure by family or friends. Discuss your doubts and fears with your family, your doctor, or the Transplant Coordinator.

Most insurance companies do not increase insurance rates for those who have donated a kidney. If you are considering donation, we encourage you to contact your insurance company about any concerns.

Donor Suitability

First, blood tests are done to find out if you are a suitable donor. These do not involve a lot of time. Your blood type must match the recipient.

Next, we must find out if the recipient has antibodies against your blood. These antibodies would cause the recipient to react against your kidney. If there is a reaction, your kidney cannot be used. If there is no reaction, we then identify your antigens and compare them to those of the recipient.

Antigens are bits of genetic material we inherit from our parents, $\frac{1}{2}$ from our mother, $\frac{1}{2}$ from our father. Studies have shown that the better the antigen match the better the chance for long-term success of the transplant. The nephrologist reviews this information. If there is more than one potential donor, the nephrologist decides who is the best match.

If these tests find that you might be a suitable donor, you will be given a complete medical examination and many tests. This is to ensure that your risks are minimal. There are blood and urine tests, a cardiogram, X-rays, ultra-sound, scan and a consultation with a nephrologist. You will also meet with a social worker to determine your ability to deal with this emotionally and to ensure that you are not under pressure to donate.

You can have these tests and consultations done as an outpatient.

The final test is a renal CT angiogram which checks the blood supply to the kidneys. Dye will be injected into your arm. You will lie still on the table while the table moves in and out of the doughnut-like hole in the machine. The test takes about 20-30 minutes.

All of the tests are carefully re-viewed by the nephrologists. He/she will then make the decision whether or not you are acceptable as a donor.

The Procedure

A final blood test - a repeat cross-match to find out if there are anti-bodies - is done usually a week or two before surgery. If this is still negative, the surgery will go ahead. If there is a positive reaction, the transplant will not be done.

Kidney transplants are scheduled on different mornings of the week. The donor and the recipient are both admitted to the hospital on the day before surgery. The donor and the recipient are admitted to the Kidney Transplant Unit.

You will be prepared for surgery in much the same way as for any major operation. The donor surgery is done early in the morning usually between 7:30-9:30. The transplant surgery starts after the donor surgery. The donor surgery usually takes about 3 hours.

The kidney is removed by laparoscopic surgery if possible. This decision is made after the CT angiogram is reviewed. For the laparoscopic operation, 5 small puncture holes and a small incision are made to remove the kidney. An open nephrectomy is done if the surgery cannot be done with the laparoscope. The kidney will be removed through a small vertical abdominal incision.

Risks

The risks of donation are minimal. Like any other operation that requires general anesthetic, the most worrisome risk is death. The chance of death with the donation surgery is very rare. This is about the same as dying in a motor vehicle accident in Nova Scotia over a 3 year period.

Other important risks are related to the complications of surgery (such as pneumonia, wound infection or blood clot in the leg). Altogether these serious complications occur in less than 2 out of 100 operations. There are also some long-term concerns. After donating a kidney, a person may be more likely to have high blood pressure and some protein in the urine. Doctors will carefully examine

you to ensure that your risk of developing serious kidney disease should not be any higher than healthy people in the general population. You should have a clear understanding of these risks before agreeing to donate a kidney.

Recovery

If the kidney is removed by laparoscopic surgery, you may leave the hospital after 3-5 days. You may return to work within 3-4 weeks for physical undemanding work.

After open surgery, your stay in hospital may be longer, about 4-6 days. Depending on your recovery and your type of work, you will be able to return to work within 4 weeks for office work and 8-12 weeks for manual labor. This should be discussed and planned well in advance of your donation. You should not attempt to lift heavy items or do vigorous exercise for at least 6 weeks after surgery. Your recovery may be longer than you expect. Most people are back to normal after 12 weeks.

Kidney donation will not prevent you from having children—many women who have donated a kidney have had successful pregnancies after donation.

Follow-Up

About 6 week after you leave the hospital, you may need to see your donor surgeon for a follow-up appointment. We recommend follow-up visits with your family doctor. Your blood pressure, blood and urine should be checked every year. It is your responsibility to make these follow-up visits. If there are any problems, you should be referred to a nephrologists or a surgeon depending on the advice of your family doctor.

Life after the Donation

You should feel mentally and physically well after surgery. Kidney donation should be voluntary—there should be no feelings of pressure or guilt. In most cases the end result is a very happy recipient and a healthy donor, who has positive feelings because he/she has given a wonderful gift.

If you have any doubts about your commitment to donate, do not start any of the testing. Discuss your concerns with the Transplant Coordinator or your doctor. You may feel pressured into donation. It is important for you to realize that, and we will support your decision to say no and no one will ever know why.

You should not feel guilty if you decide you cannot go through with this. You can change your decision at any time. The decision to donate is a very personal one and there is no wrong decision.



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Health Sciences Centre**

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