

A BRIEF SUMMARY

What You Should Know About Living Kidney Donation



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN



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Living Kidney Donors

There are several advantages for a transplant candidate to receive a living kidney transplant as opposed to receiving a kidney from a deceased donor. The major advantage is that the recipient does not have to wait as long for a transplant. The transplant can occur before the patient begins dialysis or becomes too ill to remain eligible for transplant. Another advantage of living donor kidney transplantation is that it can give patients the chance to receive a transplant before the onset of debilitating complications of their kidney disease. Finally, an advantage to the living donor approach is the emotional satisfaction donors feel when they are involved in such a life-sharing experience.

Although living kidney donation is considered safe, the operation does involve certain risks, including pain, infection, and in rare circumstances, death. This is a major operation and it should be discussed thoroughly with your family and family physician, as well as with the transplant team. All known risk factors will be explained to you in greater detail at the time of your clinic visit so that you can make an informed decision regarding donation. You will be able to find out exactly how many patients have been transplanted at the University of Michigan through living donation and the outcomes of these donors and recipients. This is available on the Scientific Registry of Transplant Recipients (SRTR) given to you at evaluation. SRTR publishes organ transplant statistics and is produced each year by SRTR staff and staff of the national Organ Procurement and Transplantation Network (OPTN).

Who is Eligible to be a Living Donor?

Any healthy and willing adult can be considered for a living kidney donation. Donors must be at least 18 years old to donate to a specific recipient, and at least 21 years old to donate to anyone in need (non-directed/altruistic).

Some health circumstances may prevent an individual from donating a kidney. For instance, individuals with medical and surgical risks such as diabetes, cancer, obesity, or past abdominal surgeries may not be eligible to donate. The transplant team will review the data on potential donors with a relevant health history before scheduling an evaluation appointment.

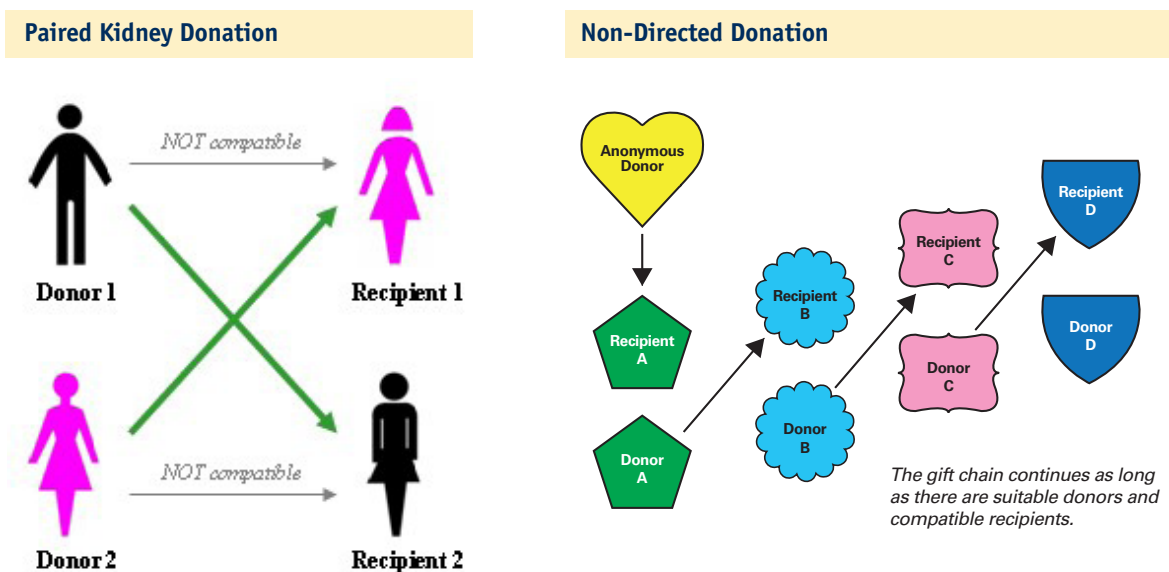
Living Donor Kidney Transplant Options

A living donor transplant is the best opportunity for a kidney transplant. With availability of kidney exchange programs, compatibility is no longer required.

We offer multiple options for you to donate a Living Kidney. These include:

- **Direct Donation** – The donor donates to their intended recipient.
- **Paired Kidney Donation** – This program is offered to donors who are incompatible, either because of blood type incompatibility or because the recipient has antibodies against the donor. In this program, donor and recipient pairs are matched with other pairs in the same situation. The donor from Pair 1 donates to the recipient from Pair 2, and the donor from Pair 2 donates to the recipient from Pair 1 (see diagram below).
- **Compatible Paired Donation** – You may be a match to your recipient, however, we may offer you the opportunity to go into our Paired Donation Program. The goal is to find additional matches and benefit multiple people who otherwise would not have the opportunity to receive a kidney from a living donor.
 - All compatible pairs will be reviewed, and may be recommended for paired exchange based on medical factors.
 - If you participate in this program your surgery will not be delayed. We take care to ensure that your recipient receives a kidney of equal value.
- **Non-Directed Donation.** This is a person who wants to donate and has no recipient (altruistic). They are put in the paired program and it is possible when they donate a ‘chain’ of donations can be created (see diagram below).

Our ultimate goal is that the recipient receives a kidney from a live donor as it allows the recipient to be transplanted sooner and provides the best long-term outcome.



The Decision to Donate

Being a living donor can be a very rewarding experience. Living donation is a sharing of life, giving a part of you to someone in need. However, it is also a choice that only the donor can make. The transplant team is always available to ensure all of your questions are answered thoroughly and will arrange any additional counseling necessary to help you make your decision.

Our responsibility is to promote the best interests and protect the privacy and rights of each potential donor. At any time in the process, it is perfectly acceptable to say “no,” regardless of the circumstance. The results of your donor evaluation are protected health information and cannot be shared with the recipient or anyone else. Deciding not to become a living donor does not affect whether your intended recipient has a chance to have a kidney transplant from another living donor or a deceased donor. Remember that the only right decision is the one that makes you and your family most comfortable.

Living Donor Advocate

The University of Michigan provides an independent living donor advocate (LDA) who participates in the care of living kidney donors. The LDA is knowledgeable of living organ donation, transplantation, medical ethics and informed consent, and has no responsibility in the care of kidney transplant recipients. The LDA meets with potential donors during their formal evaluations to help educate them about living donation and to try to ensure that they are able to make a decision about donation that is fully informed and free from pressure. The LDA participates in team discussions about living donors and has the authority to exclude any potential living donor if there is a belief that donation would not be in the best interest of the living donor. The LDA will remain available for assistance and consultation throughout the donor’s evaluation, donation process and beyond.

Living Donors Must Contact the Transplant Center

Individuals who wish to be considered to donate a kidney **must** contact the transplant office to indicate their interest in donation; the office cannot initiate contact with potential donors until they declare their interest. Potential donors must self refer by providing the transplant team with the full name of their intended recipient, or state they have no recipient in mind and will donate to any person in need (non-directed/altruistic).

There are four methods to contact the donor office:

- **Telephone.** When you call our office, you will speak with a member of the living donor team who will begin the process by asking a series of questions and completing a Living Donor Questionnaire form. The questions include demographic information, personal and family general health history, medications and social history. Please consider that your accurate responses help the team begin to determine whether living donation could be safe for you.
- **Online.** Our online form to start the process of being evaluated as a donor can be found at UofMHealth.org/Transplant. Go to the kidney and pancreas section. The form can be found within the living kidney donation section. It is available under the heading ‘Are You Interested in Donating a Kidney?’
- **Mobile App.** Our Kidney Transplant Education app can be downloaded on Apple and Android devices. To learn more, visit UofMHealth.org/Transplant and select transplant education apps.
- **Email.** Request a Living Donor intake form at TXP-Donors@med.umich.edu.

Pre-Donation Evaluation

All potential donors must first complete a donor health questionnaire intake to determine if it is safe for them to proceed with additional living donor evaluation testing. If accepted to proceed, they may be asked to get some initial screening labs and/or provide medical records for our transplant team to review. This will help us determine if it would be safe for the potential donor to proceed in our living donor evaluation process. If our transplant team does not feel it is safe for a potential donor to proceed then they would be declined and would not proceed with any additional evaluation or testing.

Potential donors that are acceptable to proceed with additional evaluation or testing will be scheduled for an appointment to meet with members of our transplant team. Donors may be asked to first start with a phone or video visit before being offered an in-person donor evaluation and testing visit. Potential donors accepted to move forward will proceed with the in-person donor evaluation and testing. They will meet with a transplant nephrologist (kidney doctor), transplant surgeon, transplant social worker, and living donor advocate.

Potential donors will be provided with the living kidney donor evaluation consent to read and an education video to watch before the scheduled visit. This will help prepare them and determine if they have any questions for their appointment. All potential donors will be required to sign a consent form before or at the evaluation appointment in order to proceed with the evaluation process.

Specific issues that will be addressed during your evaluation appointment include the donor surgery itself, potential complications of the surgery, post-operative recovery and expectations for returning to work. Transplant social workers help potential living donors discuss their motivation to be a donor and assess any potential barriers to donation such as financial, psychosocial or social support. Each of the skilled healthcare professionals who make up the transplant team have an interest in answering your questions thoroughly and taking care of your medical and emotional needs.

Tests and Procedures

Day 1 Testing

The following is a list of preliminary testing that can be expected in order to determine if you are an appropriate candidate to donate your kidney.

- A complete history and physical exam to evaluate for any medical issues that may make donation unwise. It is very important that you be completely honest with us about your health history, any symptoms you have, the past and present amount of alcohol you drink, any past or present drug usage, and smoking. The results of these evaluations are held confidential; not even the recipient is told what you tell us.
- Blood and urine studies (including blood chemistries, counts and type, with analysis of urine).
- EKG of your heart to determine how well your heart is working and if there is any heart disease you weren't aware of.
- Complete the donor education video to learn about risks and benefits of donation. You will sign a consent form to proceed with the evaluation process.

If on the day of evaluation it is thought that you are an excellent candidate to donate your kidney, you are scheduled for an abdominal spiral computerized tomography (CT) scan. Often this can be scheduled the same day of the evaluation at MI Medicine (MM). If that is not possible, the test can be scheduled on another day at MM or at a local facility.

- A Spiral CT Scan is an X-ray test that involves lying flat on a table while a machine scans your abdomen. Although it is painless, it is necessary to have an IV for infusion of intravenous dye in order to best see your kidneys and ureters, and their blood supply. The surgeons need to make sure that the anatomy of the blood vessels would allow the kidney to be safely donated and transplanted to the recipient. At times, the blood vessel anatomy is not suitable for kidney donation.

Day 2 Testing

- Chest X-ray to determine the health of your lungs and respiratory tract
- Blood tests for certain infectious diseases
- Nuclear Medicine study which determines actual kidney function

Evaluation Meeting and Donation Status

After all your day one testing results are received, your case will be presented at the weekly evaluation meeting where there will be discussion among the transplant team members to determine your suitability to safely donate your kidney. You will be notified within one week of that meeting about the status of your evaluation. If you were identified as a suitable candidate, the living donor coordinator will talk with you about next steps in the process.

Sometimes the living donor coordinator contacts you to advise you that more testing is needed. When that happens, it is important to complete that testing as soon as possible. Please communicate with your coordinator when your testing is completed.

Occasionally the living donor coordinator contacts you to advise that it is not possible for you to donate. This can be very surprising and disappointing news. It may help to remember the team is looking out for your welfare and makes the decision after considering much data. The goal is to improve the health of the recipient, while protecting the current and future health of the donor. If health concerns are noted during your evaluation, you will be notified and will be advised to obtain appropriate follow-up care.

Rarely does it occur that a donor has all tests completed to be cleared as a donor after the initial evaluation is done.

Pre-operative History and Physical (Clinic Visit)

A pre-operative history and physical is required within 28 days of surgery. During this final visit you will sign a consent form giving permission for the operation. You will have a chance at this point to have any questions or concerns you have answered. In order to proceed with the operation, it is necessary that you and the recipient are both feeling well at the time. If either of you has a health issue, the surgery may be cancelled and rescheduled when the issue is resolved. You also will be advised of medications not to take in the week(s) before surgery.

The Donor Operation

The living donor kidney transplant actually involves two overlapping operations between you and the recipient. In one operating room, your kidney will be removed (called a nephrectomy) with its blood vessels and one ureter intact. While this is happening, the recipient is being prepared to receive your kidney in another operating room. Your healthy kidney is then taken to the other operating room where it is sewn into place in the recipient.

The removal of the donor kidney is performed by a laparoscopic technique, where removal of the kidney is done using narrow instruments placed through small incisions after inflating the abdomen with gas. A three- to four-inch incision is made either near the belly button or lower at the hairline. This is in addition to several small incisions on the donor's side, each about one inch.

The Operation and the Recovery

Before the Operation

Once the transplant team has made a decision regarding your ability to safely donate, and it is verified your recipient can safely be transplanted, a living donor coordinator will notify the surgical scheduler to contact you to discuss possible dates for your operation. Within a week, the surgical scheduler will contact you to discuss dates.

The day before your surgery a nurse from the hospital will call you to confirm your arrival time at the hospital. It is important not to eat or drink after midnight the night before your surgery.

If you develop a fever, cold, cough, nausea or vomiting the day before surgery it is important that you call the living donor coordinator to let them know as soon as possible.

The Day of Surgery

On the day of surgery you should take all of your medications as prescribed, unless otherwise directed by your doctor. You should avoid taking aspirin or medicines that contain aspirin for seven days before your surgery, unless directed to do so by your doctor. You should also bring a list of all your current medications with you to the hospital for your doctors to review.

From the surgical admission suite you will be taken to the operating room. You will be under general anesthesia throughout the entire operation and a member of the surgical team will be at your side at all times.

Any family members and friends who accompany you to the hospital can wait in the patient and family lounge where the doctors will speak to them after your surgery is complete.

Waking Up After Surgery

The donor operation typically takes between two and four hours, but may vary depending on your anatomy and any previous abdominal surgeries you may have had. Once the operation is done, you will be taken directly from the operating room to the recovery room. After several hours in the recovery room, you will then be taken to a hospital room. Your family and friends will be allowed to visit as determined by the medical staff caring for the donor.

Once the pain medication that was given to you for the operation begins to wear off you may have some pain and discomfort. Pain medication will be given to ease or minimize your discomfort as much as possible.

Upon waking you will be asked to take deep breaths, cough, and turn to help keep your lungs free from infections. You will have an IV line in your arm, used to give IV fluids and medications. You will also have a catheter inserted into your bladder to drain urine. This catheter may feel slightly uncomfortable, but it is only temporary and will be removed after surgery.

During your stay in the hospital, your laboratory studies, medications, nutritional status and exercise tolerance will be monitored closely. As soon as possible, your nurses will begin teaching you how to care for yourself in preparation for your discharge home.

The Recovery Process and Follow Up After Discharge

You will be discharged from the hospital once your doctors feel you are medically stable. The length of your hospital stay will depend on your individual progress, but donors can typically expect to be in the hospital for one day. You are advised not to drive until seen at your post-op visit following your nephrectomy (removal of the kidney) or while you are on narcotic pain medications. You should not lift more than 10 pounds for the first six weeks after your nephrectomy. You should anticipate being out of work for four to eight weeks after your surgery to give your body time to continue healing itself properly.

You will be evaluated approximately two weeks following surgery to track your progress and detect any complications. This post-operative visit can be completed virtually or in clinic. If you have problems, emergency room treatment, or hospitalization before this visit, contact the transplant surgical team using the contact information you were given at discharge.

In addition, you should notify each of your local healthcare providers of any problems that develop once you are discharged home, and they should be given the number to the transplant office in the event they need to contact us to discuss a problem related to your surgery. It is recommended you see your primary care physician at least once a year for an exam and healthcare maintenance monitoring such as blood pressure, serum creatinine and protein in your urine.

When to Notify the Transplant Office

It is important that you contact the transplant surgery team if you have any of the following symptoms prior to your post-op appointment. If you have any of these symptoms after your post-op appointment, please contact the donor office.

- A fever of 100.5°F or greater
- Shortness of breath
- A cough that produces a yellowish or greenish substance
- Prolonged nausea, vomiting or diarrhea
- Persistent or worsening pain, drainage, redness or swelling at the incision site
- Unusual lightheadedness or weakness

It is also important that you notify the donor office of any emergency room treatment or hospitalization at any point after the post-op visit if thought to be related to donation.

Donor Billing

The University of Michigan Transplant Center is responsible for all testing required as part of a potential organ donor's work up and all medical claims related to the donation event. If you receive a bill, it is very important that you promptly notify the transplant donor billing specialist for resolution.

Testing Completed at the University of Michigan

- Processed internally – you should not receive a bill.
- If you receive a bill, please forward as soon as possible to the transplant donor billing specialist at the address on page 14.

Testing Completed at Outside Facilities

- Facilities are asked to bill the University of Michigan Transplant Center.
- Some facilities are not able to bill to a 'third-party' and may bill the potential donor directly. If this happens, please forward these bills as soon as possible to the transplant donor billing specialist at the address on page 14.

Facilities Requesting Pre-Payment (Lab Drawing Fees)

Occasionally a facility requests prepayment for their services. When this occurs, please contact the transplant donor billing specialist at (734) 232-9991 or the transplant finance manager at (734) 615-0351 to have the fee charged to a U-M credit card.

Donation Event

After your donation you may receive a statement from the University of Michigan for your donation surgery and/or inpatient stay in the hospital. The billing should indicate “no payment due at this time” and if it does, please disregard this automated statement. If the billing reflects a balance due, please contact the transplant donor billing specialist at the address below.

Follow Up After Donation

- You will be asked to have labs drawn and have the results sent to the transplant team about six months, one year and two years after donation (see page 17 for more information). The Transplant Center is financially responsible for only the labs requested.
- If you receive a billing statement for your care following donation, please notify your donor coordinator and forward all medical claims related to your donation event to the transplant donor billing specialist at the address below.

University of Michigan Health Transplant Center
Attn: Transplant Donor Billing Specialist
300 North Ingalls St.
Room 5D17, SPC 5415
Ann Arbor, MI 48109-5415
Phone: **(734) 232-9991**
Fax: **(734) 998-2875**

Frequently Asked Questions for Living Donors

What are the risks of donating my kidney?

As with any abdominal operation, there is risk for complications. The complication rate for donating a kidney is around seven percent. The majority of these complications are minor. If there are more serious complications, they can usually be treated and rarely have any long-term effects. The complications include but are not limited to:

- Wound infections
- Urinary tract infection
- Pneumonia
- Blood clot
- Pulmonary embolus (clot in the lung)
- Incisional hernia
- Injury to the abdominal structures (large intestine, spleen or pancreas)
- Death (the chance of dying from a complication of the donor operation is one in 3,000)

When will I be able to eat again?

Patients generally start with clear liquids as tolerated and their diet is advanced accordingly.

How long will I be in the hospital?

The length of the hospitalization varies by individual, but most donors are generally in the hospital for one day.

How will this be paid for?

Living donors are not responsible for the cost of their donation work up, hospitalization or the costs of complications that are directly related to the surgery. These services are covered by the Transplant Center. If a donor receives a bill for these services, they should contact the kidney financial specialist at **(734) 232-9991**.

Donors will be responsible for their lost wages and cost of travel to and from the hospital. Most medical insurers do not reimburse for these items. Donors are also responsible for the diagnosis and treatment of medical conditions that could develop after donation that are **not** directly related to the donation surgery.

The National Living Donor Assistance Center (NLDAC) is a federal program that can help “reduce the financial disincentives to living organ donation.” NLDAC can help provide donors who are “being evaluated for and/or undergoing living organ donation” with assistance for expenses related to donation. This includes things such as travel and lodging expenses, lost wages, and dependent care expenses.

Eligibility is determined based on the transplant recipient's household income. The recipient's yearly household income should not be more than 350% of the current Health and Human Services Poverty Guidelines. If the recipient's household income is higher, but they would have trouble paying for their donor's expenses, they can complete a financial hardship waiver worksheet and submit this with their application.

Both the potential donor and their intended recipient will each need to complete an application and provide financial documents for NLDAC to review. This will determine if the donor is eligible to receive the funding. Applications must be approved before the donor needs to use the funds. It can take around four weeks to apply for funds. Once a donor is approved for the NLDAC funds, the donor will receive instructions from NLDAC on how to get these funds. If the funds are being used for travel and lodging they will receive a debit card that can be used for all travel to the Transplant Center, parking, lodging, and meals for yourself and one additional person.

If you plan to apply for NLDAC, you will want to plan early so that you can have the funds when you will need to use them. Please reach out to your Transplant Donor Coordinator who can help you with your application. Visit the NLDAC website at **LivingDonorAssistance.org** for further information.

For donors who participate in paired donation through the Alliance for Paired Donation, additional benefits for lost wages and travel are available. Your transplant donor coordinator can provide further details. Visit **PairedDonation.org/DonorProtect**.

When can I return to work?

You should anticipate being out of work for four to eight weeks after your surgery to give your body time to continue healing itself properly. In some cases, donors may be able to return to non-active work sooner, but it is recommended that you plan to be out for four to eight weeks. Your return-to-work release date will be dependent upon the type of work you do. Donors need to wait to drive until seen at their post-op appointment to obtain clearance, and until they are no longer taking narcotic pain medications. You will not be able to lift greater than 10 pounds for six weeks to reduce the risk of abdominal herniation at the main incision site.

What will the scar be like?

With a "laparoscopic" nephrectomy, you will have several small scars. One three- to four-inch scar will be either near the belly button or lower at the hairline, with several other one-inch scars on your side. Scars will fade with time. Using a scar revision cream (after the initial healing) can be helpful in minimizing scarring.

Is a living donor transplant better than a transplant from a deceased person?

Yes, a living donor transplant is almost always better than a transplant from a deceased person because the anticipated graft or transplanted kidney survival is longer, the wait time to transplant is much less, and the transplant is planned.

I am a woman and I want to have children. Will donating prevent me from getting pregnant or having a healthy baby?

Living donation is not a reason to avoid future pregnancies. We recommend that you inform your doctor that you have donated a kidney and are considering becoming pregnant.

Who can I turn to with questions?

- Living Donor Advocate (LDA): **(734) 232-1706**
- Concerns about donation: **(800) 333-9013**

Care Following Living Kidney Donation

Establishing routine medical care following donation of a kidney is an important part of ensuring that you continue to lead a healthy lifestyle. It is important that you have an annual physical. The United Network for Organ Sharing (UNOS) requires that we follow up with you at six months, one year, and two years following kidney donation. Specific items we are required to evaluate include:

- Labs including serum creatinine, urine microalbumin (simple urine test), and urine protein/creatinine ratio
- Current blood pressure
- Current weight
- Physical status
- Any complications or hospital admissions related to your kidney donation including CTs, MRIs, ultrasounds, and visit notes

We strongly encourage you to establish care with a primary care physician (PCP). If you need help finding a PCP, cost of a PCP, or labs, please contact our office for assistance.

- If you are unable to find a PCP, we are happy to help you find one near you. If none are found, we will see you at Michigan Medicine to provide the appropriate follow up related to kidney donation.

- If you are unable to travel to Michigan Medicine and/or do not have health insurance that will cover the cost of a PCP visit, we will cover the cost of the annual exam and necessary lab work for the required two years of follow up after donation.

NOTE: Additional labs, testing, or follow up ordered by your doctor, not related to donation, will not be covered.

Should you or your doctor have any concern regarding your results, please contact our office. Lab results after donation may not be within the normal range but may be acceptable for a donor. We will clarify what your status is and if additional tests are needed.

A kidney donor can expect an average of 25-35 percent permanent kidney function loss after kidney donation. Although you have reduced kidney function you do not have kidney disease. We look at trends in kidney function over time to determine if there are any concerning changes. Blood and urine labs, weight, blood pressure, and general health status are important. For example, the protein levels in the urine are a key factor. If any questions in the future, we will help decide if there is any problem with your kidney function.

If you are experiencing any emotional and/or psychosocial stress, please know that the Donor Social Worker/LDA and other members of the psychosocial team are available to provide further support if needed.

You should avoid long-term use of non-steroidal anti-inflammatory drugs (NSAIDs). NSAIDs are a class of drugs such as ibuprofen, Advil®, Motrin®, Aleve®, naproxen, or similar medications.

Our goal is for your kidney donation to be a positive experience and for you to remain healthy following donation. We would like to partner with you in ensuring you receive appropriate medical and psychosocial care. Please contact us if you or your doctor has any concern regarding your kidney health.

Donor Office Contact Information

Phone: (800) 333-9013

Fax: (734) 232-1943

Email: TXP-Donors@med.umich.edu

The remaining pages are resources to explore living donation along with samples of ways to help a recipient find a donor. Please contact the donor office with any questions at **(800) 333-9013**.



To view online streaming:

- 1) Visit: <https://exploretransplant.org/explore-transplant-education/>
- 2) Click on: View Explore Transplant education materials & videos
- 3) Enter Login: **ETELD2018_MI**
- 4) Enter Password: **UofMI2018!**



Living Kidney Donor Fact Sheet

Unfortunately, the waiting time for a kidney transplant continues to grow. Many people in Michigan are waiting five years or more to receive a kidney from a deceased donor. Due to complications associated with kidney disease, many people on the wait list do not remain healthy enough to receive a transplant by the time a kidney is available to them.

Advantages of Finding a Living Donor

- You can receive a transplant quickly and avoid or shorten time on dialysis.
- You can undergo surgery sooner while you are healthy.
- A kidney from a living donor lasts longer than one from a deceased donor.

Tips for Finding a Living Kidney Donor

We understand this can be a daunting and overwhelming task. Here are a few tips to get you started:

- Discuss living donation with your family and friends by sharing your story of how kidney disease has affected your life.
- Share informational handouts or websites about living kidney donation.
- End the conversation by acknowledging that everyone can help by sharing your story so more people are aware. This increases your chance of finding a donor.
- Have a loved one or a friend become a champion for you. This person can help spread the word of living kidney donation by sharing your story.

For more information or assistance, please speak with a living donor coordinator.

Do Strangers Really Donate?

You may be surprised to know that we are seeing an increase in the number of potential donors who do not know their recipients. They learn about the need through friends, work, church/temple or even on social media.

Does My Donor and I Need to Have the Same Blood Type?

No, all you need to do is to find someone who is willing to donate to you. We will ensure the donor is healthy to donate and will match you with the right donor. People who are not the same blood type can still donate through the Kidney Paired Donation Program (KPD), and you will receive a compatible living kidney.

Steps to Living Kidney Donation

1. Contact the Living Donor Office and complete an initial health intake form.
2. Attend an education class to understand the donation process.
3. Complete a formal evaluation.

Financial Perspective

Expenses related to the living donation evaluation process and surgery are **not** paid by the donor, instead expenses are covered by the Transplant Center. The non-direct costs associated with living donation (travel, lodging, lost wages, etc.) may be covered by a federal grant through the National Living Donor Assistance Program (NLDAC). For more information visit livingdonorassistance.org.

Recovery

Donors are generally discharged from the hospital the day after their donation surgery. The expected recovery period may vary from four to eight weeks depending on the employment and lifestyle of the donor.

Educational Events and Resources for Living Donation and Transplant

- **Facts and Myths** and **The Big Ask Big Give** – Please see the transplant website below for the upcoming dates of these sessions.
- Visit the Explore Living Donation website at explorelivingdonation.org.
- Email: TXP-Donors@med.umich.edu.
- Scan this QR Code to fill out an online living donation inquiry form.



For more information on transplantation, please visit UofMHealth.org/Transplant.

Stay motivated... we are here to help you!

A sample letter from a kidney patient to friends and family. This could also be used for a donor advocate.

Could you send a letter or email? Here are some words to start you off.

Dear _____,

I'm asking for your help to spread the word.

I have kidney disease, and my kidneys have stopped working. My doctors want me to consider getting a kidney transplant, which will give me my best chance of living a longer life. It would also give me more freedom and energy.



I could wait for a kidney from a donor who has died, but it takes a long time. I may have to spend many years on the waiting list before I get a kidney that will work for me. I'm glad to have dialysis to keep me alive while I wait, but it takes a lot of time and can cause more health problems.

I could get a transplant within the next year if someone decides to donate a kidney to me. Living donors don't have to be related to me. Also, living donors can't donate if they have diabetes, high blood pressure, or kidney problems.

If you want to help share my need for a donor with your family and friends, I would appreciate it. It can be hard to bring this up with people myself. It's possible that one of them, or someone they know, would want to help me or someone else. If you want to learn more, please go to **exploretransplant.org**.

Finally, I want to ask you to consider becoming a donor for me. I know this is a personal decision that isn't right for everyone. If you want to learn more, the website I mentioned above has videos of actual living donors telling their stories. Please know that if you don't want to consider living donation, I understand and respect your decision.

If you want more information about living donation, please contact my transplant center, _____, at _____. They'll be glad to answer your questions.

Thank you for taking the time to read this and for caring about me.

Sincerely,

Other words I would add: _____

EXPLORE Transplant &
Living Donation

exploretransplant.org

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Prescription for Donating Your Kidney



Are you interested in
being a living donor?

1st Step: Contact the University of Michigan Transplant Center at 1-800-333-9013 to speak with a living donor coordinator or go online to complete a screening questionnaire. Please visit www.uofmhealth.org/transplant and go to the kidney and pancreas section. The form can be found within the living and paired kidney donation section.



Resources to learn more

A guide for patients, family, and friends



Learn about kidney disease and treatment options:

American Association of Kidney Patients
aakp.org

Explore Transplant
exploretransplant.org

Kidney School
kidneyschool.org

Living Donors Online
livingdonorsonline.org

National Kidney Foundation
kidney.org

PKD Foundation
pkdcure.org

Renal Support Network
rsnhope.org

Renewal
life-renewal.org

Transplant Recipients International Organization (TRIO)
trioweb.org

United Network for Organ Sharing (UNOS)
unos.org

UNOS Transplant Living
transplantliving.org/kidney

U.S. Department of Health & Human Services
organdonor.gov

Find a transplant center near you:

Organ Procurement and Transplantation Network (OPTN)
optn.transplant.hrsa.gov

For help paying for a transplant:

American Kidney Fund
kidneyfund.org

American Transplant Foundation
americantransplantfoundation.org

National Foundation for Transplants
transplants.org

National Living Donor Assistance Center
livingdonorassistance.org

Learn about donor
exchange programs:

Alliance for Paired Donation
paireddonation.org

Living Donation California
livingdonationcalifornia.org

National Kidney Registry
kidneyregistry.org

United Network for Organ Sharing (UNOS)
unos.org/donation/kidney-paired-donation

Learn about Medicare
coverage and dialysis:

Centers for Medicare & Medicaid Services (CMS)
cms.gov/center/esrd.asp



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