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The Methodist Hospital  
Multi-Organ Transplant Center

# Fax

ATTN: Bryan Rollins From: Elizabeth Martin, RN, BSN  
Fax: 650-551-7801 Pages: 6  
Phone: \_\_\_\_\_ Date: 9/2/04  
Re: Donor Information CC: \_\_\_\_\_

☐ Urgent ☐ For Review ☒ Please Comment ☐ Please Reply ☐ Please Re

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*Elizabeth Martin RN*

# **Information for Living Donors**



## ANSWERS TO FREQUENTLY ASKED QUESTIONS ABOUT LIVING KIDNEY DONATION

This guide is to help answer questions that a potential kidney donor may have. It will explain the preliminary tests and provide facts about hospitalization and surgery.

**Why people need kidney transplants:** People who have kidney failure are no longer able to filter certain waste products from their body. These wastes must be removed from the body or the person may die. There are three ways to treat kidney failure.

*Hemodialysis* - using a machine to filter the blood. This procedure is usually required three times a week for three to four hours per treatment.

*Peritoneal dialysis* - a catheter is placed in the abdomen, and the patient provides dialysis treatment by putting special fluid into their abdomen through a catheter and later letting the fluid flow out into a bag.

*Kidney Transplant* - a healthy kidney is placed in the recipient. People choose kidney transplant for different reasons. Some may not wish to commit so much time to a machine, or they may just want to "feel better." The patient with renal failure may receive a kidney from one of two possible sources - a living donor or from a person who has been declared brain dead.

Becoming a living kidney donor means giving a precious gift which has the potential of helping a loved one return to a full functioning life. The majority of people are born with two kidneys but can live without difficulty with only one. Some people, in fact, are born with only one kidney and live their lives without ever knowing they have only one. The motivation of the donor is an important aspect of the selection process. The kidney donor may be subjected to hidden pressures from family members which force him/her to volunteer for donation. The potential donor's thoughts, anxieties, and fears regarding donation are important and will be respected. No one will be forced to donate a kidney.

A kidney from a well-matched living donor offers the recipient the best chance that the transplant will function for a long time. The best donors are blood relatives, but non-blood related donors are

**IVP:** This test is done to make sure that there are two normally functioning kidneys and that there is one ureter to each kidney. This test is done with the arteriogram.

**Arteriogram:** This test permits the doctor to see the arteries and veins to each kidney. A long thin catheter is placed with a needle into an artery in the groin. Once this procedure is completed, the patient will need to be monitored for several hours for any evidence of bleeding from the catheter site.

Once the test results are gathered and interviews completed, the information is then presented to the Transplant Committee. Once the Transplant Committee approves the donor and recipient, the transplant surgery can be scheduled.

## **SURGERY**

***The Day Before Surgery:*** You will be admitted to the hospital to prepare for donation. You will have a shower with special soap, an enema, and an IV (to make sure you are well hydrated). Blood work will be collected, a physical exam will be done, and a chest X-ray and an EKG will also be done. You will also be asked to sign a consent to remove one of your kidneys to be transplanted to the recipient.

***The Day of Surgery:*** Your blood pressure, pulse and temperature will be taken. You will be asked to empty your bladder, and then will be given a shot to make you sleepy. You will then be taken to surgery. The actual surgery will take approximately 3 - 4 hours.

***After the Surgery:*** You will be taken to the recovery room where you will wake up from anesthesia. While you are in the recovery room the nurses will check blood pressure and other vital signs frequently. Once you are awake and stable, you will go back to your room.

After you return to your room, the nurses will ask you to turn from side to side and also to cough and breathe deeply. This is done to help prevent pneumonia. Also, you will be asked to move your legs up and down in the bed to help improve circulation. There will be a Foley catheter in the bladder which will drain urine from the bladder into a bag so that it can be measured. The catheter will be removed in a day or two. Because the stomach and bowel go to sleep during surgery, an NG tube will be placed. This tube goes in through the nose and down into the stomach to drain any air and stomach secretions that may accumulate. This tube is put in during surgery. It will be removed when the bowel begins to function. Your abdominal incision will have a bandage on it. You will feel discomfort from the incision and there will be medicine available for pain. You will be encouraged to get out of bed the following day.

***The donor should expect to be in the hospital for five to ten days.***

***Follow-up:*** You will see the surgeon approximately one week after discharge from the hospital. During this visit the incision will be checked for proper healing.

## **FREQUENTLY ASKED QUESTIONS**

**Does it hurt? For how long?** The incision will be painful for several weeks. There will be pain medication available to decrease discomfort. Some soreness may persist for several months.

**Where do they make the incision?** The donated kidney will be removed through an incision in the side, right under your ribs or an incision in the center of the abdomen may be used, depending on which kidney is removed and the donor's body size.

**Can the donor have children after donation?** Yes. Having only one kidney may increase the risk of high blood pressure during pregnancy. This should be discussed with the doctor and the transplant physicians. Some young parents are concerned that if they donate one of their kidneys to a parent or sibling, they would not be able to donate in the future if their own child needs a transplant. This is, or course, a consideration parents will have to discuss.

**What is the cost?** There is minimal monetary cost to the donor. The cost of the routine evaluation, the surgery and the six week follow-up care are billed to the Transplant Center. The donor is responsible for his transportation to and from the Center. Possible loss of work income for the time absent from work during the evaluation and transplant surgery should be considered by the donor.

**Will I be able to purchase life insurance after donating a kidney?** To our knowledge, the donation of a kidney has not prevented a donor from obtaining life insurance.

## **SOMETHING ELSE TO CONSIDER**

There is no guarantee that the donor kidney will work in the recipient. If a kidney from a living donor rejects, it represents a great loss to both the donor and the recipient. Most donors are consoled by the knowledge that they have made very effort to contribute to their recipient. In most cases, there is still a great sense of gratification in offering a gift which has the potential of improving the recipient's quality of life.

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**DONOR TEACHING INFORMATION:**

**PATIENT NAME:** \_\_\_\_\_

Discussed donation process with the patient and the patient verbalized understanding of the following:

1. **Workup** – A standard set of orders are written and the results are presented to the renal committee. Once the renal committee has reviewed your case, they may make further recommendations for testing. All patients require a bilateral renal Arteriogram, but it can only be done after committee clearance.
2. **Scheduling**- Once we have all results and Dr. Guerriero has viewed the bilateral Arteriogram films, we can schedule surgery. We schedule surgery at least two weeks in advance in order to coordinate with both the surgeons and the donor & recipient. These surgeries are generally scheduled on Tuesdays.
3. **FINAL XMATCH**- You will need to provide us with fresh blood one week prior to surgery for the final Xmatch.
4. **Pre-op admit** is on the day before surgery, in the afternoon.
5. **Preparation**: placement of an IV, cleansing shower, and enema to clear the bowel.
6. **Day of Surgery**- Pre-op medication, OR time (approx. 3-3.5 hrs), IV catheters. You will probably wake up in your room. Incision (midline), Foley, NG tube, Turn/cough/deep breathing exercises every 2 hours, out of bed ASAP, expected length of stay (5-7 days). For regular surgery approach, it will take about 2 months to recovery and return to work. If you qualify for the Laparoscopic surgery procedure, it will take 2 to 3 weeks recuperation time.
7. **Anesthesia Risks**: brain damage and death
8. **Surgery Risks**: DVT, infection, and bleeding.
9. **Risks of having only one kidney**: hypertension, Proteinuria, the remaining kidney should grow a little to do extra work. On rare occasions the kidney will not grow and your glomerular filtration rate may not be normal- you would then need to be followed by a Nephrologist to watch your kidney function. If something happens to your remaining kidney, you will then have to be on dialysis. You will need to be on a low-salt diet. Also, you have to be prepared for the possibility that the recipient may reject your kidney. One last consideration is that you would never be able to help your children, if they ever needed a kidney transplant.
10. **Understands the need for routine medical checkup after donation**- check Blood Pressure and urinalysis or 24 hour urine for protein. Watch diet (weight control) and regular exercise.
11. **Payment**- you do not have to worry about bringing your insurance card and paperwork. The MOTC covers routine testing, surgery expenses, and a Semi-private room. A Private room is \$90 more per day. There will be two follow-up visits to the surgeon after discharge and then you may return home. Anything extra (gallbladder removal or whatever) is the donor's responsibility.
12. **Post-op clinic/visits**: One week after hospital discharge, you will need to see Dr. Guerriero to inspect the incision and stitches. They may want to see you a second visit, but after that you should be able to return home.

**PATIENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NURSE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_