



Health Facts for You



Before your liver donation

UWHealth

Welcome to the UW Health Living Donor Program. The team takes pride in building a care plan tailored to your needs. We are committed to your success. UW Health is a national and international leader in the field of donation and transplantation.

The Liver

It is good to have basic knowledge of how the liver works. The liver is part of the digestive system. It is the largest organ in the body. It has more than 500 functions, all of which are needed for life. Some of these functions include:

- Breaking down fats, storing nutrients, and making protein,
- Cleaning poisons and waste from the body,
- Fighting infections, and
- Blood clotting.

What is living liver donation?

Living liver donation happens when you give part of your liver to someone who has a liver that is not working. During the surgery, part of your liver is removed and placed into the body of the recipient whose own liver was removed. Both your liver and the recipient's liver grow to the correct size within months. You and the recipient can live well during this time. The goal is for you and your recipient to return to your regular lives after donation.

After Your Evaluation Testing

When your evaluation testing is done, the team will meet to review results. There are 3 possible decisions:

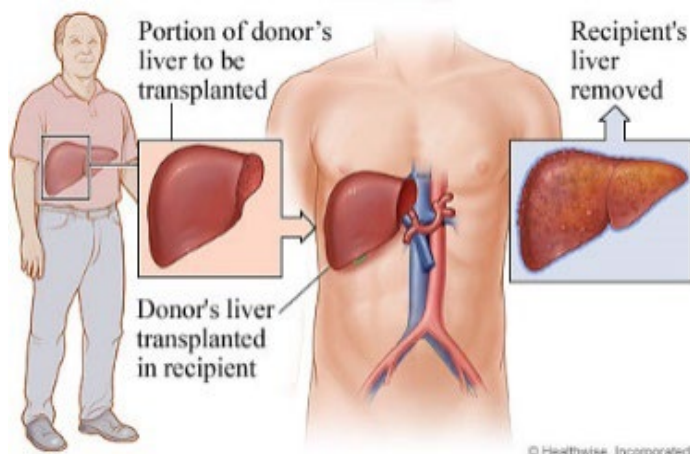
1. You are approved to be a donor. Or,
2. The team feels donation is **not** the best option for you. Or,
3. The team needs more testing or information to make the decision.

You will be told of the decision and next steps. You can change your mind about your donation decision at any time. Your evaluation information is confidential and will not be shared with any potential recipients. It is your choice if you want to share this information.

Waiting for Your Donation

Once you are approved to be a donor you will make your final decision about donating a portion of your liver. You can choose to not donate at any time in the process. Our independent living donor advocate is ready to talk with you if your decision to donate changes. Privacy is always protected, including all your decision-making concerns.

You then may need to wait for a good recipient match. This can take days, weeks or months. Once a recipient is decided on, the surgery will be scheduled.



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When to Call

Waiting for your donation may take many months. You may go through many health changes during this time. It is vital to keep the donor team informed of any changes in your health status. Examples of things that you should call about include:



- COVID or influenza infections
- Being hospitalized.
- Having a major change in your health status.
- Changes in contact information (such as phone number or address).
- Changes in your support person or plan.
- A change in your decision or ability to be a living donor.
- A big change in your weight.

The donor team needs to be up to date on this information. This will help to ensure that you are in the best condition for your donation. Taking care of your health is very important while waiting to proceed with your donation. It is vital that you contact the team with any health changes.

Nutrition and Exercise

Eating well, exercising, and being at a healthy weight may help you recover faster after surgery. After surgery, your body needs enough nutrition to promote healing, fight and prevent infection, and gain back weight you may have lost. In the long-term, good nutrition plays a key role in keeping you healthy. Focus on regular, balanced meals rich in fiber, lower in sodium, and low to moderate in protein; avoid diets high in protein. This will all be reviewed at your evaluation. You will need to avoid drinking alcohol after donation until the providers let you know that this is ok to resume.



You can improve your strength if you add 30 minutes of exercise daily. This could be walking, weightlifting, or resistance exercises. Exercising before surgery will help in your recovery after surgery.



Preoperative Appointment

You will be scheduled for a preoperative (before surgery) appointment about 1-3 weeks before your surgery. At this appointment you will see a Physician Assistant or Nurse Practitioner who will do a physical exam and have you sign a consent for surgery.

You will meet with a donor coordinator who will answer any questions about your surgery. You will meet with a social worker who will talk with you about Donor Shield, your support plan and advance directives. You will also meet with a clinic nurse who will talk with you about getting ready for the surgery. You will meet with anesthesia who will talk to you about anesthesia and pain management. A pharmacist will call you the day before your appointment to discuss any medicine changes that will need to happen before surgery.

These tests may be done at your visit:

- blood samples
- urine sample
- electrocardiogram (ECG)
- chest x-ray

At this appointment you will get a special juice to drink 3 hours before surgery. This is to help you recover after surgery. You will learn more about when to stop eating and drinking before surgery. You will also get a bottle of special antibacterial soap to clean your skin before surgery.

What to Bring to the Hospital

You need to be prepared when you are scheduled to proceed with your organ donation.

Plan to bring these items:

- Advance Directive (Durable Power of Attorney for Health Care or Living Will)
- FMLA paperwork
- **All** medicine bottles **and** list of medicines, one day supply of medicines
- Local doctor/specialist contact information
- Loose clothing (sweatpants or something with elastic or drawstring waist bands), T-shirts, socks and supportive shoes for walking and therapy
- Hygiene items, glasses, pajamas, slippers, robes etc.
- Personal comfort items (electronic devices, phone, chargers, and blanket or pillow)

Please do not bring jewelry, large amounts of cash, or valuable items.

Day of surgery

You will usually go to First Day Surgery at University Hospital. A nurse will get you ready for surgery. You will get medicine to prevent blood clots. Your support person can stay with you until you go to the operating room (OR). Visitor policies will be shared with you before your surgery.

Donation Surgery

Once you are in the operating room (OR), you will meet your nurse who will answer questions, make sure you are comfortable, and explain what is happening.

There will be ECG (electrocardiogram) patches on your chest, a blood pressure cuff on your arm, and a plastic clip on your finger to check your heartbeat and oxygen levels. Your abdomen will be numbed and you will have catheters placed in your abdomen to give you pain medicine. You will be awake for this to make sure the medicine is working. Oxygen will be given to you through a soft plastic mask. Medicines will be given through your IV.

After you are asleep, a breathing tube will be placed in your windpipe to breathe for you. Other lines and monitors will be added after you are asleep. At least one intravenous catheter (IV) will be placed in your hand or arm. This will be used to give you fluids until you are able to eat or drink.

The surgery will take about **8-12 hours**. You will go to the ICU after surgery is done. You will be in ICU for about 12-24 hours. Then you will go to the transplant unit.

After Surgery

As you wake up after surgery, you will likely feel drowsy, and may hear beeps, alarms, and voices.



Your nurses will check your blood pressure, temperature, and measure your urine output often.

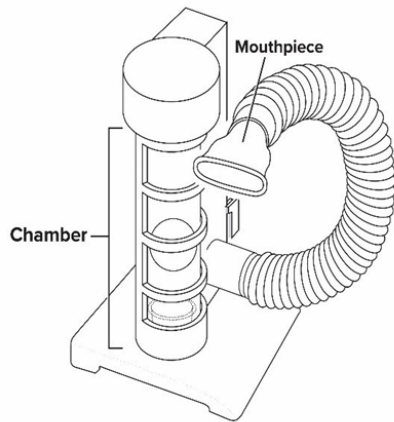
You will be expected to be up walking within the first 8-12 hours. You will then need to be out of bed to the chair and/or walking at least 3 times each day.



Equipment and Other Changes to Expect

You will have a small rubber tube (Foley catheter) placed in your bladder during surgery. The Foley will usually be in place for 1 day. The Foley helps us to closely watch your urine output. After the Foley is taken out, we will still measure your urine each time you go to the bathroom. You will use a plastic collection “hat” in the toilet or a urinal while in the hospital so amounts can be measured easily.

You will be coughing, deep breathing and using the incentive spirometry device at least every 1-2 hours while awake. Your nurse will help you with this. Deep breathing helps air to reach your lower lungs. Coughing helps clear out secretions so pneumonia is less likely to occur. Coughing and deep breathing is an important part of recovery.



You will wear Sequential Compression Devices (“SCDs” or leg pumps) during surgery and for the first few days after surgery when you are in bed. This helps with blood flow to prevent blood clots.

Because of the effects of anesthesia, the normal action of your bowels slows. Getting up out of bed and walking will help bowel function can return faster.



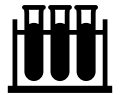
Usually by the day after surgery you can drink liquids. Your diet will be advanced as you recover from surgery.



Your doctor will order pain medicine for you. It should be taken to lessen incision pain. Your walking, coughing, and deep breathing will be easier when this is done.



While in the hospital you will have blood tests. The results of these tests keep you and your health care team aware of how you are doing.



As your condition improves, the nurses will watch you closely, but they will not be at your bedside as often. This is a good sign. You are on the road to recovery.

Incision

You will have a large incision across your abdomen. Your muscle and skin will be closed with dissolvable sutures and glue. You may also have a drain.

Follow-Up Care

Your care after a donation is for your entire lifetime. This long-term care includes clinic visits and labs (and other possible tests) at your follow-up visit after surgery and at 6-, 12- and 24-months after donation. You also need primary care visits for routine wellness care.

Keeping the Commitment

For a donation to be a success, you need to commit to these things:

- Follow the treatment plan.
- Call the transplant office about any new problems or symptoms related to your surgery and donation
- Communicate with your donor coordinator in a timely way
- Take all prescription medicines as directed.
- Follow the diet and exercise plan advised by your doctor.
- Go to your clinic visits and have labs done.
- Do not abuse your body by smoking, drinking alcohol, or using non-prescribed medicines and herbals.
- Follow-up with your primary care doctor for routine health maintenance.

Appointments

You will have an appointment about 2-4 weeks after surgery.



You are strongly encouraged to have a local doctor to follow your care after donation.

We rely on the local doctor to address routine health issues. We want you to live a healthy life after organ donation.

After Liver Donation

Medicines

All medicines that you will need after you donate a liver will be paid for by UW Health. These are



examples of medicines you may need after liver donation.

Acetaminophen (Tylenol): This is a pain medicine that is available over-the-counter without a prescription. It is used for a short time after surgery to relieve pain.

Oxycodone: This is an opioid pain medicine that is available only with a prescription. This medicine helps relieve severe pain and is only used as needed after surgery if other medicines are not working well enough.

Sennosides-Docusate (Senokot-S): This is a laxative and stool softener combination medicine that is available over-the-counter without a prescription. It helps prevent constipation after surgery by making your stools softer and by helping them move along more easily. It is used for a short time after surgery, and especially while taking pain medicines.

Polyethylene Glycol (Miralax): This is a laxative medicine that is available over-the-counter without a prescription. It helps prevent constipation after surgery by helping stools move along more easily. It is used for a short time after surgery, and especially while taking pain medicines.

Enoxaparin (Lovenox): This is an anticoagulant (blood thinning) medicine that is available only with a prescription. This medicine helps prevent blood clots after surgery. It is used for about 4 weeks.

Phosphorus (K-Phos Neutral, Phos-Nak): This is a medicine this is available only with a prescription. This medicine helps raise your phosphorus levels which can be low after donating part of your liver. It is used for a short time based on how your phosphorus labs respond after surgery.

Activity Levels

Over time, most people can go back to their normal activity with minor adjustments. You will have a weightlifting restriction and a driving restriction after surgery. It will take some time to gain strength and endurance. Keeping up with an exercise routine after recovering from surgery is the best way to manage your weight and improve your well-being.

Going Back to Work

We encourage people to take the time needed for recovery before returning to work. You may not be able to do the same duties as before your surgery for the first 1-3 months. Your donor team will talk with you about returning to work. They will help you with paperwork or questions you may have.

Coping After Donation

During the recovery process, it is common to feel anxious, depressed, or frustrated. Stress can cause these feelings. Talk with someone about your feelings. The donor team can help you cope with these emotions and find a mental health provider to help you during this stressful time if needed. Sharing your feelings with your loved ones and others may also be helpful. Below are some websites which may be helpful in coping after donation.

<https://www.healthjourneys.com/>

<https://www.mindfulnesscds.com/>

Support People

The transplant process can be very tough for support persons. Many support people have anxiety during the process. It is important for support people to take care of themselves during this time.

Keeping Support People Updated

It is a good idea to choose one person as the primary contact. This person can update other family members and friends about

your status. Make sure the donor team has that person's contact information.

Donor Protection

Donor Shield can provide wage, travel and dependent care reimbursement after donation. Your social worker can coordinate to submit reimbursement for complications. Donor Shield automatically opts donors into protections for legal support with unlawful employment termination, health and life insurance discrimination and other issues related to your donation.

Staying Prepared

Make sure your donor team knows how to reach you.

Contact your living donor nurse coordinator if contact numbers change for you or your support persons.



Have your support persons in place.

This is often a family member or close friend. Choose 1 to 2 people you feel close with who have the time, health and flexibility to be your support person. Your support person must be an adult.



Allow others to help you.

Letting go of pride and your desire to be independent can be difficult. It is important though during the donation process. Think about how you have felt when someone has had an illness, a death or even a new baby in the family. People are usually quite happy to help out but need to know best ways to help you. It could be picking up a few things at the store, bringing a meal, or helping with outdoor or household chores. When you are back to full speed, you can do small favors in return if you choose.



Life preparations after surgery This means completing advance directive forms. Living donor social workers can answer questions about these forms. Consider a plan for your bill payments, mail and email while you are not able to do these things. Having a plan in advance will make it easier for someone to take over for you at any time.

Arrange for your transportation needs to and from appointments and testing.



Learn about donation and what to expect.

As you learn about what to expect you will feel more comfortable with the process.

- Review your education materials.
- Review resources on the next page.
- If you have questions, contact your living donor nurse coordinator.

Take time each day to get exercise. Find an activity that you enjoy doing. Fresh air is good for the mind, body and soul. It can be hard to make yourself walk or be active when you do not feel good. But the more you use your muscles before surgery, the quicker you will recover.

Helpful Resources

The resources below may be helpful for patients and their families.

Donor Shield

<https://www.donor-shield.org/>

Information on reimbursement for wages and travel after donation.

Living donor tool kit

<https://www.livingdonortoolkit.com/living-liver-medical-toolkit>

Information on liver donation

Scientific Registry of Transplant Recipients

<http://www.srtr.org>

Data on national, regional and center-specific success rates.

Transplant Living

<http://www.transplantliving.org>

A patient education site developed by UNOS. Information on support groups and the costs of transplant can be found here.

UNOS

<http://www.unos.org>

United Network for Organ Sharing (UNOS) is the private, non-profit organization that manages the nation's organ transplant system.

UW Health Transplant

<https://www.uwhealth.org/transplant/transplant/10355>

Meet your transplant team, read patient stories, watch educational videos, and more. Information about mentor programs

Who and When to Call

Coordinator/Transplant Office

Call for:

- Lab results
- Questions about donation

Contact:

- Monday-Friday, 8:30a.m.-4:30p.m.
- 608-263-1384

Transplant Clinic

Call for:

- To schedule, change or cancel a transplant

Contact:

- Monday-Friday, 8:30a.m.-4:30p.m.
- 608-262-5420

Social Worker

Call for:

- Worries about your emotional health
- Questions about Donor Shield or National Living Donor Assistance Center

Contact:

- Monday-Friday, 8:30a.m.-4:30p.m.
- 608-263-1384

Local doctor/ health care provider

- Problems not related to your donation
 - Refills of non-donation medicines
-

Call 911 or go to the nearest emergency room

- Trouble breathing
 - Heavy bleeding or bleeding you can't stop
 - Chest pain
 - Fainting or passing out
 - High blood pressure with headache or vomiting
 - Unable to take medicines for 24 hours
 - Seizure or stroke
 - Severe pain
 - Anything else you think might be an emergency
-

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©1/2024. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8335