



# Health Facts for You



After your kidney donation

**UW**Health



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### Follow-up Care

Your care after a donation is for your entire lifetime. This long-term care includes clinic visits and labs at your follow-up visit after surgery and at 6-, 12- and 24-months after donation. You also need primary care visits to monitor kidney function, blood pressure, and weight.

### 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.
- Go to your clinic visits and have labs done.
- Continue to live a healthy lifestyle.
- 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.

### What to Bring to Clinic Visits

- A list of your current medicines
- A snack
- A list of questions
- Return to work forms to be completed

### What to Expect During Clinic Visits

Plan to arrive at the Transplant Clinic at least 15 minutes before your lab appointment time. You need to register and check in.

You will have your blood drawn and give a urine sample at the start of your clinic visit. This allows the team to have test results when they see you in clinic. You do not need to be fasting for these labs. Staff will weigh you, take your blood pressure, and review your medicines. If you need any prescriptions related to your donation, please tell the staff at this time.

You will see the provider during your clinic visit. During your first appointment after surgery, you will see a social worker. If you would like to meet with a pharmacist, dietitian or social worker with any other visit, please let your coordinator know before your appointment.

### Before Leaving the Transplant Clinic

Obtain an After-Visit Summary. This will include an updated medicine list, your lab results, and any follow up instructions.

## Medicines

All medicines that you will need after you donate a kidney will be paid for by UW Health. These are examples of medicines you may need after kidney 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.

## Incision Care

Your skin incision will likely take 3-4 weeks to fully heal. You will have sutures that dissolve with surgical glue on your incisions. You may have steri-strips (paper-like strips) over your incision to help the incision heal. These will curl up, loosen, and fall off over time. Do not pull these off until 10 days after they are placed. Doing so may cause your incision to open.

## Bathing, Soap, and Dressings

- You may shower. Do not take any tub baths until your incisions are healed and there are no scabs.
- Use a washcloth with non-scented soap and water to gently clean the incision. You do not need to use the chlorhexidine soap that you used before surgery. Do not rub over the area.
- Do not put any creams, ointments, or powders on the site.
- A nurse may give you a 3-day supply of dressings to place over the incision if they need to be covered. If you need more supplies, you can buy them at a local drug store. You should wear a dressing over your incision if you have drainage from the incision.
- Your incision may burn easily in sunlight. Avoid direct sunlight to the area. Once your incision is fully healed wearing sunscreen will help reduce scarring.

## Scar massage

When the skin is damaged from a burn, trauma, or surgery, a scar forms as a normal part of healing. Some people form scars that are large, red, and/or uncomfortable, which can lead to decreased function over time. Whether or not you will form this type of scar is hard to predict.

Scar massage is one method used to prevent or lessen scarring over time. Once your incision is fully healed and there are no open areas you can begin the scar massage. Massage should be done firmly especially if adhesions are present.

These steps should be done at least 3 times a day.

1. Apply unscented lotion (such as Eucerin or Lubriderm) over your

scar. Lotion will soften your scar and help to remove old skin and debris.

2. Rotate 2 fingers clockwise then counterclockwise making small circles along the scar.
3. Pinch the scar up on either side of the scar along its entire length.
4. Gently twist clockwise and counterclockwise.
5. Rub 2 fingers along your scar, pushing each finger in an opposite direction from the other. This method works well, but you may need some help from others.

## Activity and Nutrition

### Activity

Over time, patients can go back to their normal activity. It will take some time to gain strength and endurance. Keeping up with an exercise routine once you have recovered from surgery is the best way to manage your weight and improve your well-being.



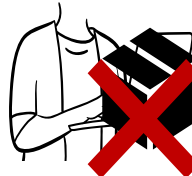
You can exercise with moderation and slowly increase your activity level. Walking and climbing stairs are good for you. Increase what you do each day.

You will need to restrict your activity for the first 6 to 8 weeks after your surgery. After that you can return to your normal routine.

### Restrictions



Do not drive for if you are taking opioid pain pills. Avoid driving for 2 weeks. Always wear a seatbelt.



10+ pounds

Do not lift, push, or pull more than 10 pounds for 6-8 weeks.



If you are staying in the area after surgery and need to fly home, your surgeon will let you know when you are cleared to fly.

### Sexual Activity

You can resume sex when you feel able. There is no restriction on any position you may use during sex.

### 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.

### Nutrition

You may have a lower appetite after surgery. Stay hydrated by drinking 64-100 ounces of water each day.

## **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. 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/>

## **Complications**

### **Wound Infections**

If you develop an infection in your incision, contact your coordinator right away. You may need antibiotics to treat the infection. Symptoms of wound infections include:

- Increased redness or warm to the touch
- Pus-like, green or lots of clear drainage from your incision
- Temperature by mouth is greater than 100.5°F or 38.3°C
- Extra swelling or bleeding or bruising
- Increased pain you cannot control with your pain medicine

### **Numbness**

You will feel numbness around your incision and lower abdomen after surgery. This numbness can even go down to your lower thighs. This is because some nerves were cut during surgery. This can last weeks to months while the nerves regrow. Talk to your transplant team if you have concerns about these symptoms.

## **Scrotal Swelling**

Some donors may develop scrotal swelling. This should resolve within a few weeks. If this doesn't resolve, call your transplant team.

## **Pelvic Floor Weakness**

You may feel weaker pelvic floor muscles. The pelvic floor is made up of muscles, ligaments, tissues and nerves. They support the bladder, rectum, and uterus and vagina. The pelvic floor assists in bladder and bowel control. It aids in sexual performance (orgasm) and gives stability to the pelvis.

There are physical therapists who specialize in the pelvic floor. Pelvic floor therapists are trained to be sensitive to the personal nature of these topics and this part of your body. They can help manage bladder symptoms like urgency and frequency and help after surgery.

An appointment may include questions about your bowel and bladder habits, exam of pelvic floor muscles, biofeedback using a computer to see how you can tighten and relax your muscles. The therapy plan may include a home exercise program, hands on therapy to your spine, hips and/or pelvic floor muscles in the clinic, and biofeedback. Talk to your transplant team to get a referral for pelvic floor physical therapy.

## Things to Remember After Your Donation

1. **Take medicines as directed.** Do not change your medicine doses or start or stop taking any medicine without talking with the transplant team.
2. **Activity:** Don't lift more than 10 pounds for 6-8 weeks.
3. **Transplant Clinic visits:** Complete labs as directed by staff with your appointments. Please bring to all of your clinic visits: medicine list. You will be told when to follow-up after discharge from the hospital.
4. **Sign Up for MyChart.** MyChart is an internet-based service that lets you access your medical and health plan information. MyChart is not for urgent needs. Call your coordinator for urgent needs or call 911 for emergencies.

Reasons to sign up:

- Get test results quickly
- View your instructions (“After Visit Summaries”)
- Send secure messages to your coordinator and providers.

## Helpful Resources

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

### Living Donor Tool Kit

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

Information on living kidney 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.

## Who and When to Call

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### Coordinator/Transplant Office

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Call for:

- Medicine refills
- Lab results
- Questions about donation related medicines, symptoms or other donation related questions

Contact:

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

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### Transplant Clinic

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Call for:

- To schedule, change or cancel a transplant

Contact:

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

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### Social Worker

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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

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### Organ Allocation Specialist (On-Call)

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Call for:

- Fever over 100.5°F or chills
- Nausea, vomiting or diarrhea for more than 24 hours
- Blood in urine or problems urinating
- Problems with drains
- Other urgent symptoms

Contact:

- **Evenings, weekends and holidays**
- 608-263-6400

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### Local doctor/ health care provider

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

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### **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
- If you are in a local emergency room or hospital, call your Coordinator.

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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. HF8331