



Health Facts for You



Before your kidney donation

UWHealth

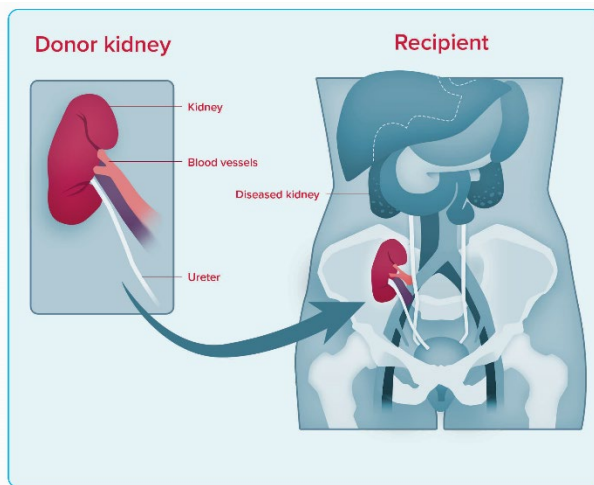
Welcome to the UW Health Living Donor Program. The team takes pride in building a care plan tailored to your needs. We are committed to your success. UW Health is a national and international leader in the field of transplantation. We offer living donor transplantation with options for paired kidney exchange.

What do my kidneys do?

- Filter blood and send it back to the heart
- Balance fluid levels in the body by making urine
- Filter and balance minerals in the blood
- Control blood pressure
- Help to make red blood cells

What is living kidney donation?

Living kidney donation happens when you give one of your kidneys to someone whose kidneys are failing. During this surgery, your kidney is removed and placed into the recipient's body. You can live well with one kidney, and the recipient will have better health with their new kidney. A transplant from a living kidney donor is the best option for people who need a kidney transplant.



How are donors and recipient kidneys matched?

There are 5 different ways to decide if a donor's kidney will be compatible, or a good match, for each recipient.

Age

- We prefer the donor and recipient be close in age, so that the life of the kidney matches the recipient.

Kidney size

- A kidney that matches the recipient's body size will work to match that body's needs

Anatomy

- A donor's veins and arteries are easier to connect when they are like the recipient's

Timing

- Sometimes the donor's schedule doesn't match the recipient's timeline

Sensitivity

- Some recipients have antibodies that reject a new kidney. Even donors/recipients with the same blood type may not match because of antibody sensitivity.

The National Kidney Registry

The National Kidney Registry (NKR) uses computers to create kidney donor and recipient matches across the country. People who receive kidneys through the NKR have better 1, 3, and 5-year results. UW Health has nurses and other staff members who are dedicated to coordinating our donors and recipients who are listed with the NKR.

Live Donor Kidney Donation Options

There are 6 different options for donation. Compare the options in the chart below. Remember, a donor and recipient do not need to be related or have the same blood type.

Direct Donation				
What?	Who?	When?	Why?	How?
This is when the donor is a good match with their intended recipient.	Donors are often family members or close friends, but it's not unusual for a stranger to be a better match.	The kidney is donated the same day it is transplanted into the recipient.	Benefits can be the emotional connection between donor and their recipient, timing and the ease of moving the kidney from the donor to the recipient.	The donor kidney goes to your intended recipient.
Non-directed donation				
What?	Who?	When?	Why?	How?
This is when the donor does not know anyone who needs a kidney but wants to donate to someone who needs a kidney.	Donors include anyone age 21 or older and in good physical and emotional health.	All non-directed donors are listed with the NKR, so timing is based on when donor and recipient are ready.	Benefits can include starting kidney exchanges that result in more transplants.	This donor's kidney may go to someone on our wait list or someone on the waitlist at another transplant center that participates in the NKR.
Paired Kidney Exchange				
What?	Who?	When?	Why?	How?
This is when the donor does not match their recipient.	The donor donates to someone else, and their recipient gets a kidney from a stranger. This can happen between two donors and recipients or many donors and recipients.	Timing is based on when each donor and recipient are ready.	The benefit is that even if the donor and recipient have different blood types or other reasons why they are not a good match, the donor can still donate and the recipient can still get a kidney.	The donor and recipient are listed with the NKR. Our team decides what types of donor kidney they will accept for each recipient. When a match is found, we decide if it's a good kidney for that recipient. If it is, the surgery dates are set. If it is not, the donor and recipient stay listed for future matching.

Compatible Share				
What?	Who?	When?	Why?	How?
This is when the donor's kidney matches the recipient, but a different donor might provide a better match.	Donors and recipients who want a better match due to age, size or anatomy, or donors who want to help more people by starting a kidney exchange.	Timing is based on finding a better match and when each donor and recipient are ready.	When donated kidneys are well-matched to the recipient, they last longer and cause fewer problems.	The donor and recipient are listed with the NKR. Our team decides what types of donor kidneys they will accept for each recipient. When a match is found, we decide if it's a good kidney for that recipient. If it is, the surgery dates are set. If it is not, the donor and recipient stay listed for future matching.
Advanced Donation: The Voucher Program				
What?	Who?	When?	Why?	How?
This is when a donor donates their kidney to someone in need and their intended recipient gets a kidney when they need one.	This can be for donors who wish to secure a kidney for their intended recipient when the recipient needs a kidney transplant.	These donors create a 'bank' of kidneys for individuals who may need a transplant later. The donation can happen when the donor is ready. The recipient gets a kidney when they need one in the future.	The benefit can be that the donor can donate when it works for them but secure a kidney for their recipient in the future.	These donors are listed with the NKR.
Advanced Donation-Short Term				
What?	Who?	When?	Why?	How?
This is when the donor donates their kidney to someone in need and their intended recipient gets a kidney when they need one.	This is for donors and recipients whose timeline for giving/receiving the kidney does not match.	The donation happens when the donor is ready. The recipient gets a kidney when they are ready. The recipient will be prioritized for the next well-matched kidney. The recipient is also listed with the NKR but is inactive on the list until they are ready to be transplanted.	The benefit can be that the donor can donate when it works for them but secure a kidney for their recipient in the future.	These donors are listed with the NKR during their window of available time. The recipient is also listed with the NKR but is inactive on the list until they are ready to be transplanted.

After Your Evaluation Testing

When your evaluation testing is done, the donor 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 your kidney. 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 found, the surgery will be scheduled.

When to Call

Waiting for your organ donation may take weeks to 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.



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



The Preoperative Appointment

You will be scheduled for a preoperative (before surgery) appointment about 1-2 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 surgery. 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, and your insurance/Medicare/Medicaid cards
- Local doctor/specialist contact information
- Loose clothing (sweat pants 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. 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. 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 (IV) catheter 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 **3-5 hours**. You will go to the recovery room for about 1 hour before going back to your room on the transplant unit.



After Surgery

You can expect to wake up shortly after getting to the unit. You will likely feel drowsy, and you may hear beeps, alarms, and voices. Your nurses will check your blood pressure, temperature, and measure your urine output often during the first 24 hours.



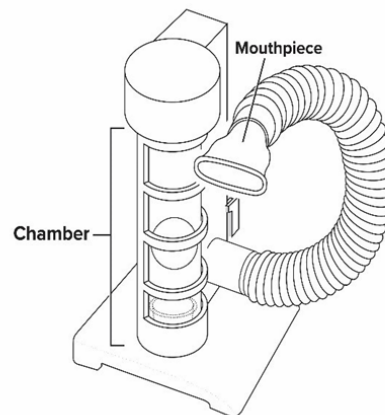
You will be expected to be up walking within the first 8-12 hours. You will then need to be out of bed to the chair and/or walking at least 3 times each day.



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. 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 return faster.



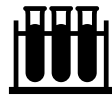
Within 8 hours after surgery, you will be able to drink liquids. Usually by the day after surgery you can eat a regular diet.



Your doctor will order pain medicine for you. Pain medicine 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 3-4 small incisions that are about the size of a quarter. You will also have an incision at or under your belly button that is about 6 inches long. Your muscle and skin will be closed with dissolvable stitches and glue.

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.

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.

After Kidney Donation

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.

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 going back 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 help to find a mental health provider 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 donation process can be very tough for support people. 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 people in place.

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



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 for 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.

National Kidney Registry

<http://Kidneyregistry.org>

Learn about donation options.

Donor Shield

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

Information on reimbursement for wages and travel after donation.

Mentor Program

<https://www.nkdo.org/mentors/>

Opportunities to match with a previous donor to get support and information.

National Kidney Foundation

<http://www.kidney.org/> and

<http://www.kidneywi.org/>

A nonprofit health organization dedicated to preventing kidney and urinary tract diseases, improving the health and well-being of individuals and families affected by kidney disease and increasing the availability of all organs for transplantation.

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 donor 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#8322.