

## 1. What are the advantages of Living Kidney Donation?

- Outcomes are better in living donation versus deceased donation.
- Surgery can happen when it is most convenient for the recipient and the donor.
- All donors get a very thorough medical evaluation to make sure it is safe to donate.
- The longer a patient is on dialysis, the higher the rate of medical complications, therefore living donation decreases the wait time and increases the recipient's long term health and their quality of life.
- Surgery happens simultaneously so the kidney is transplanted shortly after being removed from the living donor.

## 2. Can anybody donate?

Individuals must be 19 years old in the State of Nebraska to donate. People interested in donating a kidney are evaluated on a case-by-case basis by a team dedicated to ensuring their safety. Reasons why the team may "turn down" a candidate include diabetes, significant obesity or other significant medical problems.

## 3. What if I do not have the same blood type to the person I wanted to donate to?

Nebraska Medicine deals with these circumstances frequently. Nebraska Medicine has been very successful in having individuals donate to their loved ones even if they are a different blood type. There are certain qualifiers that will determine if this is an option for you.

We are involved with Kidney Paired Donation which involves two or more pairs of potential living donors and recipients who are not compatible. The candidates' will do an exchange so that each candidate receives a kidney from a compatible donor. These paired donations have greatly increased the number of recipients that have received kidneys, who may not have otherwise been able to find a living donor match.

## 4. Who pays for the living kidney donor work up and surgery?

The recipient's insurance will pay for the cost of the donor's medical expenses for the evaluation; the surgery as well as the two week follow up. If an abnormality is found during the work-up that follow up cost will be the responsibility of the donor's insurance. The donor coordinator will set up all the appointments and make sure the expenses get billed correctly so the donor does not incur any financial liability. Lodging and/or travel expenses will need to be covered by the living donor. There is an assistance fund called The National Living Donor Assistance Fund (NLDAC) that offers grants to living donors that help offset some of the donor expenses. Both the donor and the recipient must meet certain requirements in order to qualify. A donor cannot be paid for the organ as it is a federal crime.

## 5. What if I do not have any relatives that can donate a kidney?

A living donor does not have to be a relative. We have evaluated many friends, co-workers, and spouses as potential donors. There has also been an increase of altruistic, non-directed organ donation, in which individuals donate to a recipient that they do not have a relationship with.

## 6. How is the surgery performed?

In most cases the surgery is performed laparoscopic. The advantages of a laparoscopic kidney removal is that there is less post operative pain, the incisions are smaller, the hospital stay is generally shorter and the recovery time is quicker.

## 7. What is the normal recovery time for a kidney donor?

The living donor is typically in the hospital about 2 days. We do not want our donors to lift more than 5-10lbs for six weeks. Many donors do return back to work after three to four weeks if they are not required to lift at their job. Most donors are back to their baseline functional status in 2-3 months and continue to do well thereafter.

## 8. Are there any long term follow up that donors need to do?

It is mandatory for us to have donor information for submission to United Network of Organ Sharing (UNOS) at regular interval on all donors. So we strongly recommend that donors continue to maintain a healthy lifestyle and follow up with their primary care physician at 6 months and then yearly to get their blood pressure checked and to make sure that their urine studies and labs are stable. This follow up care with the donor's primary care physician is the responsibility of the donor's insurance. UNOS is our governing body for transplant and is responsible for all organ allocation.

## 9. Can female donors become pregnant after donating a kidney?

Women can become pregnant and have children after donation. We recommend that they do not get pregnant for a year after donation and they follow closely with their OBGYN.

## 10. What if a donor feels pressured to donate?

The living donor team supports the donor 100%. If the donor feels pressured to donate, the team will not let them donate. The donor can say no at anytime even up to the day of the surgery. The donor team consists of a multidisciplinary team in place to protect the donor.

## 11. What are the short and long term outcomes with a single kidney?

Kidney function usually stabilizes to 70-75 % of previous function in a few months after donor surgery. Risk of kidney failure is not any greater if you have one versus two kidneys. The donor will not have any dietary or fluid restrictions. We recommend the patient maintain a healthy lifestyle and weight. Risk for high blood pressure may be higher as one gets older compared to a non-donor but it can be managed with medications.

## 12. How do donors get started if they are interested in donating?

If a person is interested in being a living kidney donor, they should call Nebraska Medicine at (800) 401-4444 to talk to one of our donor coordinators. The coordinators will ask questions over the phone, discuss the evaluation process and information will be mailed to the individual. Forms need to be filled out and mailed in before the evaluation can be started. We welcome questions from our potential and past donors.