

LIVING DONOR KIDNEY TRANSPLANT

The Living Donor

Any healthy and willing adult can be considered for a living kidney donation. **Please refer to “The Immune System” on page 4 of the Before Transplant section of this booklet for more information on the immune system, antigens, antibodies, matching, tissue typing and crossmatching.**

Some health circumstances may prevent an individual from donating a kidney. For instance, individuals with diabetes or cancer may not be eligible to donate. The transplant team may review the data on potential donors with a relevant health history before scheduling an evaluation appointment.

Potential living kidney donors who are over the age of 50 with a history of hypertension may be eligible to donate a kidney. There is a protocol in place and the living donor coordinator will review the requirements to see if the potential donor qualifies.

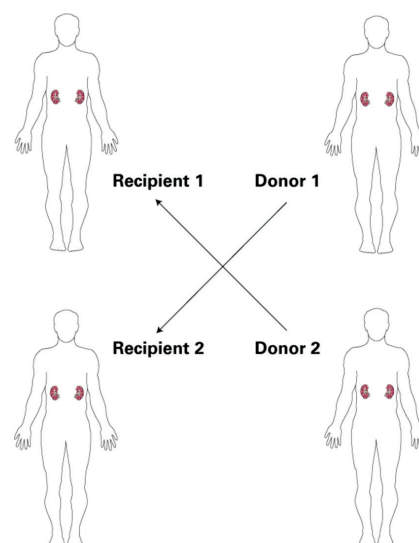
Obesity and past abdominal surgeries may also exclude a donor because of increased surgical risk. Donors must be at least 18 years old. Donors may not be paid or receive any financial incentives to donate.

Living Donor Kidney Transplant Options

A living donor transplant may be the best opportunity for your child to receive a kidney transplant. Please consider asking family or friends to consider donation.

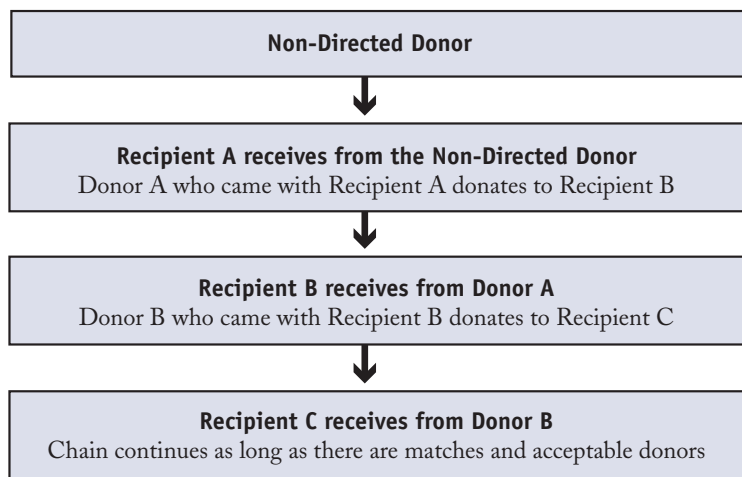
We offer multiple options for your child to receive a Living Kidney. These include:

- Direct Donation from a donor who is matched to your child
- Paired Kidney Donation. This program is offered to recipients whose possible donors are incompatible, either because of blood type incompatibility or because the recipient has antibodies against the donor. In this program, donor and recipient pairs are matched with other pairs in the same situation. The donor from Pair 1 donates to the recipient from Pair 2, and the donor from Pair 2 donates to the recipient from Pair 1.



- Compatible Paired Donation is a program where we enter donor/recipient pairs who are a match into our Paired Donation Program with the goal of finding additional matches and benefiting multiple people who otherwise would not have the opportunity to receive a kidney from a living donor.
 - Compatible pairs ready to be scheduled for transplant may be approached to participate in this program. If a match is found, you will be contacted by our office to see if you wish to proceed. You are not obligated to participate in this program.
 - Participating in this program will not delay transplant and you will be aware of details of the match to allow for you to make an informed decision. We take care to ensure that your child is receiving a kidney of equal value.

Our ultimate goal is that your child receives a kidney from a live donor as it allows him/her to be transplanted sooner and provides the best long-term outcome. Please have any potential donors contact our office at (800) 333-9013 even if you believe they are incompatible with your child.



The Decision to Donate

Being a living donor can be a very rewarding experience. Living donation is a sharing of life, giving a part of you to someone in need. However, it is also a choice that only the donor can make. The transplant team is always available to ensure all questions are answered thoroughly and by arranging any additional counseling necessary to help you make your decision.

Our responsibility is to promote the best interests and protect the privacy and rights of each potential donor. At any time in the process, it is perfectly acceptable for the donor to say “no,” regardless of the circumstance. The results of the donor evaluation are protected health information and cannot be shared with the recipient or anyone else without written permission.

Living Donor Advocate

The University of Michigan provides an independent living donor advocate (LDA) who participates in the care of living kidney donors. The LDA is knowledgeable of living organ donation, transplantation, medical ethics and informed consent, and has no responsibility in the care of kidney transplant recipients. The LDA meets with potential donors during their formal evaluations to help educate them about living donation and to try to ensure that they are able to make a decision about donation that is fully informed and free from pressure. The LDA participates in team discussions about living donors and has the authority to exclude any potential living donor if there is a belief that donation would not be in the best interest of the living donor. The LDA will remain available for assistance and consultation throughout the donor's evaluation, donation process and beyond.



Living Donors Must Call the Transplant Center

Individuals who wish to be considered to donate a kidney must contact the transplant office to indicate their interest in donation; the office cannot initiate contact with potential donors until they declare their interest. Potential donors must self refer by providing the transplant team with the full name of their intended recipient, if they have one.

When the donor calls our office, he/she will speak with a member of the living donor team who will begin the process by asking a series of questions and completing a Living Donor Worksheet. The questions include demographic information, personal and family health history, medications and social history.

Those interested in becoming a living donor may use our online form to start the process of being evaluated as a donor. Please visit www.uofmhealth.org/transplant and go to the kidney and pancreas section. The form can be found within the living and paired kidney donation section.

Pre-Donation Evaluation

Potential donors identified to move forward in the process will be given an appointment in the Kidney Evaluation Clinic. During this appointment your evaluation as a donor will be assessed by a nephrologist, a transplant surgeon, a social worker and a living donor advocate.

Specific issues that will be addressed during the evaluation appointment include the donor surgery, potential complications of the surgery, post-operative recovery and expectations for returning to work. Transplant social workers help potential living donors discuss their motivation to be a donor and assess any potential barriers to donation such as financial, psychosocial or social support. Each of the skilled healthcare professionals who make up the transplant team have an interest in answering questions thoroughly and taking care of individual medical and emotional needs.

Tests and Procedures

Initial Testing:

The following is a list of preliminary testing that can be expected in order to determine if donors are appropriate to proceed. Many times all the testing below can be accomplished on the day of evaluation.

- A complete history and physical exam to evaluate for any medical issues that may make donation unwise. It is very important that donors be completely honest with us about their health history, any symptoms they may have and also regarding the amount of alcohol they drink, and any drug usage and smoking. The results of these evaluations are held confidential and are not disclosed to anyone including the recipient family.
- Blood studies will include blood chemistries, blood counts, blood type, immune system function and tests for certain infectious diseases.
- Chest X-ray to determine the health of the lungs and respiratory tract.
- EKG of the heart to determine how well the heart is working and if there is any heart disease.

Additional tests may be necessary depending on individual medical history and results of testing completed.

Additional Testing

If on the day of evaluation it is thought that the donor is an excellent candidate to donate his/her kidney, he/she will complete a spiral computerized tomography (CT) scan. Often this can be scheduled the same day of the evaluation at Michigan Medicine. If that is not possible, the test can be scheduled on another day at Michigan Medicine or at a local facility.

A Spiral CT Scan is an X-ray test that involves lying flat on a table while a machine scans your abdomen. Although it is painless, it is necessary to have an IV for infusion of intravenous dye in order to best see your kidneys and ureters, and their blood supply. The surgeons need to make sure that the anatomy of the blood vessels would allow the kidney to be safely donated and transplanted to the recipient. At times the blood vessel anatomy is not suitable for kidney donation.

A Nuclear Medicine Kidney Function Scan is a non-invasive test that involves collecting urine and blood samples of a period of four hours. The test is done to measure both overall and individual kidney function to ensure donation is safe for the donor.

Evaluation Meeting and Donation Status

After all the testing results are received, the donor case will be presented at the weekly evaluation meeting where there will be discussion among the transplant team members to determine his/her suitability to safely donate a kidney. Donors will be notified within two weeks of that meeting about the status of their evaluation. If the donor is identified as a suitable candidate, the living donor coordinator will talk with him/her about next steps in the process and potentially scheduling surgery once the living donor and the intended recipient have both met all testing requirements.

Sometimes the living donor coordinator contacts the donor to advise him/her that more testing is needed. When that happens, it is important to complete the testing as soon as possible. Donors should communicate with their coordinator when testing is completed.

Occasionally the living donor coordinator contacts the donor to advise that it is not possible for him/her to donate. This can be very surprising and disappointing news. It is important to remember the team is looking out for his/her welfare and makes the decision after considering much data. The goal is to improve the health of the recipient, while protecting the current and future health of the donor. If health concerns are noted during the evaluation, the donor will be notified and will be advised to obtain appropriate follow-up care.

How is the Living Donor Evaluation and Donation Paid For?

Living donors are not responsible for the cost of their donation work up, hospitalization or the costs of complications that are directly related to the surgery. These services are covered by the Transplant Center. If a donor receives a bill for these services they should contact the kidney financial specialist at **(734) 936-7779**.

Donors will be responsible for their lost wages, cost of travel to and from the hospital for pre-transplant, admission and post-transplant procedures. Most medical insurers do not reimburse for these items. Donors are also responsible for the diagnosis and treatment of medical conditions that could develop after donation that are not directly related to the donation surgery.

The National Living Donor Assistance Center (NLDAC) may help with travel expenses for patients who qualify based on financial need. The transplant donor coordinator can provide information on this program. The donor candidate and the intended recipient each need to complete paperwork and provide financial statements to assess the financial need for funds. It takes approximately four weeks to apply for funds, receive approval and receive a card for travel funds. These funds can be used for travel to UMHS for the donor evaluation appointment for yourself and one additional person. The funds can also be used for travel for yourself and another person for the transplant surgery. If you plan to apply for and use these funds it will be necessary to plan ahead of your evaluation appointment. Visit the NLDAC website at www.livingdonorassistance.org for further information.

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High-Risk Behavior Questionnaire

The United Network for Organ Sharing (UNOS) regulations require all transplant centers to ask living donors about Centers for Disease Control increased risk behaviors. Your answers to these questions will be reviewed in your clinic visit with the living donor advocate and medical doctor.

We are required to address these questions by UNOS. If you choose not to answer them we will be unable to complete your evaluation.

1. Have you had sexual relations with a person known or suspected to have HIV, hepatitis B or hepatitis C within the previous 12 months? Y N
2. Are you a male who has had sexual relations with men in the previous 12 months? Y N
3. Are you a female who has had sexual relations with a male who has had sexual relations with another male in the previous 12 months? Y N
4. Have you engaged in sexual relations in exchange for money or drugs in the previous 12 months? Y N
5. Have you had sexual relations with a person who injected drugs by intravenous, intramuscular, or subcutaneous route for nonmedical reasons in the previous 12 months? Y N
6. Have you injected drugs by intravenous, intramuscular, or subcutaneous route for nonmedical reasons in the previous 12 months? Y N
7. Have you been in lockup, jail or a juvenile correctional facility for more than 72 consecutive hours in the previous 12 months? Y N
8. Have you been diagnosed with or been treated for syphilis, gonorrhea, chlamydia or genital ulcers in the previous 12 months? Y N

Patient Name: _____

Patient Signature: _____

Date: _____

I understand that answering “Yes” to any of the above questions identifies me as a high-risk donor, and that Informed Consent must be obtained from the recipient should we proceed with Living Organ Donation.

Donor Not Recommended for Donation Letter

This is a sample letter that the living donor team can send to the intended recipient at the request of a potential donor in the event that the potential donor cannot or chooses not to proceed.

Ms. Sharon Jones
123 Main Street
Detroit, MI 48120

Dear Ms. Jones,

As you may know, Jane Smith contacted the University of Michigan Transplant Center and underwent evaluation as a potential living kidney donor for you.

After very careful consideration, however, our transplant team does not recommend that she donate.

The very personal and confidential information gathered during her evaluation has been privately discussed with her. She is aware of the results of her testing and evaluation, and she has been informed if follow-up care has been recommended for her own health and well-being. The living donor team remains available to assist her should she have any questions or needs.

Please encourage any other people in your life who express interest in living kidney donation to contact our staff in the Living Kidney Donor Program at **(800) 333-9013**. We would be pleased to answer any questions they may have about living kidney donation or to begin preliminary testing if appropriate.

Sincerely,

Living Kidney Donor Program