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**Disclaimer:** This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.
Living Kidney Donors

There are several advantages for a transplant candidate to receive a living kidney transplant as opposed to receiving a kidney from a deceased donor. The major advantage is that the recipient does not have to wait as long for a transplant. The transplant can occur before the patient begins dialysis, becomes too ill to survive transplantation, or worse, passes away. Another advantage of living donor kidney transplantation is that it can give patients the chance to receive a transplant before the onset of debilitating complications of their kidney disease. Finally, an advantage to the living donor approach is the emotional satisfaction donors and recipients feel when they are involved in such a life-sharing experience.

Although living kidney donation is considered safe, the operation does involve certain risks, including pain, infection, and in rare circumstances, death. This is a major operation and it should be discussed thoroughly with your family and family physician as well as with the transplant team. All known risk factors will be explained to you in greater detail at the time of your clinic visit so that you can make an informed decision regarding donation. You will be able to find out exactly how many patients have been transplanted at the University of Michigan through living donation and the outcomes of these donors and recipients. This is available on the Scientific Registry of Transplant Recipients (SRTR) given to you at evaluation. SRTR publishes organ transplant statistics and is produced each year by SRTR staff and staff of the national Organ Procurement and Transplantation Network (OPTN).

The Living Donor

Any healthy and willing adult can be considered for a living kidney donation. Donors must be at least 18 years old to donate to a specific recipient and at least 21 years old to donate to anyone in need (non-directed/altruistic).

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 will review the data on potential donors with a relevant health history before scheduling an evaluation appointment.

Obesity and past abdominal surgeries may also exclude a donor because of increased surgical risk.

Donors may not be paid or receive any financial incentives to donate, however there are some costs that the recipient may offer to help cover.
Living Donor Kidney Transplant Options

A living donor transplant may be the best opportunity for a kidney transplant.

We offer multiple options for you to donate a Living Kidney. These include:

- **Direct Donation** – The donor is a match to their intended recipient.
- **Paired Kidney Donation** – This program is offered to donors who 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** – You may be a match to your recipient, however, we may offer you the opportunity to go into our Paired Donation Program. The goal is to find additional matches and benefit multiple people who otherwise would not have the opportunity to receive a kidney from a living donor.
  - All compatible pairs will be reviewed, and may be approved regarding enrollment in this program.
  - If you participate in this program your surgery will not be delayed. We take care to ensure that your recipient receives a kidney of equal value.
- **Non-Directed Donation.** This is a person who wants to donate and has no recipient (altruistic). They are put in the paired program and it is possible when they donate a ‘chain’ of donations can be created.

Our ultimate goal is that the recipient receives a kidney from a live donor as it allows the recipient to be transplanted sooner and provides the best long-term outcome.
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 of your questions are answered thoroughly and will arrange 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 to say “no,” regardless of the circumstance. The results of your donor evaluation are protected health information and cannot be shared with the recipient or anyone else. Deciding not to become a living donor does not affect whether your intended recipient has a chance to have a kidney transplant from another living donor or a deceased donor. Remember that the only right decision is the one that makes you and your family most comfortable.

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, or state they have no recipient in mind and will donate to any person in need (non-directed/altruistic).
There are three methods to contact the donor office:

- **Telephone.** When you call our office, you 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 Intake form. The questions include demographic information, personal and family general health history, medications and social history. Please consider that your accurate responses help the team begin to determine whether living donation could be safe for you.

- **Online.** Our online form to start the process of being evaluated as a donor can be found at [www.UofMHealth.org/transplant](http://www.UofMHealth.org/transplant). Go to the kidney and pancreas section. The form can be found within the living kidney donation section. It is available under the heading ‘Are You Interested in Donating a Kidney?’

- **Email.** Request a Living Donor intake form at txp-donors@med.umich.edu.

**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 the living donor advocate.

Specific issues that will be addressed during your evaluation appointment include the donor surgery itself, 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 your questions thoroughly and taking care of your medical and emotional needs.

**Tests and Procedures**

**Day 1 Testing**

The following is a list of preliminary testing that can be expected in order to determine if you are an appropriate candidate to donate your kidney.

- A complete history and physical exam to evaluate for any medical issues that may make donation unwise. It is very important that you be completely honest with us about your health history, any symptoms you have, the past and present amount of alcohol you drink, any past or present drug usage, and smoking. The results of these evaluations are held confidential; not even the recipient is told what you tell us.
• Blood and urine studies (including blood chemistries, counts and type, with analysis of urine).
• EKG of your heart to determine how well your heart is working and if there is any heart disease you weren’t aware of.
• Attend an education class to learn about risks and benefits of donation. You will sign a consent form to proceed with the evaluation process.

If on the day of evaluation it is thought that you are an excellent candidate to donate your kidney, you are scheduled for an abdominal spiral computerized tomography (CT) scan. Often this can be scheduled the same day of the evaluation at MI Medicine (MM). If that is not possible, the test can be scheduled on another day at MM 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.

Day 2 Testing
• Chest X-ray to determine the health of your lungs and respiratory tract
• Blood tests for certain infectious diseases
• Nuclear medicine study which determines actual kidney function

Evaluation Meeting and Donation Status

After all your testing results are received, your case will be presented at the weekly evaluation meeting where there will be discussion among the transplant team members to determine your suitability to safely donate your kidney. You will be notified within one week of that meeting about the status of your evaluation. If you were identified as a suitable candidate, the living donor coordinator will talk with you about next steps in the process.

Sometimes the living donor coordinator contacts you to advise you that more testing is needed. When that happens, it is important to complete that testing as soon as possible. Please communicate with your coordinator when your testing is completed.
Occasionally the living donor coordinator contacts you to advise that it is not possible for you to donate. This can be very surprising and disappointing news. It may help to remember the team is looking out for your 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 your evaluation, you will be notified and will be advised to obtain appropriate follow-up care.

Rarely does it occur that a donor has all tests completed to be cleared as a donor after the initial evaluation is done.

**Pre-operative History and Physical (Clinic Visit)**

A pre-operative history and physical is required within 28 days of surgery. During this final visit you will sign a consent form giving permission for the operation. You will have a chance at this point to have any questions or concerns you have answered. In order to proceed with the operation, it is necessary that you and the recipient are both feeling well at the time. If either of you has a health issue, the surgery may be cancelled and rescheduled when the issue is resolved. You also will be advised of medications not to take in the week(s) before surgery.

**The Donor Operation**

The living donor kidney transplant actually involves two overlapping operations between you and the recipient. In one operating room, your kidney will be removed (called a nephrectomy) with its blood vessels and one ureter intact. While this is happening, the recipient is being prepared to receive your kidney in another operating room. Your healthy kidney is then taken to the other operating room where it is sewn into place in the recipient.

The removal of the donor kidney is performed by a laparoscopic technique, where removal of the kidney is done using narrow instruments placed through small incisions after inflating the abdomen with gas. A three- to four-inch incision is made near the belly button. This is in addition to several small incisions on the donor’s side, each about one inch.

**The Operation and the Recovery**

**Before the Operation**

Once the transplant team has made a decision regarding your ability to safely donate, and it is verified your recipient can safely be transplanted, a living donor coordinator will notify the surgical scheduler to contact you to discuss possible dates for your operation. Within a week, the surgical scheduler will contact you to discuss dates.
The day before your surgery a nurse from the hospital will call you to confirm your arrival time at the hospital. It is important not to eat or drink after midnight the night before your surgery.

If you develop a fever, cold, cough, nausea or vomiting the day before surgery it is important that you call the living donor coordinator to let them know as soon as possible.

_The Day of Surgery_

On the day of surgery you should take all of your medications as prescribed, unless otherwise directed by your doctor. You should avoid taking aspirin or medicines that contain aspirin for seven days before your surgery, unless directed to do so by your doctor. You should also bring a list of all your current medications with you to the hospital for your doctors to review.

From the surgical admission suite you will be taken to the operating room. You will be under general anesthesia throughout the entire operation and a member of the surgical team will be at your side at all times.

Any family members and friends who accompany you to the hospital can wait in the patient and family lounge where the doctors will speak to them after your surgery is complete.

_Waking Up After Surgery_

The donor operation typically takes between two and four hours, but may vary depending on your anatomy and any previous abdominal surgeries you may have had. Once the operation is done, you will be taken directly from the operating room to the recovery room. After several hours in the recovery room, you will then be taken to a hospital room. Your family and friends will be allowed to visit as determined by the medical staff caring for the donor.

Once the pain medication that was given to you for the operation begins to wear off you may have some pain and discomfort. Pain medication will be given to ease or minimize your discomfort as much as possible.

Upon wakening you will be asked to take deep breaths, cough, and turn to help keep your lungs free from infections. You will have an IV line in your arm, used to give IV fluids and medications. You will also have a catheter inserted into your bladder to drain urine. This catheter may feel slightly uncomfortable, but it is only temporary and will be removed after surgery.

During your stay in the hospital, your laboratory studies, medications, nutritional status and exercise tolerance will be monitored closely. As soon as possible, your nurses will begin teaching you how to care for yourself in preparation for your discharge home.
The Recovery Process and Follow-up After Discharge

You will be discharged from the hospital once your doctors feel you are medically stable. The length of your hospital stay will depend on your individual progress, but donors can typically expect to be in the hospital for one day. You are advised not to drive until seen at your post-op visit following your nephrectomy (removal of the kidney) or while you are on narcotic pain medications. You should not lift more than 10 pounds for the first six weeks after your nephrectomy. You should anticipate being out of work for four to eight weeks after your surgery to give your body time to continue healing itself properly.

You will need to come back to the transplant clinic approximately two weeks following surgery to track your progress and detect any complications. If you have problems, emergency room treatment, or hospitalization before this visit, contact the transplant surgical team using the contact information you were given at discharge.

In addition, you should notify each of your local healthcare providers of any problems that develop once you are discharged home, and they should be given the number to the transplant office in the event they need to contact us to discuss a problem related to your surgery. It is recommended you see your primary care physician at least once a year for an exam and healthcare maintenance monitoring such as blood pressure, serum creatinine and protein in your urine.

When to Notify the Transplant Office

It is important that you contact the transplant surgery team if you have any of the following symptoms prior to your post-op appointment. If you have any of these symptoms after your post-op appointment, please contact the donor office.

- A fever of 100.5°F or greater
- Shortness of breath
- A cough that produces a yellowish or greenish substance
- Prolonged nausea, vomiting or diarrhea
- Persistent or worsening pain, drainage, redness or swelling at the incision site
- Unusual lightheadedness or weakness

It is also important that you notify the donor office of any emergency room treatment or hospitalization at any point after the post-op visit if thought to be related to donation.
Donor Billing

The University of Michigan Transplant Center is responsible for all testing required as part of a potential organ donor’s work up and all medical claims related to the donation event. If you receive a bill, it is very important that you promptly notify the transplant donor billing specialist for resolution.

Testing Completed at the University of Michigan

• Processed internally – you should not receive a bill.
• If you receive a bill, please forward as soon as possible to the transplant donor billing specialist at the address on page 14.

Testing Completed at Outside Facilities

• Facilities are asked to bill the University of Michigan Transplant Center.
• Some facilities are not able to bill to a ‘third-party’ and may bill the potential donor directly. If this happens, please forward these bills as soon as possible to the transplant donor billing specialist at the address on page 14.

Facilities Requesting Pre-Payment (Lab Drawing Fees)

Occasionally a facility requests prepayment for their services. When this occurs, please contact the transplant donor billing specialist at (734) 936-7779 or the transplant finance manager at (734) 615-0351 to have the fee charged to a U-M credit card.

Donation Event

After your donation you may receive a statement from the University of Michigan for your donation surgery and/or inpatient stay in the hospital. The billing should indicate “no payment due at this time” and if it does, please disregard this automated statement. If the billing reflects a balance due, please contact the transplant donor billing specialist at the address on page 14.
Follow-up After Donation

- You will be asked to have labs drawn and have the results sent to the transplant team about six months, one year and two years after donation (see page 16 for more information). The Transplant Center is financially responsible for only the labs requested.

- If you receive a billing statement for your care following donation, please notify your donor coordinator and forward all medical claims related to your donation event to the transplant donor billing specialist at the address below.

  Transplant Donor Billing Specialist  
  300 North Ingalls  
  NIB Room 5D17, SPC 5415  
  Ann Arbor, MI 48109-5415

  Phone: (734) 936-7779  
  Fax: (734) 232-1111

Frequently Asked Questions for Living Donors

What are the risks of donating my kidney?

As with any abdominal operation, there is risk for complications. The complication rate for donating a kidney is around seven percent. The majority of these complications are minor. If there are more serious complications, they can usually be treated and rarely have any long-term effects. The complications include but are not limited to:

- Wound infections
- Urinary tract infection
- Pneumonia
- Blood clot
- Pulmonary embolus (clot in the lung)
- Incisional hernia
- Injury to the abdominal structures (large intestine, spleen or pancreas)
- Death (the chance of dying from a complication of the donor operation is one in 3,000)
**When will I be able to eat again?**

Patients generally start with clear liquids as tolerated and their diet is advanced accordingly.

**How long will I be in the hospital?**

The length of the hospitalization varies by individual, but most donors are generally in the hospital for one day.

**How will this be 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 and cost of travel to and from the hospital. 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 all travel to MM, lodging, parking, and meals for yourself and one additional person. If you plan to apply for, and use these funds to come to evaluation, it will be necessary to plan ahead of your appointment to already have it approved. Visit the NLDAC website at [www.livingdonorassistance.org](http://www.livingdonorassistance.org) for further information.

**When can I return to work?**

You should anticipate being out of work for four to eight weeks after your surgery to give your body time to continue healing itself properly. In some cases, donors may be able to return to non-active work sooner, but it is recommended that you plan to be out for four to eight weeks. Your return-to-work release date will be dependent upon the type of work you do. Donors need
to wait to drive until seen at their post-op appointment to obtain clearance, and until they are no longer taking narcotic pain medications. You will not be able to lift greater than 10 pounds for six weeks to reduce the risk of abdominal herniation at the main incision site.

**What will the scar be like?**

With a “laparoscopic” nephrectomy, you will have several small scars. One three- to four-inch scar will be near your belly button, with several other one-inch scars on your side. Scars will fade with time. Using a scar revision cream (after the initial healing) can be helpful in minimizing scarring.

**Is a living donor transplant better than a transplant from a deceased person?**

Yes, a living donor transplant is almost always better than a transplant from a deceased person because the anticipated graft or transplanted kidney survival is longer, the wait time to transplant is much less, and the transplant is planned.

**I am a woman and I want to have children. Will donating prevent me from getting pregnant or having a healthy baby?**

Living donation is not a reason to avoid future pregnancies. We recommend that you inform your doctor that you have donated a kidney and are considering becoming pregnant.

**Who can I turn to with questions?**

- Living Donor Advocate (LDA): (734) 232-1706
- Concerns about donation: (800) 333-9013

**Care Following Living Kidney Donation**

Establishing routine medical care following donation of a kidney is an important part of ensuring that you continue to lead a healthy lifestyle. It is important that you have an annual physical. Key points to be checked annually include:

- Physical exam completed by your primary care physician
- Blood pressure check
- Labs determined by your primary care physician that should include a serum creatinine, urinalysis, and urine protein/creatinine ratio
– Should you or your doctor have any concern over your results, please contact our office. Lab results post donation may not be within the normal range but may be perfectly fine for a donor. There may be additional labs we would recommend to ensure your kidney function is normal.

It is preferable that you have your own primary care physician. If you need help finding a primary care physician, please feel free to reach out to us. We will cover labs at the required six-month, one-year and two-year post-donation follow ups. Any other bills related to potential post-donation complications will be reviewed and paid if verified that it is related to donation. Any labs, testing or follow up ordered by your doctor that is not related to donation is unable to be covered.

Living kidney donors do not have any specific restrictions and should be able to resume their pre-donation lifestyle. In addition to the above items, we would recommend that you avoid chronic, long-term use of non-steroidal anti-inflammatory drugs (ibuprofen, Advil®, Motrin®, naproxen, Naprosyn®, Aleve®, etc.).

We are required to follow up with you at six months, one year, and two years by the United Network for Organ Sharing. Specific items that we are required to follow up on include:

- Labs including serum creatinine, urinalysis, and urine protein/creatinine ratio
- Blood pressure measurement
- Current weight
- Physical status
- Any cat scans, MRIs, or ultrasounds that may have been done
- Any complications or hospital admissions related to the donation of your kidney

It is our goal that your donation of a kidney is a positive experience and that your life following the donation is as healthy, or healthier, than before. We would like to partner with you in ensuring that you receive appropriate medical care and follow up. Please contact us if you or your doctor has any concerns regarding your health.

Donor Office
Phone: (800) 333-9013
Fax: (734) 232-1943
The remaining pages are resources to explore living donation along with samples of ways to help a recipient find a donor. Please contact the donor office with any questions at (800) 333-9013.

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To view online streaming:
1) Visit: https://exploretransplant.org/explore-transplant-education/
2) Click on: View Explore Transplant education materials & videos
3) Enter Login: ETELD2018_MI
4) Enter Password: UofMI2018!
Living Kidney Donor Fact Sheet

Types of Living Kidney Donation:

- **Compatible Living Donation**
  - The donor and recipient are compatible by blood type and tissue typing.

- **Incompatible Paired Kidney Exchange**
  - The donor and recipient are incompatible by either blood or tissue typing. Pairs are enrolled in programs that look for alternate matches participating with multiple centers nationwide.

- **Compatible Paired Kidney Exchange**
  - Compatible pairs cleared for surgery have agreed to enrollment in the Michigan Medicine Paired Donation Program in search of alternate matches. This would allow the potential opportunity for your recipient to find a more suitable donor for him or her while also providing the chance at transplant for someone who otherwise may not have had this opportunity.

Resources for Living Kidney Donation:

- Transplants at Michigan Medicine
- University of Michigan Transplant Center website
  - [http://www.uofmhealth.org/transplant](http://www.uofmhealth.org/transplant)
- [http://wearetransplant.com](http://wearetransplant.com) - We are Transplant
- [www.kidney.org](http://www.kidney.org) - National Kidney Foundation
- [www.ustransplant.org](http://www.ustransplant.org) - USTransplant.org: Supporting the transplant community
- [https://www.unos.org](https://www.unos.org) - United Network for Organ Sharing (UNOS)

Steps to Living Kidney Donation:

- Contact the Living Donor Office 800-333-9013, complete initial intake and determine eligibility
- Review any records if requested to determine if donor is eligible to proceed with evaluation
- Obtain verification of blood type and complete further compatibility testing if needed
- Complete a Formal Evaluation - may consist of 3 different appointments that will be at Michigan Medicine unless specified elsewhere
- Complete Cancer Screening according to the American Cancer Society Guidelines. **Note: this is considered general health maintenance and should be covered by the donor’s insurance.**

Financial Perspective:
Expenses related to living donation evaluation process for Living Donors are covered by the Transplant Center. However, we are unable to reimburse donors for lost wages, traveling or lodging costs. One of the programs we work with is the National Living Donor Assistance Program. This is a federal program that may be able to provide assistance with costs associated with Living Donation. Attached you will find more information about this program as well as additional living donor financial resources.

Post-Donation and Recovery:
Donors are generally discharged from the hospital within 24 hours after surgery. Expected recovery may vary from 4-6 weeks after donation depending on the type of employment and lifestyle of the donor. A 2-week post-operative appointment will be scheduled at Michigan Medicine to determine expected clearance to return to daily activities. We request that you do not drive until you are seen at this post-operative appointment and given clearance to drive. You will be required to have a support person to help you during the post donation recovery.
A sample letter from a kidney patient to friends and family. This could also be used for a donor advocate.

Could you send a letter or email? Here are some words to start you off.

Dear ______________________,

I’m asking for your help to spread the word.

I have kidney disease, and my kidneys have stopped working. My doctors want me to consider getting a kidney transplant, which will give me my best chance of living a longer life. It would also give me more freedom and energy.

I could wait for a kidney from a donor who has died, but it takes a long time. I may have to spend many years on the waiting list before I get a kidney that will work for me. I’m glad to have dialysis to keep me alive while I wait, but it takes a lot of time and can cause more health problems.

I could get a transplant within the next year if someone decides to donate a kidney to me. Living donors don’t have to be related to me. Also, living donors can’t donate if they have diabetes, high blood pressure, or kidney problems.

If you want to help share my need for a donor with your family and friends, I would appreciate it. It can be hard to bring this up with people myself. It’s possible that one of them, or someone they know, would want to help me or someone else. If you want to learn more, please go to exploretransplant.org.

Finally, I want to ask you to consider becoming a donor for me. I know this is a personal decision that isn’t right for everyone. If you want to learn more, the website I mentioned above has videos of actual living donors telling their stories. Please know that if you don’t want to consider living donation, I understand and respect your decision.

If you want more information about living donation, please contact my transplant center, ______________________, at ______________. They’ll be glad to answer your questions.

Thank you for taking the time to read this and for caring about me.

Sincerely,

_____________________

Other words I would add: ________________________________________
_________________________________________________________________
_________________________________________________________________
Prescription for Donating Your Kidney

Are you interested in being a living donor?

1st Step: Contact the University of Michigan Transplant Center at 1-800-333-9013 to speak with a living donor coordinator or go online to complete a screening questionnaire.

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.
Resources to learn more
A guide for patients, family, and friends

Learn about kidney disease and treatment options:

- American Association of Kidney Patients
  aakp.org
- Explore Transplant
  exploretransplant.org
- Kidney School
  kidneyschool.org
- Living Donors Online
  livingdonorsonline.org
- National Kidney Foundation
  kidney.org
- PKD Foundation
  pkdcure.org
- Renal Support Network
  rsnhope.org
- Renewal
  life-renewal.org
- Transplant Recipients International Organization (TRIO)
  triorweb.org

Find a transplant center near you:

- United Network for Organ Sharing (UNOS)
  unos.org
- UNOS Transplant Living
  transplantliving.org/kidney
- U.S. Department of Health & Human Services
  organdonor.gov

For help paying for a transplant:

- American Kidney Fund
  kidneyfund.org
- American Transplant Foundation
  americantransplantfoundation.org
- National Foundation for Transplants
  transplants.org
- National Living Donor Assistance Center
  livingdonorassistance.org
Learn about donor exchange programs:
- Alliance for Paired Donation
  paireddonation.org
- Living Donation California
  livingdonationcalifornia.org
- National Kidney Registry
  kidneyregistry.org
- United Network for Organ Sharing (UNOS)
  unos.org/donation/kidney-paired-donation

Learn about Medicare coverage and dialysis:
- Centers for Medicare & Medicaid Services (CMS)
  cms.gov/center/esrd.asp

EXPLORE Transplant & Living Donation
exploretransplant.org
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