Transplants at University of Michigan Health System

In 1964 a team of surgeons at the University of Michigan Health System (UMHS) performed the first kidney transplant operation in Michigan. Our transplant surgeons now perform between 200 and 250 kidney transplants a year. This makes the UMHS team among the most experienced in the nation. Our kidney transplant team includes transplant surgeons, urologists, nephrologists (kidney doctors), physician assistants, nurse practitioners, nurses, transplant coordinators, social workers, psychologists, pharmacists, dietitians, pathologists and other specialized support staff. The professionals can help you have the best possible kidney donation experience. In addition to an expert team, UMHS also has the most comprehensive medical facility in the state.

Normal Kidneys

Kidneys filter waste products and excess water from your blood. They also make hormones that control your blood pressure and red blood cell count. They keep the water, salt and acid levels in your body balanced. Most people have two kidneys that are located toward the back and under the rib cage, where they are protected. There is one on each side of the spine.

Kidneys produce urine that carries waste products out of your body. Each kidney is attached to a ureter, a tube-like structure. The urine travels through the ureter and empties into a bag-like organ called a bladder. The bladder can stretch to hold urine until it is full. It then signals your brain that you need to urinate. The urine leaves the body through a tube called a urethra. This tube exits through the penis in men and in front of the vagina in women.
Kidney Failure and Transplantation

Kidney failure happens when the kidneys are unable to perform their normal functions. Kidney failure can result from health concerns such as:

- Hypertension
- Glumerulonephritis
- Chronic pyelonephritis
- Hereditary diseases like polycystic kidney disease or Alport’s syndrome
- Metabolic diseases like diabetes mellitus or inborn errors of metabolism such as oxalosis or cystinosis
- Obstructive uropathy
- Medication toxicities
- Multisystem diseases like vasculitis, amyloidosis, or systemic lupus erthematosus
- Congenital malformations including vesical ureteral reflux, hypoplasia and/or dysplasia.

Diseased kidneys do not do a good job of filtering toxins or removing water from the body. To stay healthy, people with diseased kidneys will need dialysis or a kidney transplant. Kidney transplant improves the length and quality of life of those whose own kidneys have failed.

Living Kidney Donors

Each year more than 4,700 Americans die from kidney disease and the complications of kidney disease. As of January 2014, there were 99,202 persons awaiting a kidney transplant from a deceased donor or “brain dead” donor in the United States. At the University of Michigan alone, there were 876 patients waiting. Unfortunately, in the year 2012 only 16,487 such kidney transplants were performed in the United States and 4,903 persons died waiting for a transplant. Because of the severe national organ shortage, alternative solutions to using deceased donors have been sought and include living kidney donation.

There are several advantages for a transplant candidate receiving a living kidney transplant as opposed to receiving a kidney from a deceased donor. The major advantage is that the transplant can occur before the patient begins dialysis, or becomes too ill to survive transplantation or dies. 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, another 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. In addition, you will be able to find out exactly how many patients have been transplanted at the University of Michigan using the living donor method and how the donors and recipients have done.

The Living Donor

Any healthy and willing adult can be considered for a living kidney donation.

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 your best opportunity for a kidney transplant. Please consider asking family or friends to donate to you.

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

- **Direct Donation** from your donor if the donor is a match to you
- **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 benefitting multiple people who otherwise would not have the opportunity to receive a kidney from a living donor.
  - All compatible pairs who are ready to be scheduled for surgery are enrolled 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.
  - If you participate in this program your surgery will not be delayed. We take care to ensure that you are receiving a kidney of equal value.

Our ultimate goal is that you receive a kidney from a live donor as it allows you to be transplanted sooner and provides the best long term outcome. Please have any potential donors contact our office at **1-800-333-9013** even if you believe they are incompatible with you.
**Desensitization**

For information on desensitization, please go to page 10 of the Before Transplant section.

**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 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 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 without your written permission. 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, if they have one.
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 Worksheet. 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.

Those interested in becoming a living donor may go to our online form to start the process of being evaluated as a donor. Please visit [www.uofmhealth.org/transplant](http://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 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**

*Initial 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. 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 you be completely honest with us about your health history, any symptoms you have and also regarding the amount of alcohol that you drink, drug usage and smoking. The results of these evaluations are held confidential; not even the recipient is told what you tell us.

- 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 your lungs and respiratory tract.
• EKG of your heart to determine how well your heart is working and if there is any heart disease you weren’t aware of.

Additional tests may be necessary depending on your individual medical history.

Additional Testing

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

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 two weeks 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 and potentially scheduling surgery once the living donor and the intended recipient have both met all testing requirements.

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.
Pre-Operative History and Physical (Clinic Visit)

A pre-operative history and physical is required within 30 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. If either of you has a cold or flu, we will cancel the operation and reschedule it. You also will be asked not to take aspirin or non-steroidal anti-inflammatory drugs like Advil or Nuprin for seven days before the surgery.

The Donor Operation

The living donor kidney transplant actually involves two overlapping operations between you and the recipient. Your kidney will be removed (called a nephrectomy) with its blood vessels intact in one operating room. 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 several small incisions after inflating the abdomen with gas. Generally 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, a living donor coordinator will contact you to discuss possible dates for the operation. The living donor coordinator will also make all of the hospital arrangements for your admission on that date.

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, and to 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 to two days. You are advised not to drive for three weeks 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 before this visit, contact the transplant team using the contact information you were given at discharge. You will also 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.

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 notify your post-transplant nurse if you develop any of the following symptoms once you have been discharged home:

• A fever of 100.5° 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 your post-transplant nurse of any emergency room treatment or hospitalization.
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 below.

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 below.

Facilities Requesting Pre-Payment (Lab Drawing Fees)

• Occasionally a facility requests prepayment for their services. When this occurs you have several options:
  - If the facility will accept a credit card, you may call 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.
  - You may pay the fee up front and submit your receipt to address below for reimbursement.

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 below.
Follow-up After Donation

- 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:

What functions do the kidneys perform?

Kidneys filter poisons out of your blood and they regulate the water balance in your body.

What are the risks of donating my kidney?

The complication rate for donating a kidney is around 6%. As with any abdominal operation, there is risk for complications. 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 from one to two days.

**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, 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](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. You may not drive for three weeks or while on narcotic pain medications. You will not be able to lift greater than 10 pounds for six weeks to reduce the risk of abdominal herniation.

How much does it hurt?

Although pain tolerance varies by individual, all individuals should anticipate some pain in the days following surgery. 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. In most cases, you will have control over the pain medication through a machine that allows you to push a button and get a dose of pain medication, right after the operation.

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 and the transplant is planned.

Are there any long-term physical restrictions or other limitations?

There are no restrictions or limitations on physical activity once you have recovered from the surgery. However, kidney donors are encouraged to not take non-steroidal anti-inflammatory medications for an extended time period.
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 are unable to find one, we are happy to see you at the University of Michigan to provide the appropriate follow up. If you do not believe that you will be able to travel to the University of Michigan and do not have health insurance that will cover the cost of a primary care physician visit, we will cover the cost of the annual exam and the lab work. Any additional labs, testing, or follow up ordered by your doctor that is not related to donation is unable to be covered. If you need help finding a doctor, please contact our office and we will help you find one close to your location.

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 (Motrin, Ibuprofen, Aleve, Naprosyn).
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 as 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; (734) 615-1827
Fax: (734) 232-1943
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 high-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 preceding 12 months? .............................................................. Y   N

2. Are you a male who has had sexual relations with men in the preceding 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 preceding 12 months? ................................................................. Y   N

4. Have you engaged in sexual relations in exchange for money or drugs in the preceding 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 preceding 12 months? ...................................................................................................................................................................... Y   N

6. Have you injected drugs by intravenous, intramuscular, or subcutaneous route for nonmedical reasons in the preceding 12 months? ................................................................. Y   N

7. Have you been in lockup, jail, or a juvenile correctional facility for more than 72 consecutive hours in the preceding 12 months? ................................................................................................................................................. Y   N

8. Have you been diagnosed with or been treated for syphilis, gonorrhea, chlamydia, or genital ulcers in the preceding 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 or (734) 615-1827. We would be pleased to answer any questions that they may have about living kidney donation or to begin preliminary testing if appropriate.

Sincerely,

Living Kidney Donor Program