

One of the greatest gifts a person can give.

Volunteering to be a living donor is a generous act. The renal transplant waiting list continues to grow longer than the number of kidneys available from deceased donors. This shortage and advances in surgical procedures have increased the level of interest in living donations. Giving a kidney is a major decision, and no one should feel pressured into acting as a living donor. Potential donors should be sure to carefully consider their decision.

The Renal and Pancreas Transplant Program at Medical City is certified as an approved transplant program by the United Network for Organ Sharing (UNOS). Our team of specialists performed the first living donor kidney transplant at Medical City in 1999. The first heart- kidney transplant at this hospital was conducted in 2001. Our specialists continue to perfect the latest surgical techniques, refine protocols and help transplant candidates prepare for lifesaving surgery.

The surgical director of our program has performed over 2,000 kidney transplant operations including multiorgan transplant surgery with simultaneous kidney-pancreas and heart-kidney transplants. Plus, our nephrectomy surgeon has completed over 200 living donor procedures. Our entire team provides an interdisciplinary approach, with individual clinical programs designed to meet each patient's needs.

Our physicians, nurse coordinators and staff are well trained in the recognition and management of the unique problems of end-stage renal disease. All patients receive the attention they deserve, thanks to our small coordinator-to-patient ratio. We work closely with each patient's referring physician, so they are able to play an integral role in treatment and post-transplant recovery.

How does someone qualify to be a living donor?

Kidney donation is completely voluntary. Candidates considering kidney donation should request a donor application from the Medical City Transplant Center. Each potential donor's insurance is verified, and then our transplant team evaluates a series of blood tests to determine whether the candidate's kidney is a good match. If the results are good, the donor will undergo further testing and a psychological evaluation.

What indicates a good match?

The most successful matches come from immediate family members since they share many similar genes. Matches are possible from extended family, friends and coworkers. In 1995, a study by Dr. Paul Terasaki showed that spouses are an important source of living donor kidney transplants. The survival rate for spouse-to-spouse transplants is comparable with results for parent-to-child transplants and better than results from deceased donors. The success rate of living donor kidneys, no matter what the relationship, is significantly greater than those from deceased donors.

What tests determine whether a donor and recipient are compatible?

A series of blood tests are used in the matching process including ABO blood type testing and Human Leukocyte Antigen typing (HLA). Our transplant team analyzes the tests to confirm complementary blood types, similar body tissues and white blood cells. HLA typing identifies whether the potential donor and recipient share similar antigens. Antigens determine whether the body will accept or reject certain substances. The more antigens a donor and recipient share, the less likely it is that the recipient's body will reject the kidney.

Who pays for the living donors tests and surgery?

The donor is not responsible for the cost of tests and surgery. The recipient's insurance company will be asked to pay for the workup process, surgery and post-surgery clinic visit. Medicare and most private health insurance plans pay for living donor costs. Donors are responsible for their own transportation, lodging and any lost wages. Medical City's pre-transplant financial coordinator is available to answer any questions related to expenses.

What is the next step after a successful match?

Our pre-transplant nurse coordinator will schedule a convenient surgery date. Usually, a donor will be admitted the day before surgery for final evaluations and tests to ensure that his or her kidneys are functioning correctly.

What is a laparoscopic nephrectomy?

Laparoscopic nephrectomy is a less invasive surgical procedure used for living kidney donation. During the operation, three incisions are made to insert the surgical instruments. A fourth is used to insert a small camera called a laparoscope to enable the transplant team to view the procedure. A fifth incision is made in the lower abdomen for the removal of the kidney.



How is a laparoscopic nephrectomy different from the traditional kidney donation operation?

A laparoscopic nephrectomy offers a much quicker recovery time than traditional procedures. Donors are usually up and about just a few hours after surgery and return to normal activities within two to three weeks. Other advantages of this less invasive procedure include fewer complications, a shorter hospital stay, less pain and better cosmetic results. However if a tradi-



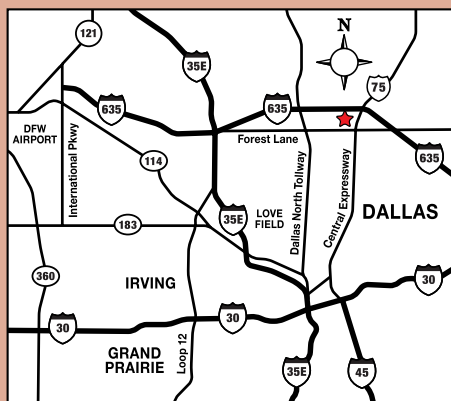
tional open-nephrectomy surgery is preferred, our surgeons at the Medical City Transplant Center have an extensive background in these procedures as well.

What can donors expect before and after the operation?

The donor is taken to the operating room where a general anesthetic is used throughout the surgery. Immediately afterward, the kidney is taken into another operating room to be transplanted into the recipient. Often the kidney begins to function in the recipient before the donor is in the recovery room. The procedure usually lasts about three to four hours.

What happens during the recovery time?

Recovery can be different for each patient. The donor is usually hospitalized for one to two days and may experience muscle soreness, itching and difficulty stretching the area around the incision. Donors typically return to work four weeks after the surgery. All heavy lifting and strenuous exercise should be avoided for about four weeks.



Kidney Donation
Renal Patient Education