

## Living Kidney Donors

### *Benefits, risks, and what to expect*

*Donated kidneys may come from either deceased or living donors. This chapter explains living donation.*

### Who can be a living kidney donor?

There are 2 types of living kidney donors:

- A **living related donor** (LRD) is a blood relative who wants to donate a kidney to a family member.
- A **living unrelated donor** (LURD) is a spouse, in-law, friend, co-worker, or anyone else who wants to donate a kidney to a recipient.

UWMC Transplant Services has a Living Donor Program that teaches and assesses potential living kidney donors for our transplant patients.

People who want to be a living kidney donor must:

- Be over the age of 21, unless *first degree* relative (either a parent, sibling, or child)
- Be under the age of 70
- Be in good health
- Have a body mass index (BMI) of 30 or lower
- Not have diabetes
- Have normal kidney function

### What is the benefit of having a living kidney donor?

With a living donor, the surgery can be done at a time that is best for the recipient. Most times, the wait time is shorter than it is with a deceased donor. This means the recipient is likely to be healthier at the time of transplant.



*A living donor can be a relative or someone who is not related to you.*

**From a living transplant donor:**

*“My sister was on dialysis. I was watching her get sicker. I was glad I could do something to help her get better.”*

## **What is the success rate of living kidney donation?**

- The 1-year success rate for a kidney transplant from a living donor is over 97% (more than 97 out of 100 transplant patients are alive 1 year after transplant).
- The 1-year success rate for a patient who receives a kidney from a deceased donor is about 94% (about 94 out of 100 transplant patients are alive 1 year after transplant).
- We expect that a kidney transplant from a living donor will work for about 15 to 20 years.

## **How do I talk with someone about being a donor?**

- You may want to talk about living kidney donation with your family, spouse or partner, friends, or co-workers who may be interested in donating. Start by giving them basic information and the living donor website ([www.uwmedicine.org/donor](http://www.uwmedicine.org/donor)) or Living Donor Phone Line (206.598.3627) so they can learn more.
- You or someone who knows you can tell your story to others who might be able to donate. If talking about living kidney donation is hard for you, ask a close friend or family member to be your advocate.
- Bring family and friends with you to your transplant evaluation visit so that we can explain living donor transplant to them. Even if they cannot donate, they may be able to talk with others about living donation.

## **Tips on Talking about Living Kidney Donation**

- **Choose a place and time that feels right.** Your family member or friend needs to feel comfortable. Leave plenty of time for the two of you to talk.
- **Speak from your heart and listen with your heart.** Take the time to listen to their feelings and concerns.
- **Be careful not to pressure others.** Donation is a major surgery and a serious decision. People who feel pressured to donate may not be eligible.
- **Give it time.** Don't expect an answer right away. People will need information, time, and support to decide. They may need time to talk with their own family, employer, or others involved in their daily lives.

## **What else do potential donors need to know?**

### **Time off Work**

Kidney donation is major surgery. The donor should allow 4 to 8 weeks for recovery after the surgery. A donor's time off work may be covered with sick leave, vacation pay, or donated time from other employees.

Donors who live in the U.S. may qualify for special leave under the Family and Medical Leave Act (FMLA). Federal employees receive paid leave to be a living kidney donor. Some other employers and state governments also offer paid leave for living donors.

### **Family History**

Some kidney diseases may be inherited. A family member who wants to donate a kidney should talk with their primary care provider about their own risk for kidney disease. The UWMC Living Donor Program team will also talk with potential donors about this concern.

### **Pregnancy**

If a woman has been a living kidney donor and then becomes pregnant, her remaining kidney should not have any problems.

But, she may have a higher risk of:

- *Preeclampsia* (high blood pressure and protein in the urine)
- Having a pre-term birth (early delivery).

The risk for preeclampsia in all women is 2.5% (2.5 out of 100 women). For a female kidney donor, the risk is 4% to 5% (4 to 5 out of 100 women).

If the donor does become pregnant, she should tell her obstetrician that she has only 1 kidney.

### **Smoking**

Potential kidney donors must stop smoking tobacco at least 60 days before the day of surgery. For their recovery and health, we also strongly advise not smoking after kidney donation.

### **What if I have more than 1 donor?**

If more than 1 person wants to be considered for donating a kidney to you, please ask them to call the Living Donor Phone line at 206.598.3627 or visit [www.uwmedicine.org/donor](http://www.uwmedicine.org/donor) and click on “Potential Living Kidney Donor Screening.” The Living Donor Team will review every potential donor for you. Based on our review, we will choose 1 donor at a time to be fully evaluated. Other donors will be considered as back-up.

### **What risks are involved in being a donor?**

Kidney donation is major surgery. There is always risk involved with major surgery.

Potential kidney donors must be in excellent health, not have diabetes, and have kidneys that are healthy and working well. Evaluating a potential kidney donor usually takes about 3 to 6 months. This evaluation is done to make sure that the potential donor is in good health.

The Living Donor Team will review the potential donor's health and test results. At any point, a potential living donor may be found ineligible based on the results of their evaluation.

### **Is there a risk of death from donor surgery?**

The risk of death from donor surgery is very low. Overall, death occurs only 3 times out of 10,000 donor operations. UWMC has had no donor deaths. We have done more than 500 living donor surgeries.

### **Are there increased health risks after donation?**

In a healthy donor, the remaining kidney usually grows in size and is able to provide all the kidney function needed for the rest of the donor's life. The risk of kidney failure, also called *end stage renal disease* (ESRD), for living donors is about the same as it is for other people of the same age, gender, and health who have not donated a kidney.

But, there is a long-term risk of developing ESRD after donating a kidney. The exact level of risk is not known, but it can be as high as 0.5% (1 out of 200 donors).

### **What if my donor is healthy but is not a match for me?**

A positive cross-match or an incompatible blood type means that your potential donor cannot donate to you (see the chapter on "Tissue Matching"). If this occurs, you may be interested in learning about UWMC's Donor Exchange Program.

This program matches donors with recipients through a national exchange program. The program searches through their list of donors and recipients until they find a match. To learn more, visit the National Kidney Registry website at [kidneyregistry.org](http://kidneyregistry.org).

### **What about organ donation from people in the community or anonymous donation?**

Some people have a sincere desire to be a living kidney donor, even if they do not have a relative or friend who needs a kidney transplant. These people are called *non-directed kidney donors*.

UWMC has a non-directed donor program. Non-directed donors can donate either to someone on UWMC's wait list or to someone on the National Kidney Registry's wait list.

Non-directed donors are usually matched to the person on the list who:

- Has a compatible blood type
- Has been waiting the longest for a transplant

**From a living unrelated donor:**

*"I am already signed up as an organ donor, and being able to help someone when I am alive would be terrific."*

**From a potential transplant recipient:**

*"I asked my grandmother to spread the word for me to the rest of the family. I knew my grandmother would not be the donor, but she was a great intermediary. It took the spotlight off me."*

## **Does someone advocate for the donor?**

Every transplant program has an *independent donor advocate* (IDA). Donors can talk with the IDA about their concerns. The IDA advises donors and helps guide them through the process of deciding if donating is in their best interest.

## **What can a potential donor expect?**

- Potential living donors should either:
  - Visit [www.uwmedicine.org/donor](http://www.uwmedicine.org/donor) and click on "Potential Living Kidney Donor Screening."
  - Or:
  - Call the Living Donor Program (LDP) at 206.598.3627. The IDA will ask them some basic questions and explain the donor process to them.
- If the person is interested, we will send them a donor information packet.
- Before a potential donor can begin the donor evaluation, the transplant recipient must be medically and financially cleared for transplant.
- The potential donor may stop the evaluation at any time if they decide they do not want to donate.
- The LDP will contact your donor at 6 months, 1 year, and 2 years after their donor surgery to check on their health. LDP will give the results of their kidney tests to United Network for Organ Sharing (UNOS).

## **Can I find out how a donor's evaluation is going?**

Federal law requires that we keep all health records private. This federal law is called the Health Insurance Portability and Accountability Act (HIPAA).

This means that the transplant team cannot give you or your nephrologist any information about your donor's evaluation. It is up to your donor to tell you about the evaluation process, if they wish.

## **Who pays for living donor evaluations?**

- Sale of human organs is prohibited by the National Organ Transplant Act of 1984. But it is legal to pay for expenses related to living kidney donation such as travel costs and lost wages.
- The potential living donor must get a health history and physical exam before we begin their evaluation. These costs should be covered by the donor's health insurance. The LDP does not cover these costs. If your

potential donor does not have health insurance, they should call the LDP at 206.598.3627.

- The LDP will pay only for the potential donor's medical expenses that are directly related to the required medical workup. If the testing finds health problems that need more evaluation or treatment, the LDP will not cover those costs.
- The expenses for the evaluation surgery, hospital stay, and complications for the potential living kidney donor should be paid by the transplant recipient's insurance. Most recipients have insurance coverage that will pay these donor expenses. If you are not sure if your insurance will cover this, contact your insurance company.

## **What if my donor needs help with travel or housing costs?**

If your potential donor cannot afford to travel to UWMC, they may be able to get help with travel costs.

Receiving this financial help is based on your family size and income. Talk with your social worker about how to apply for this help.

## **How can potential donors learn more?**

To learn more about living kidney donation, the Donor Exchange Program, or non-directed donation, potential donors can call The Living Donor Program at 206.598.3627 or visit [www.uwmedicine.org/donor](http://www.uwmedicine.org/donor).

### **Questions?**

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Transplant Services:  
206.598.3882