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STANFORD HEALTH CARE
STANFORD, CALIFORNIA 94305



**CONSENT • EVALUATION FOR ADULT KIDNEY
TRANSPLANT PATIENTS**

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Addressograph or Label - Patient Name, Medical Record Number

This document is to provide you with information regarding the adult **KIDNEY** transplant evaluation process. It is part of a process we call informed consent. It is important that you read this document. You should ask questions about any of the information that you do not understand.

Evaluation Process:

As part of the evaluation process, you will be asked to have a physical examination, laboratory and diagnostic testing, a financial screening and a psychosocial evaluation. The evaluation process includes meeting with many members of the transplant team. The transplant team may consist of a transplant surgeon, transplant physician, nurse coordinator, anesthesiologist, social worker, financial coordinator, psychiatrist, registered dietitian, transplant pharmacist along with other individuals. All these consultations, tests and procedures will help us to know if a **KIDNEY** transplant is the right treatment for you. It will also help us to know if you are well enough to have **KIDNEY** transplant surgery. The tests will also help us know if there is any other treatment besides a **KIDNEY** transplant that can help you. After you complete your evaluation, the transplant multidisciplinary selection committee will review the results of your pertinent tests, procedures and consultations to determine whether or not you meet the criteria to be placed on the United Network for Organ Sharing (UNOS) wait list. If you do not currently meet the criteria you may be deferred or declined. You will be notified of the selection committee's decision. Please note after listing, if irreversible conditions are found and is such that you no longer meet the criteria for transplant eligibility, you may be removed from the waiting list.

The results of the physical exam and laboratory and diagnostic testing will be discussed with you. In addition, patient selection criteria and suitability for transplant, relevance of any psychosocial issues to the success of the transplant, financial responsibilities resulting from the transplant and the necessity of following a strict medical regimen post transplant will also be discussed with you.

Surgical Procedure:

The transplant kidney is placed in the right or left lower abdomen through an incision on the same side. The blood vessels of the transplant kidney are connected to the blood vessels in your pelvis that go to your leg, and the transplant ureter is attached to your bladder. (The transplant kidney can also be placed through an incision in the middle of the abdomen.) Your own kidneys usually remain undisturbed. The surgery takes about three hours. A bladder catheter is placed during the surgery and remains in place for about three days. After surgery you will recover in the hospital for four to five days, prior to discharge to home.

Surgical Risks:

Surgical risks associated with kidney transplantation are generally low, but can include the following: vascular complications that may lead to limb loss, bleeding that may require transfusion, transplant renal artery stenosis or thrombosis, transplant renal vein thrombosis, arterial rupture, graft rupture, graft thrombosis, lymphocele, hernia, wound or systemic infections, urological complications (such as urinary leakage, urinary obstruction, urinary reflux, and urinary fistula), gastrointestinal complications (such as pancreatitis, intestinal perforation, and bleeding), and death.

Medical and Psychosocial Risks:

Generally, potential medical risks associated with transplant may include, but are not limited to, primary graft non-function, wound infection, pneumonia, blood clot formation, acute tubular necrosis, organ rejection, failure, or re-transplant, lifetime immunosuppressant therapy, arrhythmias and cardiovascular collapse, multi-organ failure and death. Your physician will go into further detail regarding possible additional risks related to you and your particular transplant situation if an organ

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becomes available. Possible psychosocial risks may include, but are not limited to, depression, post-traumatic stress disorder (PTSD), generalized anxiety, anxiety regarding dependence on others and feelings of guilt.

Alternative Treatments: Chronic Dialysis

National and Transplant Center-Specific Outcomes for Adult Kidney Transplantation:

The Scientific Registry of Transplant Recipients (SRTR) provides detailed information about every solid organ transplant program in the United States and reports updated information twice a year. By visiting the SRTR website (www.SRTR.org), you can access information about our program published by the SRTR, such as transplant volume, waitlist size, transplant rate, and post-transplant patient outcomes. On SRTR's website, select the organ and then enter "Stanford Health Care" in the search box to view our program information. You may contact our program at 650-725-9891 for any additional questions or assistance with the use of SRTR website.

The Scientific Registry of Transplant Recipients (SRTR) reports the results of transplantation in the United States. National statistics from SRTR dated January 9, 2024 show that one year after transplantation 96.27% of kidney transplant recipients are alive and 94.09% transplant kidneys are functioning. The results at Stanford Health Care published by the SRTR are:

Observed one year patient survival is <u>97.07%</u>	Observed one year graft survival <u>97.42%</u>
Expected one year patient survival is <u>96.49%</u>	Expected one year graft survival <u>95.22%</u>

Notification of Medicare Outcome Requirements Not Being Met by Center:

Specific outcome requirements need to be met by transplant centers and we are required to notify you if we do not meet those requirements. Currently, Stanford Health Care: Meets all requirements for transplant centers Does not meet the following requirements:

Organ Donor Risk Factors:

Certain conditions in the donor may affect the success of the patient's transplant such as the donor's history or the condition/age of the organs used. Additionally, there is a potential risk that the patient may contract HIV and other infectious diseases if they cannot be detected in the donor. If an organ becomes available, the physician will discuss more specific donor risks if any.

Right to Refuse Transplant:

You have the choice not to undergo transplantation. Generally, if you choose not to have a transplant, your options include continued medical management. Your physician will discuss more specific options with you should you wish to decline transplant.

If you have the transplant at a facility that is not approved by Medicare for transplantation, your ability to have immunosuppressive drugs paid for under Medicare Part B could be affected.

Future Health Problems:

There is a possibility that future health problems related to the transplantation may not be covered by your insurance carrier. Also attempts to secure health, disability or life insurance may be jeopardized and denial of coverage is a possibility.

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I have received the booklet *Questions and Answers for Transplant Candidates and Families about Multiple Listing and Waiting Time Transfer* and the UNOS (United Network for Organ Sharing) toll-free patient services helpline number.

Prior to evaluation, I have received this information as well as other educational materials, in written and media format from the transplant team. As part of education provided, I have been informed about the transplantation process, listing, organ allocation, donation, immunosuppressive medications, along with an overview of transplant surgery, and my responsibilities while on the waiting list. I have been given an opportunity to read and view the information and ask questions. I understand the information that has been provided to me. Once an organ is identified, I understand that the physician will discuss again the specific surgical procedure, risks, alternatives, potential donor risks and outcomes information with me prior to any transplant.

DATE TIME SIGNATURE (Patient /Legal Designated Representative)

PRINT NAME RELATIONSHIP TO PATIENT

If an interpreter participated in the informed consent discussion:

PRINT SHC in-person interpreter name Video or TEL Interpreter ID# Language

DATE TIME NURSE COORDINATOR SIGNATURE PRINT NAME

DATE TIME TRANSPLANT PHYSICIAN/SURGEON SIGNATURE

PRINT NAME