



# Kidney Transplant Program

GUIDE TO BECOMING A LIVING DONOR

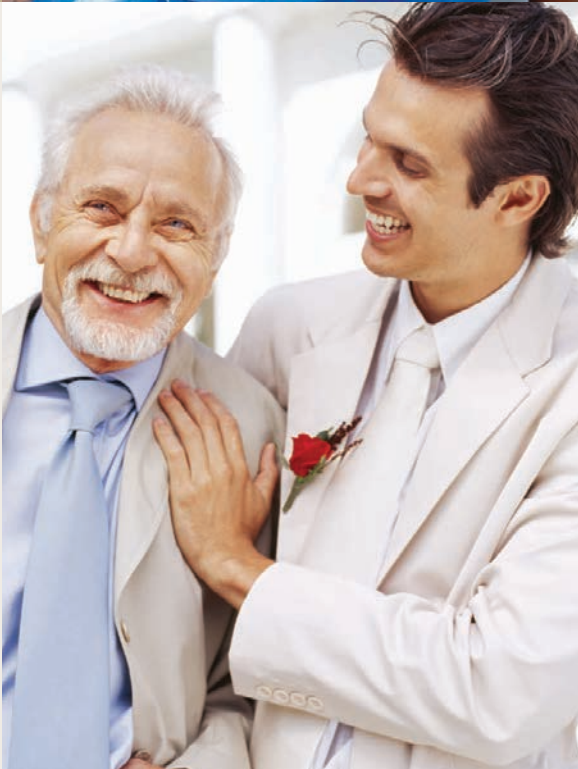


**Stanford**  
HEALTH CARE





“It has been over three years since the transplant and my kidneys are working well—one for me and one for [my son].”  
— Patricia, kidney donor





# Giving the “Gift of Life”



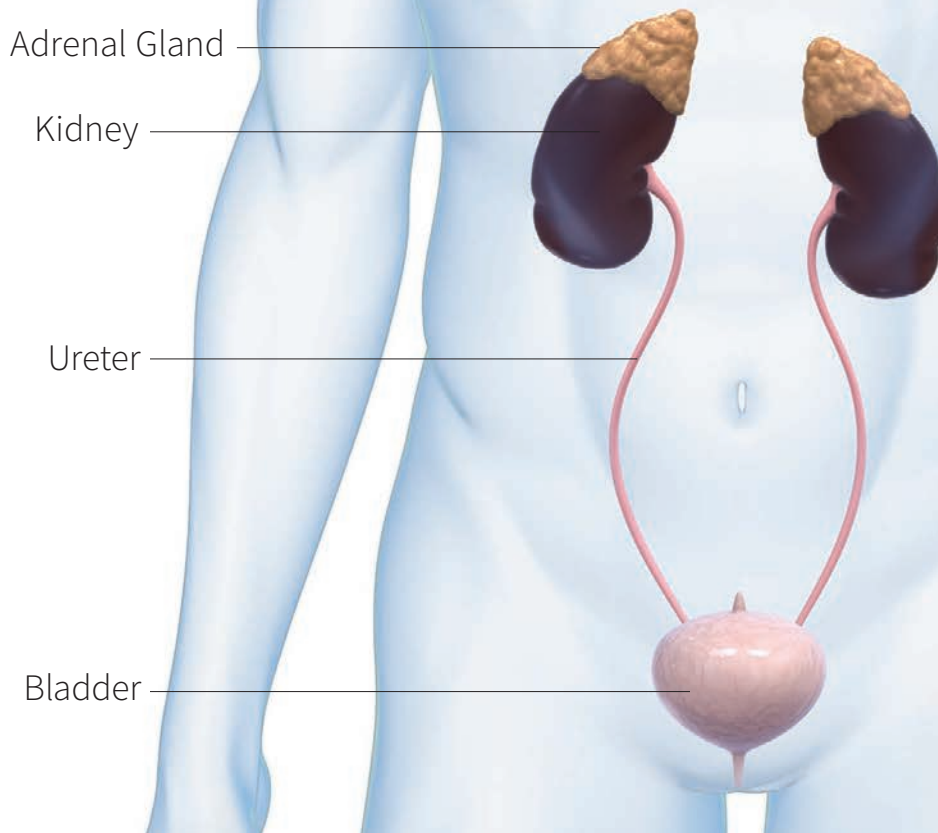
## **THE BENEFITS OF LIVING DONATION**

It takes a special person to serve as a kidney donor for a family member or friend. At Stanford Health Care we look at donors as heroes, and we treat you like one.

Living donation offers significant advantages, including improved transplant kidney and patient survival rates (compared with kidneys from deceased donors) and shorter waiting time to transplantation for the recipient. However, it is important that you fully understand the process and the potential risks involved.

This information booklet will provide you with an overview of the evaluation process and the donor procedure. It will also address frequently asked questions, including questions about recovery, medical costs, and follow-up care. Please write down any questions or concerns so that you can be sure to discuss them with your living donor coordinator. We are here to support you every step of the way.

*Donating a kidney is a completely voluntary decision. It is your right to withdraw from this process at any time.*



*Located toward the back of your abdomen, kidneys play an important role in maintaining healthy body function.*



### THE HIGHEST QUALITY CARE

Stanford Health Care's Kidney Transplant Program has repeatedly achieved statistically higher-than-expected patient and transplant-kidney survival rates at the one- and three-year marks after transplantation.

To see current outcomes from the Scientific Registry of Transplant Recipients Program Reports, please visit [stanfordhealthcare.org/kidneytxprogram](https://stanfordhealthcare.org/kidneytxprogram) or visit the Scientific Registry of Transplant Recipients at [srtr.org](https://srtr.org).

# The Kidneys

Your kidneys filter your blood and remove waste products from your body as urine (which travels from your kidneys through your ureters to your bladder). They also regulate your body’s fluid balance, release hormones that control your blood pressure and stimulate the production of red blood cells, and break down insulin.

If a person’s kidneys stop working, his or her doctor may recommend dialysis or transplant:

## DIALYSIS

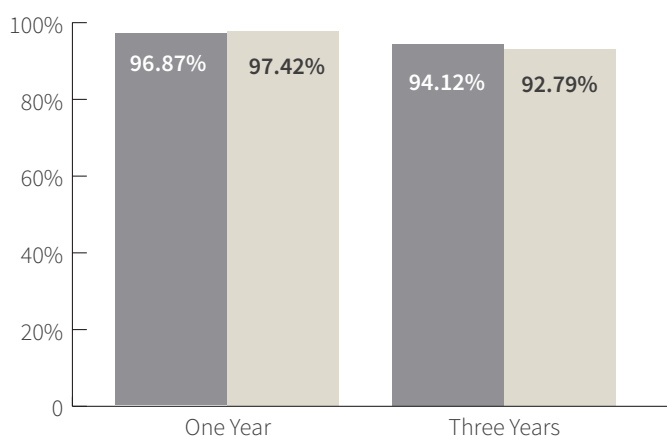
Dialysis is a procedure that removes waste products that are normally eliminated by the kidneys. There are two types of dialysis: hemodialysis and peritoneal dialysis. Hemodialysis is performed multiple times a week and takes three to five hours each session, while peritoneal dialysis is done daily. People on dialysis may experience discomfort, fatigue, and other complications of kidney failure and dialysis.

## TRANSPLANT

A kidney transplant is a surgical procedure performed to replace the diseased kidneys with a healthy kidney from another person. While transplant may provide better quality of life and greater life expectancy for a recipient (compared to dialysis), it is essential that both donors and recipients understand the procedure and are aware of the risks.

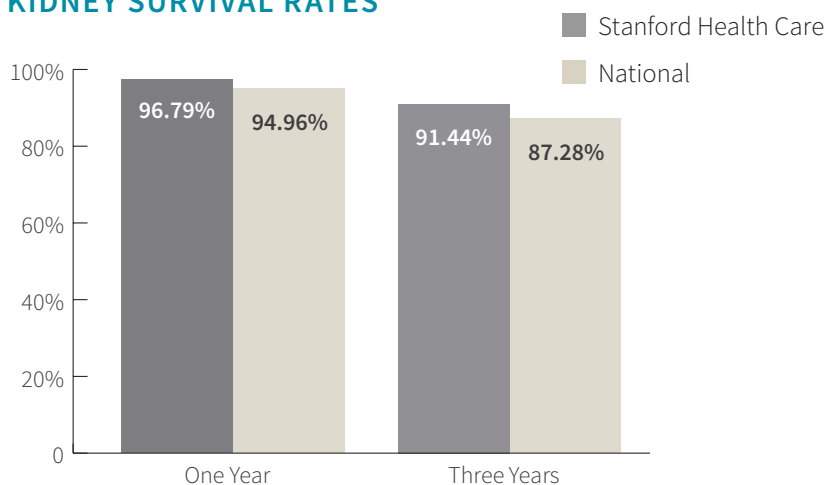
*Remember: dialysis and transplant are treatment options for kidney failure, not cures.*

## PATIENT SURVIVAL RATES



Source: SRTR Program Reports-December 16, 2015

## KIDNEY SURVIVAL RATES



# Considering Living Kidney Donation

The number of people on the kidney transplant waitlist continues to grow, with more than 100,000 Americans awaiting a compatible donor at any given time. More than 10 percent of those on the U.S. transplant waitlist reside in the Bay Area. Nearly 17,000 transplants are performed each year in the U.S.; approximately 10,000 are deceased donor transplants and 6,000 are living donor transplants.

**CONFIDENTIALITY** • Stanford respects your privacy and the privacy of the intended recipient.

Each of you will be assigned separate transplant nephrologists, transplant coordinators and transplant social workers, and your medical information will not be shared.

## POTENTIAL LIVING DONORS MUST BE:

- in an established relationship with the recipient:
  - sibling, parent, child, spouse, relative, or close friend
- competent and freely willing to donate, without coercion or financial gain
- 18 years of age or older
- a compatible match with the recipient
  - compatible blood type
  - compatible body and organ size
- able and willing to comply with follow-up care
- in good physical and mental health
  - no HIV infection
  - no chronic viral hepatitis
  - not an active alcoholic or heavy alcohol user
  - no history of IV substance abuse
  - not under treatment for psychiatric illness
  - no active malignancy
  - no heart or lung disease that requires medication
  - no history of diabetes mellitus
  - no serious chronic medical illness
  - Body Mass Index (BMI) less than 30

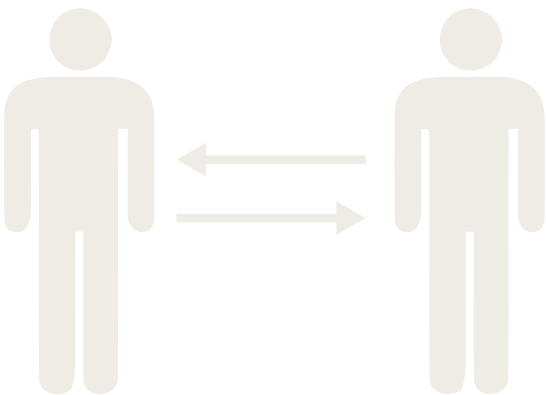




“ Even though being a match is an odds-defying result, at no time did anyone on the staff put any pressure on me to donate. In fact, I was respectfully reminded that I had the choice to change my mind at any time.

—Christine, kidney donor”





### INITIATING CONTACT FOR SCREENING

It is up to you to start the process to let us know you are interested in becoming a donor. The first step is to contact our living donor team through completion of an online questionnaire at **[StanfordHealthCareLiveDonors.org](https://StanfordHealthCareLiveDonors.org)**.

### COMPATIBILITY TESTING

Once you have passed the screening, we will conduct compatibility testing. This includes your blood type and a crossmatch. A crossmatch is a blood test that determines compatibility between donor and recipient. A positive crossmatch indicates incompatibility. A negative crossmatch indicates compatibility.



# The Evaluation Process

If you would like to become a donor, you will need to complete an evaluation process to make sure you are a good match and to ensure the safety of both you and the intended recipient. The evaluation process is stepwise and takes several months to complete. If you are not an immediate family member, you will be asked to contact one of our transplant social workers for an initial discussion by telephone.

The evaluation consists of:

# 1

## MEDICAL EVALUATION

The medical evaluation includes blood and urine lab tests, a chest x-ray, and an EKG, some of which you may be asked to complete prior to your first clinic visit. At your clinic visit you will meet a transplant coordinator and a transplant nephrologist. You will undergo a thorough medical history and physical examination. Following this initial evaluation, you may be asked to undergo further testing.

The final tests in the evaluation are an ultrasound and scan of the kidneys. These tests show us your kidneys and their blood vessels, so that we can determine if donor surgery is feasible.

# 2

## PSYCHOSOCIAL EVALUATION

At your first clinic visit, you will also meet a transplant social worker who will assess your emotional wellness and ensure that you are confident in your decision to become a donor. This step is essential to help determine if you and your family will be able to withstand the emotional, physical, and financial stress that transplantation and major surgery present. You may also be asked to undergo a psychosocial evaluation with a transplant psychiatrist.

# 3

## SURGICAL EVALUATION

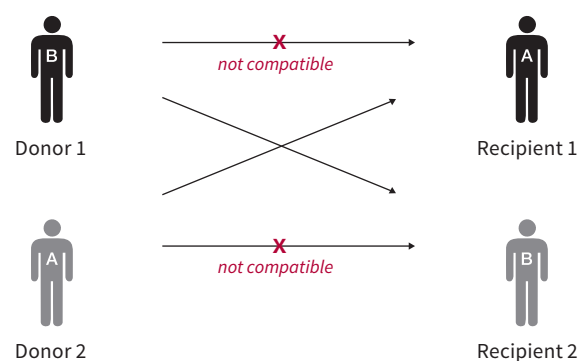
Once you have passed your medical and psychosocial evaluations, you will be asked to return to clinic to meet a transplant surgeon for surgical evaluation and discussion of kidney donation surgery in greater detail.

# Options for Incompatible Donors

Sometimes people who wish to become a living donor are not compatible with the intended recipient. For instance, a donor may have blood type A, while the recipient is blood type B. Depending on your incompatibility, other approaches to transplant are available.

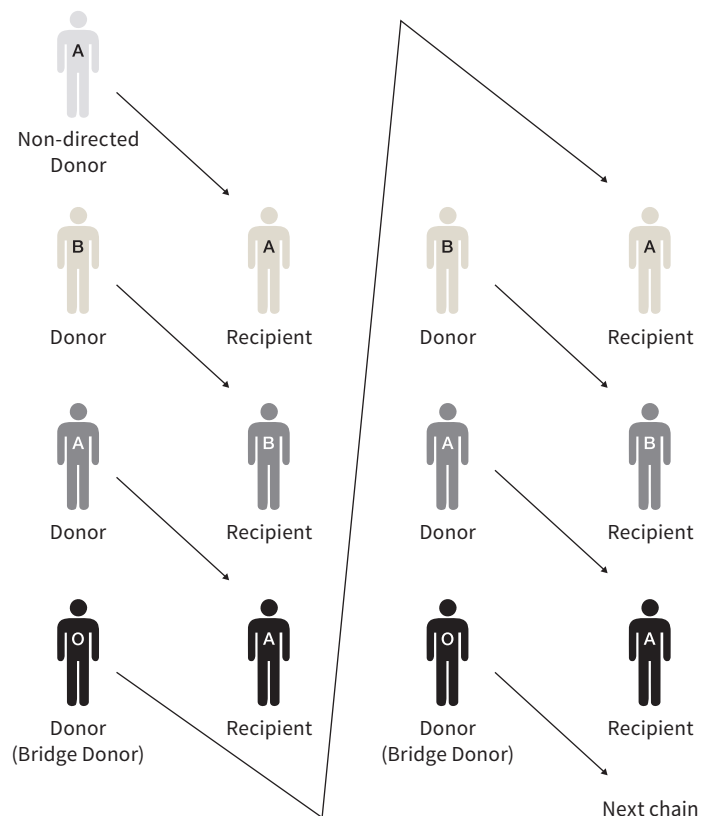
## PAIRED EXCHANGE

With paired-organ donation, a donor exchanges his or her kidney with the living donor from another incompatible donor/recipient pair to create two compatible pairs. While it is true that the donor will not directly donate his or her kidney to the intended recipient, exchanging with another incompatible pair will allow for two compatible transplants.



## CHAIN TRANSPLANTS

Donor chains work similarly to paired kidney donations in that they involve healthy and willing—but incompatible—donors. The chain is initiated by what is called a non-directed donor. A non-directed donor is someone who offers to donate a kidney without a designated recipient, but with the explicit wish to donate to someone in need of a transplant.







“ I feel so positive about this experience even though I was not able to donate directly to a loved one. In some ways it’s better because this way I was able to help multiple people.

—Josephine, kidney donor”





“The whole team did a great job, from the lowest level to the highest. God bless every person at Stanford.

—Fred, kidney recipient”



# Innovative Approaches

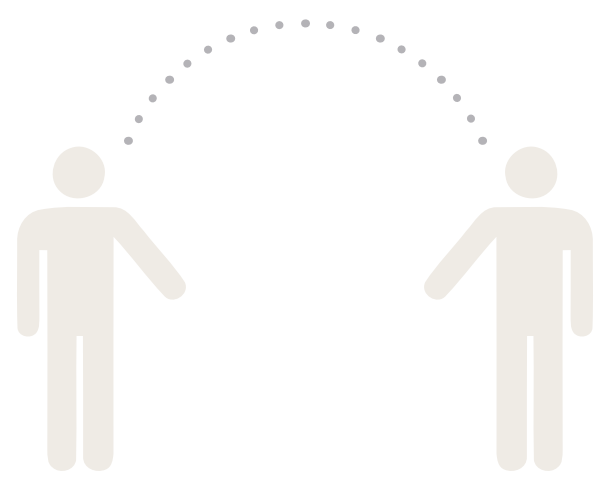
Stanford Hospital’s Kidney Transplant Program is one of the centers in the nation to offer advanced procedures that reduce the waiting time for recipients and make transplant possible.

## DESENSITIZATION

Patients are said to be sensitized when they have developed organ-rejecting antibodies after transfusion, previous transplant, or pregnancy. Prior to surgery, an intravenous immunoglobulin (IVIG) infusion and/or other treatments can help highly sensitized patients accept a new kidney. Stanford is one of the transplant centers in the US with an active desensitization program.

## ABO INCOMPATIBLE TRANSPLANTS

Ordinarily, if a person receives a kidney from a person with a different blood type, his or her immune system will recognize the organ as foreign and attack it. A process called plasmapheresis is used to remove the antibodies against the different blood type. Stanford offers a protocol that allows some recipients with incompatible blood type donors to undergo this procedure so the transplant can take place.



## LIVING DONOR MENTORS

If you would like to talk to someone who can share his or her experience as a donor, please let us know. We would be happy to connect you. Please visit us at [stanfordhealthcare.org/kidneytxprogram](http://stanfordhealthcare.org/kidneytxprogram).

# The Independent Donor Advocate

Living donor transplant programs must provide an Independent Donor Advocate (IDA) whose responsibilities include but are not limited to the following:

- 1 Promoting the best interest of the potential living donor
- 2 Advocating for the rights of the potential living donor
- 3 Assisting the potential living donor in obtaining and understanding information about the:
  - consent process
  - surgical procedure
  - evaluation process
  - benefit and need for follow-up

**At Stanford, the IDA ensures that your rights as a potential organ donor are fully represented. The IDA serves as your living donor advocate from the time you contact the transplant program, as well as after donation. Your current and future safety is our number-one concern.**







Keep in mind that at any point in the donor evaluation process, you have the right to change your mind. We will respect your decision whether you decide to move forward or decide to stop the process.





## LAPAROSCOPIC KIDNEY REMOVAL SURGERY

During hand-assisted laparoscopic surgery, your surgeon will make a series of small incisions (about the size of a dime) in your lower abdomen and insert a laparoscope—a tiny tube with a light and a camera—to view and access the kidney. Your kidney will then be removed through a three- to four-inch incision below your belly button.



# Surgery & Recovery

Advances in medical technology in recent years have led to increasingly less invasive procedures for kidney donors. While the procedure to remove a donor kidney (called nephrectomy) may be either conventional or laparoscopic surgery, more often than not donor kidneys are removed using hand-assisted laparoscopic techniques. If conventional surgery is required, we also offer a “muscle-sparing open nephrectomy,” which can shorten recovery time.

Once the donor kidney is removed, it is transplanted within hours into the recipient. During the recipient surgery, the donor kidney will be placed in the lower abdomen, and the native kidneys will remain undisturbed.

The donor surgery takes about three hours, and pain medication is provided after surgery as needed. Donors typically stay in the hospital for two days and return to normal activities within four to six weeks. However, we recommend that you do not return to work for about six weeks, depending on the physical requirements of your job.

Donation should not be taken lightly. Serious thought should be given to the future consequences of your overall health before donating a kidney. As part of the evaluation process, you will have multiple opportunities to discuss with the transplant team the potential risks associated with kidney donation.



## FOLLOW-UP CARE

Upon discharge from the hospital, we will arrange a follow-up appointment at Stanford within two weeks to see how you are healing. You will also need to schedule follow-up appointments at six months, one year, and two years after kidney donation.

# Donor Medical Costs

Generally, the transplant recipient's health insurance covers the donor's transplant-related medical costs, including evaluation, surgery, and follow-up care. Stanford's transplant financial coordinators will verify coverage availability to ensure the donor and recipient have no undue out-of-pocket expense.

Donors are responsible for non-medical expenses, such as transportation and time off from work. If you are currently working full-time, we encourage you to research your disability coverage, as it may help bridge this gap.

While donors generally do not have difficulty obtaining medical insurance post-donation, some donors have reported difficulty obtaining life insurance—however, this is rare. Transplant financial coordinators at Stanford are available to assist both transplant recipients and donors with questions about insurance coverage.

**MAKING AN INFORMED DECISION** • Donating a kidney is a big decision. As you consider becoming a donor, learn everything you can, research the risks and benefits, and ask lots of questions. Only you can decide if becoming a donor is the right decision for you.

Thank you for taking the time to read this brochure. If you are interested in becoming a donor, please complete the online questionnaire to start the process and learn more about kidney donation, at **[StanfordHealthCareLiveDonors.org](https://StanfordHealthCareLiveDonors.org)**.



# Resources

**STANFORD KIDNEY TRANSPLANT PROGRAM**

[stanfordhealthcare.org/kidneytxprogram](https://stanfordhealthcare.org/kidneytxprogram)

**STANFORD HEALTH LIBRARY**

Free and open to the public

[stanfordhealthcare.org/healthlibrary](https://stanfordhealthcare.org/healthlibrary)

**UNITED NETWORK FOR ORGAN SHARING (UNOS)**

[unos.org](https://unos.org)

**DONOR NETWORK WEST**

[donornetworkwest.org](https://donornetworkwest.org)

**NATIONAL KIDNEY FOUNDATION (NKF)**

[kidney.org](https://kidney.org)

**SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS (SRTR)**

[srtr.org](https://srtr.org)

This information is not intended to replace the medical advice of your doctor or healthcare provider. Please consult your health care provider for advice about a specific medical condition.



For questions about the Kidney  
Transplant Program, call us at  
**650.725.9891**

For the living donor coordinator, call  
**650.498.8382**

For Interpreter Services, call  
**650.723.6940**

For more information, visit  
**[stanfordhealthcare.org/kidneytxprogram](https://stanfordhealthcare.org/kidneytxprogram)**