Living Kidney Donor Program
Is my Information confidential?
At the time that you express an interest in being considered for kidney donation, you will be interviewed by one of the transplant coordinators, who will ask questions about your medical history and demographics. This coordinator will also answer all of your questions and guide you through the process from the first phone call or meeting, to the transplant itself. There are many aspects to your evaluation as a potential living donor, and there can be many reasons why you may be turned down as a donor, even if you volunteer. Our first and foremost consideration is for your health and safety. All discussions and test results are held in confidence by the medical team members and are not at any time shared with your potential recipient. The decision to donate a kidney is a voluntary one. Should you decide at any point against donation, the transplant team will respect the privacy of your choice.

What are the benefits of being a living donor?
For most donors there is a personal reward that results from the act of giving the precious gift of good health to someone with kidney failure. Without kidney transplantation there will be no hope for recovery of kidney function. How fortunate it is that your generosity and today’s medical science makes this form of transplantation successful in over 90% of the recipients. For the recipient there are many benefits, including a high success rate, a low complication rate, the ability to plan for the transplant procedure, and most importantly the opportunity for a healthier, happier life with your kidney. Past experience has shown that long after kidney donation, our living donors continue to feel internally rewarded.
What are my risks?
Before you become a kidney donor, we perform many tests to be certain that you are in good health and that you have two healthy kidneys. Although serious complications can occur from any major operation, life threatening complications from kidney donation are rare. You will not be allowed to donate if your evaluation reveals that you have risk factors which may lead to complications from surgery or if there are risks from developing kidney problems in the future. People live normally with one kidney and resume all of their normal activities without restriction following the recovery of the donation procedure. The ability to obtain insurance coverage after you have become a donor is not restricted by most insurance companies.

What is the cost of donating a kidney?
The cost of most medical testing and appointments with physicians are covered by the transplant center. During the evaluation process, if a pre-existing condition is found with the need for further evaluation, the donor would be responsible for costs associated with this pre-existing condition. The actual costs of your hospital admission and surgery, should you be selected as a kidney donor, will be covered in part by both the recipient’s health insurance and the transplant center.

How do I get started?
As a donor, you must make the first contact with out transplant center concerning your interest in being a living donor. The transplant coordinator will perform an initial screening, either by phone or in person, including questions regarding your medical history and demographics. You may be excluded as a donor without further testing if you have a medical history of diabetes, high blood pressure, heart disease, or if you have risk of developing kidney disease in your future.

Blood Testing
If you appear to be in good health from the initial screening, arrangements will be made to have your blood drawn in order to determine if you are compatible with the intended recipient. You must have the proper A, B, or O blood type. If you are compatible on the basis of ABO testing, then the tissue match will be determined. The most critical test is called the cross match in which your blood and the recipient’s blood are mixed together to be certain that you are compatible with the recipient. If these tests are compatible, you will proceed to the next steps. The results of a cross match can change over time. For this reason, this test is repeated within one week of the scheduled transplant.
Evaluation and Testing

If the initial screening and compatibility testing show that you might be a suitable donor, the evaluation process begins. First is a visit with the donor advocate, donor social worker, and the living donor transplant coordinator. Education will be provided during this session regarding the process. At this time you will be given a copy of the surgical consent form and sign a copy of the evaluation consent form. Following this meeting, your clinical testing begins and will include blood tests, urine testing, chest x-ray, and electrocardiogram (EKG). These results will be reviewed with you and a plan of care discussed. Most of the time, the donor will move forward to having a CT scan. The CT scan will look at your kidneys to be certain that both kidneys are normal in appearance and anatomy. A PAP smear and mammogram will be required for all females. If all of this testing is suitable, you will then undergo a complete physical examination and consultation with a nephrologist (a kidney specialist). The purpose of this thorough testing is to be certain that you have a minimal risk from donation, and that your loved one will receive a healthy kidney. Occasionally, additional testing or consultation may be required. The costs of these additional evaluations may be billed to your own health care insurance if the condition is a medical problem that has previously been diagnosed. The final step before donation is to meet with the transplant urologist. This is the surgeon who will remove your kidney. The urologist will review your records, and explain the operative procedure and its risks.

When do I get admitted to the hospital?

When all of your tests and medical evaluations are completed, you are cleared as a kidney donor, the surgery date will be scheduled at a date convenient for both you and the recipient. In any case, the earliest date may not be available for several weeks, depending upon the availability and coordination of the operating room schedules. You will need to have preoperative blood testing done a few days before surgery to ensure that your health status has not changed. In addition, the cross match test with your recipient will be repeated to ensure that you are still compatible for transplantation. You will also be instructed not to eat or drink anything after midnight on the night before surgery and you will be admitted to the hospital on the morning of the scheduled surgery. The transplant coordinator will keep you informed with all of the final details.
What happens during the surgery?

There are two types of surgical procedures that may be used to remove the donated kidney. The anatomy of your kidneys will determine the type of surgery that will be most appropriate. The transplant urologist will make this decision during your office visit and will describe the procedure to you in further detail. Both types of surgical procedures are performed under general anesthetic, which means you will be asleep during the 4-6 hour operation.

The first and most common type of surgery is the laparoscopic procedure. This surgery requires 3-4 small, puncture incisions on the abdomen through which a miniature camera and surgical instruments are inserted. In addition, a 4-inch incision is made on the lower abdomen through which the kidney is removed. The second type of surgery is the open nephrectomy (surgical removal of the kidney). This surgery is performed through a 6-8 inch incision on the upper abdomen and side.

What are the potential complications?

As with all major surgical procedures, you will experience pain that can be readily controlled with medications. You may also have nausea or vomiting, and bloating. Other complications which can occur include, but are not limited to, infection, bleeding, pneumonia, blood clots, or allergic reaction to medications. All of these complications are infrequent, and are associated with any major operation. Blood transfusions are usually not necessary during or after the surgery to donate a kidney.

Over 95% of the time the donated kidney begins to function immediately and no further dialysis is needed. Rarely there may be delayed function of the transplant requiring temporary dialysis.

While it is true that bleeding, clotting, or obstruction of the kidney can cause early failure, this rarely happens and most of our recipients leave the hospital with a functioning transplant. It is important that both you and your recipient are aware that failure can occur. If this does happen, it is certainly beyond your control. It will be our job to minimize any chance of failure by careful testing and planning.
How long will I be in the hospital?
The usual length of hospital stay for kidney donors is 3-5 days regardless of the type of surgery you have. You will be cared for on a floor that specializes in the nursing care of patients who have had recent surgery. Recovery from kidney donation is a gradual process and different individuals recover at different rates. Most patients are able to return to normal activities within 3-6 weeks.

What happens when I go home after surgery?
After discharge from the hospital you may walk and climb stairs, but you should not lift anything heavier than a phonebook for the first 3-4 weeks. You will be advised not to drive for the first 2 weeks. You will not be able to return to work for the first few weeks depending on what type of surgical procedure you have, and the type of work that you do. You may find that you need frequent naps for the first few weeks after surgery while you recuperate. Walking is considered good exercise, and is encouraged. Simply, you should not do anything that feels uncomfortable.

What medical follow up is required after surgery?
You will need to see the urologist who performed your surgery approximately 4 weeks after you are discharged from the hospital, and again at 6 months. The cost of this visit will be covered by the transplant center, or the recipient’s health insurance. It is then recommended that you follow up with your regular physician every year thereafter for a routine examination, as covered by your own health care insurance.
Living Donor Transplant Coordinator: This is a nurse who works directly with each donor and coordinates their care. The coordinator is available to answer any questions you have about the evaluation and provide education about the process. The transplant coordinator will review your clinical testing and work with the physicians to ensure that you have a safe, well-educated donation process.

Living Donor Social Worker: The Social Worker will talk with you to determine the family, friends, and support systems that you have to assist you through the donation process and recuperation period after surgery. He or she will also discuss issues related to absence from work, lost wages, travel expenses, and child care expenses that you may incur. The social worker will also determine if there are any potential psychological problems that would interfere with your decision to consent for living donation.

Living Donor Advocate: The role and responsibility of the Donor Advocate is to provide a neutral person for potential donors utilize to if he/she has questions or concerns regarding donation and to advocate for the living donor’s rights and wishes by ensuring the donor has been afforded and given “informed consent.”

Transplant Nephrologist: The Transplant Nephrologist is a physician that specializes in the care of both donors and recipients. He or she will review all of the medical testing completed during the evaluation and obtain information about the donor’s health history and the family health history. It is the job of the Nephrologist to give medical clearance for the donation.

Transplant Urologist: The Transplant Urologist is the surgeon that performs the removal of the donor’s kidney. The surgeon meets with the donor prior to the surgery, reviews the donor evaluation and gives surgical clearance for the donation. The surgeon also sees the donor postoperatively to ensure a safe recovery.
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