

## **Living Kidney Donation: After Surgery**

When your surgery is completed, you will be taken to the recovery room. After one to two hours you will be moved to your room on the nursing unit. When you arrive in your room, you will still be quite sleepy. You will still have the IV and Foley catheter in place. Because anesthesia can increase your lung secretions-which can stay in your lungs and may lead to pneumonia-you will be asked to cough and do deep breathing exercises at least hourly, while you are awake. By breathing deeply, air reaches the area where the secretions collect- and coughing helps to bring them up. A small plastic tool (incentive spirometer) will be used to help you take deep breaths.

Typically, you will be required to get out of bed to walk about six hours after you return to your room. Walking will help prevent many problems that can occur after surgery. These include pneumonia, blood clots and bowel problems. You should walk at least every one to two hours, while you are awake, during the first few weeks. You will be given TED socks (elastic stockings) and leg SCDs (sequential compression devices) to wear. The SCDs will provide a constant massage to your lower legs, to help the blood flow to and from your legs, which helps prevent blood clots. While you are in the hospital, you will also receive heparin (a blood thinner) via an injection in your stomach, twice a day, which also helps to prevent blood clots.

Your urine output will be measured hourly for the first day. When the Foley catheter is removed, we will measure your output every time you void. This helps us know that your remaining kidney is working well.

Your doctor will decide when you can resume eating. Surgery and pain medications can slow the wave-like action of your bowels for a short time. As bowel activity and sounds return and you start to pass gas, you will be given liquids. Slowly you will advance to eating regular food. Walking as early as you are able will help your bowel function return to normal.

It is important for you to look at your incisions each day, and to watch for signs of infection such as redness, swelling and/or drainage.

You will go home three to four days after surgery. The length of stay may be shorter if you had laparoscopic surgery. Your nurse and doctor will give you additional instructions before discharge. You will also have pain medicine ordered, and you will want to take it home with you. Pain medicine can cause constipation because it slows down bowel movements as they travel through the intestine. This causes the stool to become hard. If you have hard bowel movements, have trouble passing bowel movements and/or the movements are not often enough, then you are constipated. After surgery, you will be started on stool softeners to help avoid constipation. These suggestions may help you avoid constipation:

Eat foods that have helped you to relieve constipation in the past

- Eat foods high in fiber, as long as they have been approved by your doctor. This includes foods such as uncooked fruits, raw vegetables and whole grains and cereals. Prune juice is high in fiber. If you are not hungry, do not force yourself to eat fiber.
- Drink plenty of liquids. Eight to ten eight-ounce glasses of fluid each day will help keep your stools soft. Warm liquids often help with bowel movements.
- Walk as much as you are able each day. Increase the amount you walk as you are able.
- Plan your bowel movements for the same time each day, if you can. Set aside time for sitting on the toilet.
- Aim for a bowel movement every second or third day rather than every day.

After surgery you will need to restrict your activities and driving, but walking is a good exercise anytime. Do not lift more than ten pounds for the first four to six weeks after an open surgery- and for three to four weeks after laparoscopic surgery. After four to six weeks you may begin to exercise with moderation and to lift objects heavier than ten pounds. Remember to increase to more strenuous activities slowly. You cannot drive if you are still taking pain pills. In most cases, you may return to work after four to six weeks. Some people may go back to work as early as two weeks. This will depend on your occupation, and what exactly you do while working. Please discuss with your doctor your options for returning to work.

Prior to being discharged from the hospital, you should know the date and time for your first follow up appointment at the transplant clinic. This will be scheduled for you approximately three to four weeks after your surgery. Further activity and work guidelines will be discussed at this clinic visit. If any questions or problems arise before that visit, please call the transplant coordinator. Between four-six months after surgery, we will schedule your second routine check-up, either in the transplant clinic or with your local physician. We will then want you to have additional one year and two year post- surgery check-ups. These can be done either in the transplant clinic or with your local physician. If you do the one and two year follow-up visits locally, you are responsible for those costs. Your coordinator will review and assist you with our check-up visit recommendations.

We suggest that your routine annual physical with your local doctor include a physical exam, a blood pressure check, blood creatinine level test and urine testing to see how your kidney is working. The cost of the annual local check-ups will be your responsibility.

After kidney donation your life style should be unchanged. You will not need to follow any special diet or take any medicine because you donated a kidney. We suggest that you avoid long-term or heavy use of any medicines that can affect kidney function. A common type of medicine we recommend avoiding is the class called nonsteroidal anti-inflammatory drugs (NSAIDS). Examples of such medicines are: naproxen, ibuprofen and aspirin. Ibuprofen is found in many over-the-counter medicines such as Advil<sup>®</sup>, Motrin<sup>®</sup>, Midol<sup>®</sup>, Nuprin<sup>®</sup> and Rufen<sup>®</sup>. Naproxen is also known as Aleve<sup>®</sup>. These medicines may also be combined with many other over-the-counter cold medicines. If you have any questions about a medicine that may contain ibuprofen or naproxen, as well as any other medicine or over-the-counter product, consult your pharmacist. If these medicines are used over a long period of time, or in excess, they can harm your kidney. Before taking any medicine, you should always ask your doctor or pharmacist about how it may affect kidney function.