Kidney Donation
Facts to Prepare You

The purpose of this handout is to provide information to you and your family about kidney donation at the UW Health. A nurse coordinator will review this handout with you. Please keep this handy so you can refer to it as needed.

The entire transplant team of doctors, nurse coordinators, social workers, dieticians, nurses, physician assistants and pharmacists are here to help you.

Our Transplant Providers

**Surgery**
- Dr. Anthony D'Alessandro
- Dr. Luis Fernandez
- Dr. David Foley
- Dr. Joshua Mezrich
- Dr. Robert Redfield
- Dr. Martin Dib
- Dr. David Al-Adra
- Scot Johnson, N.P.

**Medical**
- Dr. Arjang Djamali
- Dr. Didier Mandelbrot
- Dr. Maha Mohamed
- Dr. Neetika Garg
- Dr. Sandesh Parajuli
- Brenda Muth, N.P.
- Jennifer Turk, N.P.
- Justin Blazel, N.P.

You will also meet medical/surgical fellows, residents and students.

The Decision to Donate
Choosing to donate a kidney is an individual, voluntary act. Having mixed feelings about kidney donation is very common. Before you decide to give a kidney there are many things to consider. How will this affect me? How will this affect my family? How will this affect my job?

Donor Mentor Program
UW Health has a Donor Mentor Program to help potential kidney donors find answers to some of these questions. Potential kidney donors can speak with people with similar backgrounds who have already undergone kidney donor surgery. We encourage any potential donor to take part in this program.

If you would like to know more about this program, please talk to your coordinator or social worker.

Things to Consider
Risks of kidney donor surgery (donor nephrectomy) are the same as any other surgery. These include the risk of anesthesia, bleeding, infection, and wound healing problems. Other risks can include pneumonia, blood clots, and pain.

Additional medical risks may be associated with an individual’s specific personal health history and family history.

Kidney donation, most often, does not change your present lifestyle. It does not change the length of your life or increase your risk of getting kidney disease. It does not interfere with a woman's ability to have children. You will not need a special diet or take additional medicines because you only
have one kidney. The other kidney will grow and take over the work of both kidneys.

Some long-term studies of kidney donors have shown that protein in the urine or high blood pressure may occur after giving a kidney. Other large studies of kidney donors have shown that there is no increased risk of kidney failure after donating a kidney.

If you are a blood/plasma/platelet donor and plan to donate a kidney, you should **not** donate blood products before the evaluation or before the surgery.

### Insurance

Costs of the donor work up, surgery, hospitalization; doctors’ charges and a post-surgery follow up visit are covered under the recipient’s insurance and/or Medicare. The costs of a 6 month, 1 year and 2 year blood/urine test will be your or your insurance company’s responsibility. The costs for travel expenses or time taken away from work are not typically covered. A donor should prepare themselves and their family for these extra expenses. If you think you may have a financial hardship if you donate, please talk with the living donor social worker about ways to get financial help.

If you receive any bills related to the donor medical work up or your hospital stay, please call the transplant office at (608) 263-1384.

### Preparing for Surgery

Before your surgery, you will come to UW Health transplant clinic for the pre-surgery evaluation. You will have an updated physical, blood testing, and maybe a chest x-ray or EKG. If you have had problems in the past with anesthesia, you will also have an anesthesia clinic screening. The clinic nurse will teach you **deep breathing** and **coughing exercises**. This helps prevent pneumonia.

You will receive a reminder in the mail regarding what time to come for this visit.

At this clinic appointment you should know what type of surgery you will have, laparoscopic or open and which kidney will be donated, right or left. (See HFFY #5285 for a brief explanation of each). If you do not live nearby, hotel accommodations the night before surgery will be provided.

The day of your surgery you will be admitted to the hospital First Day Surgery Center. You will be admitted to your
hospital room after the surgery. While in the First Day Surgery Center an intravenous catheter (IV) will be inserted into one of your veins. Through the IV, placed in the arm or hand, you will be given fluids for hydration.

About an hour before surgery, you will get some medicines. These will relax you and dry the secretions in your lungs. It will make your mouth feel dry, and you will become sleepy. After the shot, we will ask you to stay in bed.

During surgery, a small rubber tube (Foley catheter) will be placed in your bladder. This allows us to watch your urine output. It remains in place until the day after surgery.

The surgery typically will last about 3-4 hours. You will be in the recovery room for about 1-2 hours before being taken to your room on the nursing unit.

The evening before surgery you will take a shower using a special soap. You will not eat or drink after midnight. We will review this information at the clinic appointment.

**After Surgery**

When you arrive in your room, you will still be quite sleepy. You will still have the IV and Foley catheter in place. Your nurse will take your blood pressure, pulse, and temperature, and measure your urine output often.

You will be asked to cough and deep breathe at least hourly while you are awake. Anesthesia can increase your lung secretions. These can stay in your lungs and may lead to pneumonia. By deep breathing, 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.

Most often you get up and walk about 6 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 1-2 hours 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 that helps the blood flow to and from your legs which helps prevent blood clots. You will also receive a heparin (a blood thinner) shot twice a day in your stomach which will help prevent blood clots as well.

Your urine output will be measured. When the Foley is removed, we will continue to 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 medicines 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.

**Laparoscopic incisions** are smaller. There are 3-4 small (one-inch or less) incisions at various places on the abdomen and one larger (3-4 inch) incision below the belly button. Sutures are used to close these incisions. Usually these are internal sutures which will dissolve over time following the surgery. Some donors may have a single port surgery in which case there is only one incision within the belly button. Most if not all donor surgeries are laparoscopic.
An open incision will be about 8-10 inches long on either your right or left side. Both the skin and muscle need to be cut to remove your kidney. The lowest rib on that side may be removed. Loss of this rib will not cause any disability or extra pain. Sutures will be used to close the incision. Open donor surgery is rarely done.

You should look at your incision/s daily watching for signs of infection such as redness, swelling and/or drainage.

Pain Control
Good pain control helps you heal faster, leave the hospital sooner, and prevent problems. Drug and non-drug treatments can help prevent and control pain. The goal is to be at a level that will allow you to deep breathe, eat, walk and sleep. This may mean that you may not be pain-free but your pain should not prevent you from being able to do these things. We need to ask you what your pain level is, so that we know how well the medicine is working.

Your doctor will order pain medicine for you. Tell us about the pain, especially if it is not going away. Do not worry about being a “bother.” Pain medicine may cause you to become drowsy, dizzy, or lightheaded. You are the only one who can tell us about your pain and how you are feeling. Be honest so we can help keep your pain under control and manage any side effects.

Pain Pills – Once you are awake you will be given pain pills to minimize the pain. You will be given a supply of pain medicine to take home with you. Initially if your pain is not controlled with pain pills your doctor may order a pain shot during the hospital stay.

Getting Ready for Discharge
You will go home 1-3 days after the donor surgery. Your nurse and doctor will give you additional instructions before discharge.

Constipation
Pain medicine can cause constipation. Pain medicine slows down bowel movements moving through the intestine. This causes the stool to become hard. If you have hard bowel movements, have trouble passing bowel movements, and the movements are not often enough, then you are constipated.

Once you are home, you will need a plan to avoid constipation. Stick to the plan as long as you are taking pain medicine. Review your plan with your doctor or nurse. Here are some things that could be included in your plan.

- 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. Try prune juice. If you are not hungry, do not force yourself to eat fiber.
- Drink plenty of liquids. Eight to ten 8-ounce glasses of fluid each day will help keep your stools soft. Warm liquids often help your bowels to move.
- Walk as much as you are able each day. Increase the amount you walk as you can.
- Plan your bowel movements for the same time each day, if you can. Set aside time for sitting on the toilet.
- Having a bowel movement every second or third day rather than every day can happen following surgery.

Activity and driving will need to be restricted. Walking is a good exercise anytime. Do not lift more than 5-10 pounds.
for the first 8 weeks after surgery. Exercise with moderation, and gradually increasing the amount lifted after 4-6 weeks is probably ok. Remember it is better to slowly increase to any more strenuous activities over time. **You cannot drive if you are still taking pain pills or having pain.** In most cases, you may return to work after 4-6 weeks. Some people may go back to work as early as 2-3 weeks. This will depend on what kind of work you do. Please discuss returning to work with your doctor.

**A clinic visit** in transplant clinic will be made for you approximately 3-4 weeks after the donation. You should know the appointment date and time prior to your discharge from the hospital. Further activity and work guidelines should be discussed at this clinic visit. If any questions or problems arise before this visit, please call the transplant coordinator. We will want you to have additional check-ups at 6 months, one year and two years following donation.

We suggest following kidney donation that your routine annual physical with your local doctor include a physical exam, a blood pressure, blood creatinine level and urine testing to see how your kidney is working. The cost of the 6 month and annual local check-ups will be your or your insurance’s responsibility.

**How does having only one kidney change my life?**

After kidney donation your lifestyle should be unchanged. You will not need to follow any special diet or take any medicine because you gave a kidney. Although it is extremely important to maintain a healthy weight and eat a heart healthy diet.

We suggest that you avoid long-term or heavy use of any medicines that can affect kidney function. A common type of medicine we suggest 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, like Advil®, Motrin®, Midol®, Nuprin® and Rufen®. Naproxen is also known as Aleve®. These medicines may 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 or in excess, they can harm your kidney. You should always ask your doctor or pharmacist about how any medicine may affect kidney function before taking it.

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<th>We suggest the use of Tylenol® (acetaminophen) for most pain problems after your kidney donation.</th>
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**The Gift of Life**

Donating a kidney is not always an easy choice and is not for everyone. A person should consider the emotional, physical, and financial factors. The choice to give a kidney should be made free from any feelings of family pressure, responsibility, need for recognition or reasons of financial gain. Feeling anxious and afraid is very normal and common. It is our hope that this handout helps put things into perspective for you. We also hope this reading will lead to other questions.

Our entire staff is happy to answer any questions. It may even be helpful to talk with someone who has donated a kidney. Let your coordinator know if you would like to do this.

Giving someone your kidney can be very rewarding and satisfying. Whatever you decide, make the choice that is right for you.
Phone Numbers
Transplant office number: (608) 263-1384
Fax Number: (608) 262-5624

Main Hospital number 1-800-323-8942 (ask for the transplant office telephone number listed above or the department number you want to reach)

The Spanish version of this *Health Facts for You* is #6542.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 10/2017 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4530.