



LIVING KIDNEY DONATION





Dear Potential Kidney Donor,

Thank you for getting in touch with the UNC Center for Transplant Care about giving someone your kidney. I am your Independent Donor Advocate, which means that I am here to help you through each stage of the donation process—from learning about donation to testing for it, getting better after surgery, and dealing with feelings or issues that may come later. I am here for *you*, and I do not work with the person who might get your kidney. You can call me if you change your mind. You can call me if you wonder or worry about how things are going. You can also call me if you ever have a problem with how the living kidney donor team is doing things here at UNC Medical Center. I will do my best to help you.

Before you decide to get started, there are many things you need to know about being a living kidney donor. The first and most important thing for you to know is that if you ever decide that this is *not* something you want to do—at any point along the way—you do not have to move forward. Members of the team will help you stop the process. We can stop it in a way that is private so that you don't have to say to anyone else that you have changed your mind. It must be *your* decision to give your kidney. We will remind you of this important fact again and again.

Donating a kidney is a big decision because it will take a good deal of work on your part and it will put you at some risk. You will get a lot of information from the living kidney donor team

about how the whole process works and about the risks you will face. We will give you printed information, and we will also talk to you about every step. Please write down a list of questions as they come to you. We want to answer all your questions.

Please take the time to read the information in this packet about being a living kidney donor. There are many things that you should know before you take another step. We will go over all of these things in person if you decide to come to the hospital for testing. But if you have a question about any of it that you want to ask before deciding to come to the hospital, please call me. Even starting the testing process can put some people at risk, and we want to make sure that you are as safe as possible.

If you want to take the next step after you have gone over all of this information, please read the other letter in this packet that tells you how to get started on the process.

Sincerely,

UNC Center for Transplant Care

Independent Living Donor Advocate

LIVING KIDNEY DONOR INFORMATION

The information in this section is for anyone who might be interested in being a living kidney donor. Our living donor transplant nurse coordinator is a resource for any questions you may have about living donation.

I want to be a donor! What should I do?

If you think you want to donate your kidney, here are the next steps:

- Go to our website at www.uncmedicalcenter.org/livingdonors to learn more about donation. **Please read carefully** and call us if you have any questions.
- Scroll all the way to the bottom of the page and click on “Living Donor Online Questionnaire”.
- If you need a paper copy of this form, please call the living donor transplant nurse coordinator at 984-974-7568.
- If you do not hear from us in 7-10 days, please call our living donor transplant nurse coordinator to be sure that we received your information.

For more information you can visit these websites:

- <http://www.transplantliving.org/living-donation/>
- <http://www.kidney.org/transplantation>

What comes next for the donor?

Filling out the “Living Donor Online Questionnaire” will allow our living donor team to see if we think that this will be an option for you. If you are cleared to move ahead after filling out that online form, then your next step will be a full medical work-up.

The screenshot shows the top navigation bar of the UNC Medical Center website. The URL is uncmedicalcenter.org/uncmc/care-treatment/transplant-care/kidney-transplant/become-a-living-donor/. The navigation menu includes: Explore UNC Health, UNC School of Medicine, UNC MEDICAL CENTER UNC HEALTH CARE, I'm looking for, CARE & TREATMENT, FIND A DOCTOR, HOSPITALS & LOCATIONS, PATIENTS & VISITORS, RESEARCH & INNOVATION, and PROFESSIONAL EDUCATION AND SERVICES. A COVID-19 alert banner is visible, stating: "Alert COVID-19: Vaccine information, visitor restrictions, testing, treatment, and additional resources". The breadcrumb trail is: Home > Care & Treatment > Transplant Care > Kidney Transplant > Living Kidney Donor.

The screenshot shows the 'Living Kidney Donor' page. The breadcrumb trail is: Home > Care & Treatment > Transplant Care > Kidney Transplant > Living Kidney Donor > Online Kidney Living Donor Form. The page title is "Online Kidney Transplant Living Donor Form". The text reads: "Required fields are marked with *". The form fields are: Donor First Name*, Middle Initial, Last Name*, SSN*, Donor Address*, and City*. A "Contact Us" box on the right says: "If you have questions or are interested in donation, call our donor coordinator at 934-974-7568." A "Related Locations" box shows a photo of UNC Hospitals and provides the address: "UNC Hospitals, 984-974-1000, 101 Manning Drive, Chapel Hill, NC 27514".

TYPES OF LIVING KIDNEY DONATION

Sometimes, people are interested in donating their kidney but:

- Do not have a specific person that they want to donate to,
- Are not a good match for the person that they want to donate to,
- Or, they live too far away from the person that they want to donate to.

If this happens to you, there are some other options available!

- **Non-directed Donation:** A non-directed donor is a living person who donates a kidney and does not have a particular person that they want to get their kidney. The organ is donated as a gift, with no expectations of anything in return and no connections between the donor and recipient.
- **Kidney Paired Donation (KPD)** is when two or more donor/recipient pairs who are not a good match for each other (incompatible) exchange kidneys to give each recipient the best possible matched kidney. UNC participates in a KPD program through the National Kidney Registry (NKR). All recipient and donor pairs can be considered for the KPD Program which matches recipients and living donors from transplant centers across the country.
- **Advanced Donation Program (ADP or “voucher program”):** The “voucher program”, or Advanced Donation, is a kidney paired exchange separated in time. What does that mean? That means that the person

donating a kidney will go ahead and have the surgery, even if the person that they want to donate does not need a kidney yet. The donor gets a “voucher” for having donated their kidney that can be “redeemed” at a later date.

Think of it like a raincheck!

- A **Standard Voucher** is given when a donor donates their kidney for someone who will probably need a transplant within the next year, but does not need it **right now**. The donor gets one Standard Voucher to be used at a later date for their recipient.
- A **Family Voucher** is given when a donor wants to donate their kidney, but the person that they want to donate to is not likely to need a transplant within the next year. Family Vouchers can have up to five people listed, with the first one needing a transplant getting the benefit.
- **Remote Donation:** Remote Kidney Donation allows someone who wants to donate a kidney to a friend or family member in a distant city to do so without requiring the donor to travel to where their recipient lives. It allows the donor to have their surgery close to home, then have their kidney transported to their recipient. Convenient, huh?



- **ABO incompatible transplant:** This may be a possibility if your blood type is not compatible with your intended recipient's blood type. You both may require additional blood tests to determine if this would be a good choice.



HEY! Did you know...?

...that, the longest surviving kidney donor pair is Johanna Rempel and Lana Blatz of Canada? Johanna received a transplant from her identical twin sister, Lana, on Dec. 28, 1960. To date, Johanna and Lana are also the **youngest pair** to undergo living donor kidney transplant surgery. They were just 12 years old at the time of surgery!



THE LIVING KIDNEY DONOR EVALUATION

The evaluation process is meant to protect you and helps ensure that you are healthy enough to donate a kidney. Both your evaluation and the surgery have some risks to the donor. We want to make sure you know about any possible risks before you decide to do this.

The process

Your evaluation will cover many different things, including your physical and your mental health. This could include things like:

- Answering questions about yourself over the phone with someone from our living donor team.
- Answering questions about yourself on our “Living Donor Online Questionnaire”.
- About 2-3 days of medical testing and appointments, most of which will be done at UNC Medical Center.
- Our goal is to finish all your testing and appointments in less than 90 days. It could take more, or less time, depending on your situation or your recipient’s situation.

Your safety is important to us

Your doctor will run several different tests to check the function of your kidneys and other organs.

- If you have a history of high blood pressure, diabetes, or heart, lung or kidney disease, you may not be able to donate.
- The team may decide that you **should not** donate a kidney.
 - For example, we may find problems that could cause harm to you or the possible recipient if you donate.
- If that happens:
 - We will tell you why you should not or cannot donate a kidney.
 - Our decision may be different from another transplant center. It does not mean that all other transplant centers would make the same decision.



Living donor evaluation

The living donor evaluation is very detailed, and it will give the transplant team a lot of information about your health and how well we think you will do during and after surgery. These tests can all be done as an outpatient. While every patient will have their evaluation match their needs, most patients can expect the following:

- **Education:** You will have a chance to talk to our living donor transplant nurse coordinator in a 1:1 session, where you will learn about living donation. They will give you information about the evaluation process, including the risks and benefits, and will explain your options.
- **Blood Work:** You will need **many** blood tests over the course of your evaluation. Some of these tests will have to be repeated before surgery. We will use these tests to confirm your blood type and check for infections like HIV or hepatitis.
- **Kidney Scan:** You will need a special scan of your kidneys to check their function.
- **Other Blood and Urine Tests:** You will need additional testing to check for drug use, extra checks on your kidneys, and your overall health.





- **EKG and Chest X-ray:** These tests will check your heart and lungs.
- **CT Scan:** Sometimes called a “CAT” scan, this test allows doctors to take a super detailed picture of the inside of your body, using x-rays and a computer.
 - This test will give the surgeon a good picture of the blood vessels leading to the kidneys.
 - This test helps decide which kidney will be donated.
- **Health Maintenance:** Depending on your age and assigned sex, you will likely have some additional tests to complete on your own. If you have any problems getting these done, let your living donor transplant nurse coordinator know and you can have them done at UNC Medical Center.
 - Examples could include things like:
 - Pap Smear.
 - Mammogram (women ages 40+).
 - Colon Cancer Screening (ages 45+).
 - Stress Test and Echo (ages 50+).
 - PSA Blood Test (men age 55+).
 - Chest CT (depending on smoking history).



RISKS AND BENEFITS OF LIVING DONATION

If you have read this far, then you have likely already figured out that transplant is a pretty complicated process, both for a recipient and a donor. There are lots of risks and benefits to both sides. It is important to remember that what might be a risk or benefit to one person, may not feel as risky or helpful to another.

Risk from evaluation to the kidney living donor

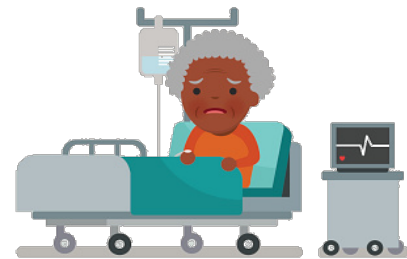
- An allergic reaction to the dye used in some medical tests.
- Finding out that you have an infection that you did not know about before testing.
 - Knowing that some infections, like tuberculosis, HIV, or hepatitis, have to be reported to the Health Department.
- Finding out that you have a health problem that you did not know about before testing.
- Need for more tests or treatment that you might have to pay for yourself.
- Finding out things about your family health history that you did not know about before testing.

Risk from surgery to the kidney living donor

Below is a list of the most common problems donors have after surgery, though there are always risks that may not be listed here. Some of these issues may be temporary, while others could last longer.

Medical or surgical problems that could happen after donation:

- Scarring.
- Pain.
- Feeling tired.
- Feeling numb/loss of feeling around your incision.
- Feeling gassy/bloated.
- Feeling queasy/nauseated.
- Problems with having a bowel movement/constipation, which sometimes can happen after anesthesia.
- Problems with infections, like pneumonia or infection at the incision site.
- Problems/injury to other organs, like lung collapse.
- Getting a hernia at your incision site(s).
 - The risk can be lowered if you avoid heavy lifting for 6-12 weeks after surgery.



- Problems with healing at your incision site, like the edges of your skin not healing together, or fluid build-up around the wound called a hematoma.
- Blood clots.
 - The risk for women can be lowered if you stop taking any hormones for birth control or menopause for 4-6 weeks after surgery.
 - Bleeding, which could require a blood transfusion.
- Heart problems like abnormal heart rhythms, heart attack or stroke.

Much more serious and rare medical risks could include:

- Death.
 - One study that followed 80,000 donors showed that 0.0003% (or about 25 people) died from surgery. This rate has not changed over the past 15 years.
- Donor kidney failure after surgery that would require transplant.
 - All prior living donors have priority on the transplant waiting list if they ever need a new kidney in the future.
- Pregnancy after kidney donation.
 - Gestational diabetes.
 - Gestational hypertension and preeclampsia.

Emotional risks after surgery to the kidney living donor

- You may have many different feelings after the surgery, about a lot of different things.
- You could be worried about how you look after surgery with your new scar.
- You might feel guilty or worry about someone else having to take care of you after surgery.
- You may feel sad if the person who gets your kidney gets sick again, “rejects” the kidney, or dies.
- Your life may change in ways you do not like because of things like limited income due to loss of work, or limits on what you can physically do after surgery.
- You may have more serious problems with anxiety and/or depression called **post-traumatic stress disorder**.
- If you feel any changes in your mood, or if your loved ones see any changes in how you are acting or feeling, then **PLEASE** call your living donor



transplant nurse coordinator, independent living donor advocate, or living donor social worker as soon as possible. We are happy to help you.

Financial risks after surgery to the kidney living donor

- You might have to spend some of your own money on things like travel, housing, and childcare. Ask your living donor social worker if there are programs that might be able to help you.
- You might have health problems after surgery that you will have to pay for yourself or with your own health insurance.
- It will be important for you to continue to see your primary care provider regularly after donation and you will be responsible for paying for this.
- You could lose pay if you must take time off work.
- If you cannot work for some reason, you could lose your job.
- You could have trouble getting, keeping, or paying for insurance:
 - Health insurance.
 - Disability insurance.
 - Life insurance.



Other risks to the kidney living donor

- People who need a kidney transplant (“recipient”) must have a medical and psychosocial evaluation too.
- The person who gets your kidney may have risks like:
 - The transplanted kidney may not work well or at all.
 - They could have problems such as return of their kidney disease, kidney rejection, infections, or even death.
- Even if you are going through the evaluation, the recipient may get a kidney from a deceased donor before you are approved to donate.
- It is against federal law to get money or gifts in return for your kidney.
- There may be resources to help you with your expenses. Reach out to your living donor team if you have questions or concerns.

Benefits of evaluation/donation to the kidney living donor

Everyone has their own reasons for considering to be a donor. Most of the “benefit” of being a donor will not come from something that you can see or touch, but rather from how the donor “feels” after donating a kidney.

A study by S. Rasmussen et al. (2020) identified many possible benefits of donation to their group of 56 donors, both direct and indirect. They include, but are not limited to:

- Less worry about the transplant process.
- Return to “normalcy”.
- Recipient’s ability to go back to work.
- Closer/improved relationships.
- Spiritual/religious benefits.
- Sense of life purpose.
- Sense of pride/satisfaction.
- Feeling increased sense of control over situation.
- Better proactivity towards own health.

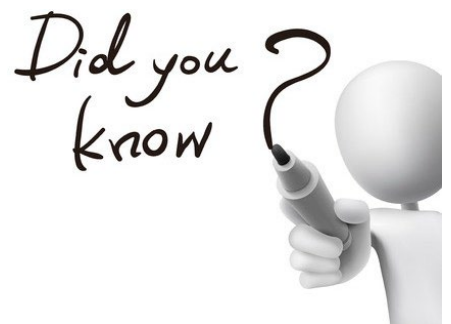
Regardless of the reasons, becoming a living donor is a big decision and one that must be right for you, as the donor.



Other things you need to know about living kidney donation

When you donate a kidney, it should not change your lifestyle in a major way. For instance:

- Donating a kidney does not change how long you may live.
- Your chance of getting kidney disease in your remaining kidney will not change.
- The remaining kidney takes over most but not all of the function of both kidneys.
- One kidney does not do as much work as two kidneys do together, but people can live very well with just one kidney.
- Donating a kidney means that you will have about 25-35% permanent loss of kidney function after donation.
- About three out of every 100 people are born with only one kidney and they can expect to live a full life without kidney issues.



RISKS AND BENEFITS TO THE RECIPIENT AFTER LIVING DONATION

There are risks to the recipient with every transplant. Some are related to the process of sharing a kidney with another person, while others are related to general surgery.

Risk from living donor surgery to the recipient

- You can give someone an infection when you donate a kidney.
- If you take part in behavior that puts you at a risk for acute infection with hepatitis B, hepatitis C, or HIV, you can pass along that infection in the kidney that you donate.
 - The doctor that sees you will ask about those behaviors.
 - Some examples of “risky behaviors” are:
 - Illegal drug use.
 - Getting paid for sex.
 - Men having sex with other men.
 - Being in jail/prison.
- If you answer yes to the risk criteria questions in the living donor online questionnaire, we will talk with you about this before you can donate.

- If you are approved to be a donor, we may need to tell your recipient that there **may** be an acute risk for infection. You may not want this person to know that you meet the risk criteria.

Medical risk from surgery to the recipient

Include but are not limited to:

- Being put to sleep for surgery (anesthesia).
- There may be problems during or after surgery, like:
 - Bleeding.
 - Blood clots.
 - Problems with your incision healing.
 - Fluid collecting around your new organ.
- Your recipient could get an infection after transplant, like a urinary tract infection (UTI) or pneumonia.
- Recipients **must** take anti-rejection medicines after transplant for as long as the organ is working.
- Recipients could have some heart problems, like:
 - Abnormal heart rhythms.
 - Stroke.



- Heart Attack.
- Rejection of the new kidney.
- The kidney may not work at first and the recipient could need dialysis for a while after surgery until it “wakes up”.
- The new kidney may not work at all, though this is rare.
- Death is also a risk of any surgery or procedure.

Emotional risks after surgery to the recipient

- Recipients could have some changes in their mood, including feelings of sadness/depression, worry/anxiety, fear, anger, or guilt.
- Recipients may have more serious problems with anxiety and/or depression called **post-traumatic stress disorder**.
- Recipients could be worried about how you look after surgery with your new scar.
- Recipients might feel guilty or worry about someone else having to take care of you after surgery.
- A recipient’s life could change in ways that they do not like because of things like changes in their finances, restrictions to their physical activity, or even a temporary return to dialysis because the kidney has not started working yet.

- If a recipient feels any changes in their mood, or if their loved ones see any changes in how they are acting or feeling, then they should **PLEASE** call their transplant nurse coordinator or social worker as soon as possible.



Financial risks after surgery to the recipient

- Possible loss of income and/or missed work (or school) during recovery for either the recipient and/or their caregiver(s).
- If a recipient is getting any kind of benefits related to their ESKD, like disability, those benefits could change after transplant.
- Most patients younger than 65 will lose their Medicare eligibility three years after transplant.

Benefits of transplant to the recipient

Many patients will:

- Live longer after a transplant than they would if they had stayed on dialysis.
- Report feeling better and having more energy.
- Enjoy more free time without having dialysis each week.
- Be able to return to work, school, or other activities.
- Have fewer limits on what they can eat and drink after transplant.

As a kidney living donor, your privacy is important to us

Always know that anyone who thinks that they would like to be a donor can change their mind at **ANY TIME** prior to surgery. Donors change their minds for all different kinds of reasons and that is OK. We will protect your privacy and we will not share those reasons with your recipient.

However, there are some legal limits to that privacy, such as:

- When someone is in danger of hurting themselves or someone else, we have to tell someone like the police or another doctor, so that we can get help for that person.

- If you get certain infections or cancer in the first two years after surgery, we have to tell the person who got your kidney, that person's transplant center, and other health agencies.

We will always get your permission first, before we share any information with your recipient. You can decide at any time, for any reason, that you do not want to donate a kidney. We will not share that information with your recipient.

HEY! Did you know...?

...that as of 2019, an 84 year old Texas man became the oldest living kidney donor on record?
He donated to his 72 year old neighbor!



YOUR LIVING DONOR TEAM

You will meet many people during your evaluation. Below are just a few of the providers you could see.

- **Living Donor Transplant Nurse Coordinator:** This person will help you through the evaluation process. They are a great place to start if you have any questions or concerns.
- **Independent Living Donor Advocate:** This person is not involved with any of our recipients. They are here to ensure **your** protection and best interests throughout the entire evaluation and donation process.
- **Transplant Program Assistant (TPA):** This person will work with your living donor transplant nurse coordinator to schedule all of the appointments needed for your evaluation.
- **Living Donor Transplant Social Worker:** Our social worker meets with every donor to find out:
 - Your thoughts/feelings about donation.
 - Make sure that you understand all of the risks and benefits of donation, to both you and your recipient.



- Make sure that you have the things you will need after surgery to be successful. This could include things like safe housing, family/friend support to help take care of you after surgery, and reliable transportation.
- You will be given a chance to talk about any pressures you may feel to donate.
- **Transplant Financial Coordinator:** All donors will meet with one of our transplant financial coordinators who will:
 - Discuss how your recipient's insurance will cover your care.
 - Discuss any costs you may have during the testing or donation process.

- **Transplant Nephrologist:** A transplant nephrologist has had special training in how to take care of transplanted kidneys and living donors. They will usually meet with a donor at the beginning of their evaluation.



They will:

- Review your medical history.
- Talk with you about donation benefits and risks.
- Give you a short physical exam.

- Review the results of your testing up to that point.
 - Answer your questions.
 - Decide if other tests are needed before donation surgery.
- **Transplant Surgeon:** A transplant surgeon has had special training in how to perform transplant surgeries. The surgeon will usually meet with a donor at the end of their evaluation. They will:
 - Review your medical history.
 - Talk with you about donation benefits and risks.
 - Give you a short physical exam.
 - Review the results of your testing up to that point.
 - Answer your questions.
 - Decide if other tests are needed before donation surgery.



- **Specialist Providers:** Other medical providers may be needed during your evaluation, depending on your health history. Our living donor transplant nurse coordinator will let you know what you need and can help you schedule these appointments. All test results must be reviewed by the transplant team to help decide if donation is a good choice for you.

- Cardiology.
- Dermatology.
- Hepatology.
- Hematology.
- Transplant Psychology.
- Pulmonary.
- Infectious Disease.
- Dietitian.
- Urology



WHEN YOUR EVALUATION IS COMPLETE

When the tests are finished, we will review all your test results with you and tell you if you would be a good kidney donor. If it is decided that you can donate a kidney, and your recipient is cleared to receive your kidney, then we will plan a surgery date. When the surgery happens can depend on many things:

- The health status of the recipient.
- Insurance rules.
- The surgery schedule.
- Finding a time that works for both you and the recipient.



DONATION SURGERY

Pre-operative appointments

One to two weeks prior to your scheduled surgery you will be seen at UNC

Medical Center for your pre-operative appointments.

- Some tests will need to be done again:
 - Blood tests.
 - EKG.
 - Chest X-ray.
- You will have a physical exam.
- You will be given instructions on what to do the night before your surgery.
- You will sign the consent form for your surgery.

PLEASE NOTE: Sometimes a recipient and donor go through the pre-transplant work-up and the surgery is cancelled at the last minute for a medical problem we cannot control. When this happens, the recipient will stay on our deceased donor transplant waiting list. If possible, surgery will be rescheduled as soon as it is medically safe to do so.

Day of surgery

- Check in at the hospital on the day of surgery at 6:00 am.
- You will have a needle placed in your vein (an “IV”) so you can have fluids during and after the surgery.
- Once you are ready and in the operating room, you will be put under anesthesia. Some people call this being put “to sleep”. A special provider called an Anesthesiologist will be watching you closely while your transplant surgeon(s) are doing the actual surgery.
- While you are “asleep”, a tube called a urinary catheter will be put into your bladder. This lets us measure how much urine you are making during and after surgery.
 - This catheter is usually taken out within 24 hours of surgery in your hospital room.

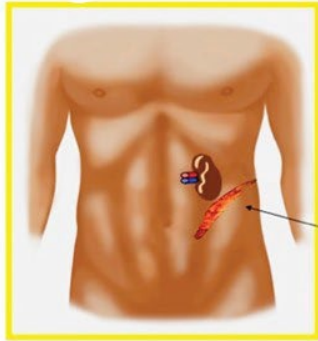


Types of donor surgery

There are two types of living donor kidney surgery: **laparoscopic** and **open flank**.

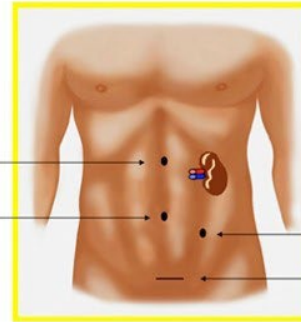
- The most common one is a **laparoscopic donor surgery**.
 - The surgeon uses very small tools. A laparoscope is a thin lighted tube that is placed into your abdomen. It allows the cuts in the skin to be small and less painful, and you will heal faster.
 - The small opening in your skin to remove the kidney is vertical, meaning the opening is up and down.
 - Your incisions will be closed using special glue.
- In the **open flank surgery**,
 - The wound is about 6-8 inches long on the right or left side of your abdomen under your ribs.
 - The skin and muscle need to be cut to reach the kidney.
 - Because this is a bigger wound, it will be closed with staples that will need to come out about 4-6 weeks after surgery.
 - We will schedule this appointment for you with a UNC Medical Center provider.

Open Donor Nephrectomy



6 - 10 inch
incision

Laparoscopic Donor Nephrectomy



¼ inch Camera port

¼ inch Working port

½ inch Working port

Extraction site
2-3 inches

Care after surgery

- Living donor surgery will take about four hours.
- A transplant provider will come and talk with your family after surgery and let them know how you are doing.
- After the operation, you will go to the recovery room (called the PACU/Post Anesthesia Care Unit) for several hours where you will be carefully watched



until you wake up. You will get medicines for pain and IV fluids.

Your vital signs (blood pressure, heart rate, breathing, and temperature) will be checked frequently.

- After the recovery room, most donors are moved to the main transplant floor (5 West) for the rest of their hospital stay.
- The amount of urine you are making will be checked frequently after surgery. The urinary catheter is usually taken out after the first day.
- The nurses will ask you to turn in bed, cough, and breathe deeply at least every 1-2 hours while you are awake.
- The nurses will encourage you to get out of bed and walk several times a day.



- You can help decrease problems such as pneumonia, constipation, or blood clots in your legs if you cough, take deep breaths, and walk a lot.
- An IV will be used to give you fluids until you are able to eat or drink. The IV will be removed before you go home.
- Due to the surgery and pain medicines, the bowels are sluggish for a short time. You will be able to drink and eat once your bowels are moving normally. You will start with liquids and by the time you go home, you should be back to your usual diet. Your providers will talk with you more about this after surgery.
- We will teach you how to take care of your incision(s) and change any dressings if needed.



DISCHARGE TO HOME

- The hospital stay is usually about 2-3 days.
- You will be taught how to care for your wound and what pain medicine can be used before you leave.
- A clinic appointment for after surgery follow up will be made before you leave the hospital. You will need to see a transplant surgeon at one and four weeks after surgery.
 - **Be prepared** to make arrangements to stay close to Chapel Hill (within a two-hour drive to UNC Medical Center) after discharge. You will need to be in the area until you are seen for your first post-operative visit.
- You cannot drive until you are cleared by a transplant provider to do so.
- About four weeks after your surgery, your other kidney will have grown a little larger to work better.
- You can return to work by about 3-4 weeks after surgery, **as long as your job does NOT include heavy lifting.**
- **Do not lift more than 10-25 lbs. for three months after surgery.**



- Remember 10 pounds is about the size of small frozen turkey and 25 pounds is about the size of a large frozen turkey.
- You will need to take it easy for the first six weeks after surgery. You can exercise with some care after 4-6 weeks and little by little increase that to normal levels. Walking is a good exercise. Remember, do not lift more than 10-25 lbs. for **three months** after surgery.
- You should have your blood pressure checked at least once a year and maintain a healthy weight following your surgery.



ORGAN DONORS ARE HEROS

Donating a kidney is a big decision, and it can be a very good experience. Feeling anxious and scared is very normal. It is our hope that this book helps you to understand the process and the risks. Also, we hope reading this allows you to ask more questions. Our staff will be happy to answer any questions you may have. Some people find it helps to talk to family members, friends or their doctor before they decide. If you want to talk to someone who has been a donor in the past, please let us know and we can help set this up.

Do you still have questions? Please call us!



STAY IN TOUCH!

Your ability to help your recipient **does not end** with transplant! All transplant centers are required by UNOS (United Network of Organ Sharing) to follow up with all donors after surgery and get information about how you are doing.

We will be contacting you again at 6 months, 1 year, and 2 years following your surgery date. We will call you, and we will send you messages via your UNC My Chart account and/or regular mail. We will be asking you about your general health. This will include things like:

- Blood pressure.
- Weight.
- Lab tests.

We use this information to:

- Provide you with best care possible after your gift of life.
- Provide your recipient with the best care possible.



- Make overall improvements to our living donor program here at UNC, as well as the larger living donor community across the United States.

The more we know, the better we can provide care. So please help us continue to grow and improve!

Our donors are our superheroes! From all of us here, we...



