



Clinical Transplant Services

Mail Code: CB569 • 3181 SW Sam Jackson Park Rd. • Portland, OR 97239 -3098
Tel: 503/494-8500 • Fax: 503/494-4492 • Toll-free: 800/452-1369, x48500

Living Kidney Donor: Patient Requirements for the Kidney Donation Process

Successful kidney donation requires that the potential donor be an active participant in their care and that the OHSU Transplant Program provide ongoing education, support and evaluation of the donor throughout the process.

Pre-Donation Evaluation

1. The potential donor initiates contact with the Transplant Program after their intended recipient has been accepted as a transplant candidate at OHSU.
2. An education packet and preliminary health screening tool is mailed to the potential donor. This contains "Facts for the Kidney Donor: Information to Consider" which details alternative treatments for the recipient, the donor evaluation process, the surgery process and short-term recovery issues and long-term implications of kidney donation. The packet also contains the "Informed Consent for the Potential Kidney Donor Evaluation", "Laboratory of Immunogenetics and Transplantation Informed Consent," "Take Home Instructions for the Kidney Donor," "Healthy Eating After Kidney Donation," the most current center specific SRTR data, and a brochure for the National Living Donor Assistance Center. The donor candidate is also provided with website addresses, should they want to obtain additional information regarding living donation. The potential donor is informed in writing of the role of the Independent Living Donor Advocate (ILDA) and how to contact her, the toll-free number for the UNOS patient services line, and the kidney donor medical follow-up at 6, 12 and 24 months per UNOS requirements.
3. The donor returns the signed consents, blood pressure log, and screening tool to the transplant office. The Living Donor Coordinator/Independent Living Donor Advocate (LDC/ILDA) reviews any concerns with the team and obtains additional records as indicated. The LDC/ILDA contacts the donor and performs a more detailed history. Extensive verbal donor education is also done at this time. The donor is informed that this process is confidential and that our role is support them in whatever decision they make regarding donation. The donor is informed that they may "opt out" at any time without repercussions. The donor is educated regarding alternative treatments for End Stage Renal Disease (ESRD). The donor will be informed if the recipient has been determined to be "High Risk" by the transplant team.

Sequencing of donor testing may vary depending on their recipient's PRA.

4. If the donor and recipient are comfortable proceeding and there are no medical or psychosocial contraindications identified to date, immunogenetic testing (ABO, tissue type, crossmatches and CMV AB) will be done. If there is more than one potential donor for a particular recipient, the recipient and their donors will rank the potential donors with input from the transplant program as appropriate. If immunomodulation is indicated, this will be discussed with the donor and recipient by a transplant physician. Both the donor and recipient must consent before proceeding.
5. Medical and psychosocial evaluation will then be conducted on one donor at a time in accordance with the OHSU living kidney donor evaluation protocol. If part of the evaluation is done "off-site", the OHSU transplant center is responsible for reimbursing, coordinating and reviewing the results of all tests.
6. Abnormal results will be addressed with the appropriate member of the transplant team and additional testing or consultations may be required. Once complete, the potential donor's evaluation results will be reviewed by the transplant team in our weekly Committee Review and the team's decision will be discussed with the donor.

The Surgery Process

1. The Living Donor nephrectomy will be scheduled at OHSU, making every effort to accommodate the preferences of the donor and the recipient.
2. A pre-op packet is mailed to the donor consisting of their schedule, the post-op instructions and their post-op appointment. The Living Donor Coordinator will review pre-op testing, in-patient stay, and discharge issues. Long term follow up and lifestyle issues are also discussed.
3. The donor is seen for a pre-op visit to consist of blood and urine tests, a physical exam by the transplant surgeon and an assessment by the Pre-Admission Testing Unit. Standard pre-op protocols are followed for either the modified laparoscopic or traditional approach, whichever is anticipated. The donor is consented for the donor nephrectomy by the donor surgeon.
4. The ILDA will conduct an interview with the donor prior to their admission in accordance with the Living Donor Advocate Policy to determine that they have had comprehensive education, are free of coercion and still wish to proceed with donation. The ILDA may recommend that surgery be postponed if there are concerns.
5. The donor is admitted to the Peri-Anesthesia Care Unit (PACU) the morning of surgery and OHSU surgical protocols are followed. Informed consent will be obtained by the anesthesiologist prior to the procedure
6. After surgery and recovery, the donor is transferred to the ICU if indicated or the In-Patient Transplant Unit and cared for by a team that specializes in the care of living kidney donors.

7. During their in-patient stay, the donor is assessed by the multi-disciplinary team, a clinical social worker, registered dietitian, pharmacist, and the ILDA, in addition to the surgery team to monitor their response to donation and readiness for discharge.
8. Prior to discharge, the donor is again given the “Take Home Instructions for the Kidney Donor” and is advised of their recovery issues and how to reach the team if they experience any problems. Once more, they are informed of the toll-free UNOS patient services line and the 6, 12 and 24 month follow-up expectations.
9. The donor is seen at OHSU for a post-op visit within 1-4 weeks of surgery. Blood and urine tests are checked at this time. The surgeon notifies the LDC if there are any issues which require follow-up outside of our protocol. On rare occasions, the surgeon may allow the donor to schedule their post-op check at a facility other than OHSU.
10. If the donor experiences complications related to donation, OHSU will be available for evaluation and treatment. If it is not feasible for the donor to be treated at OHSU, our team will be available for consultation. Reimbursement will be per Medicare regulations.

Long-Term Follow-up

1. The donor is contacted at 6, 12 and 24 months, usually by the LDC/ILDA, to determine if they are experiencing any complications from donation and to remind them to obtain their follow-up studies if they have not already done so. The post-donation lifestyle recommendations are reinforced at that time. If the LDC/ILDA is unable to reach the donor after a minimum of three (3) attempts, a letter detailing follow-up recommendations and lifestyle guidelines will be sent to the donor.