



Patient & Family Guide  
2015

# Giving a Kidney



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# **Giving a Kidney**

## **Live Kidney Donor Program**

There are never enough kidneys donated to do transplants for all the people who need them. Some people wait years for the right kidney to be donated. Family members or friends willing and able to donate a kidney are an important source of kidneys for many people.

The decision to donate is not an easy one to make. Each person has a unique set of circumstances that will affect his or her decision.

The Live Kidney Donor Program coordinators will talk about your options with you, answer your questions, and support you in your decision. This pamphlet is an overview. Everything will be explained in more detail by your coordinator.

### **Live Kidney Donor Program**

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## **Kidney failure**

Our kidneys get rid of waste products from our body. They control the delicate balance of salt and fluid and do other important work. We cannot live if our kidneys do not work well.

Most of us are born with 2 kidneys that work normally our entire life. Some people are born with only one working kidney. Some may have one kidney stop working over time and they are not aware of it. When both kidneys stop working, it is called kidney failure. This is a life-threatening condition. There is no cure for kidney failure, but there are treatment options.

## **Treatment**

Persons whose kidneys have failed have 2 choices of treatment:

- › Dialysis
- › Kidney transplant

## **Types of dialysis**

Some people are treated with hemodialysis. During hemodialysis, people need to spend several hours 3 or 4 times a week connected to a machine that acts as a man-made kidney.

Others may be treated with peritoneal dialysis. During peritoneal dialysis, a special fluid is placed in the abdomen (belly) through a catheter (hollow tube) and then drained back into a bag after staying in the abdomen for a few hours.

Both forms of dialysis take waste products out of the blood, but restrict lifestyle. Some people do well for years on these treatments. Others start to have problems that makes it difficult to continue dialysis.

## **Kidney transplant**

Because of new medications, kidney transplant has become a very successful and accepted treatment for kidney failure. A kidney transplant lets a person get back to a normal life, free from dialysis and its many restrictions.

The 2 sources of kidneys for transplants are:

- From someone who has died and donated his or her kidneys, OR
- From a live donor who is usually a family member. Live donors are needed because there are never enough donations from someone who has died to meet the needs of those waiting for a kidney. There is also a better success rate with living donor kidneys.

## **Who can donate a kidney?**

A living donor can be a close family member such as a mother, father, brother, sister, or child. A living donor can also be someone close to you such as a partner or a friend.

The decision to donate a kidney is a very personal one and should be carefully thought through. You should not be a donor because of feelings of guilt or because of pressure from family or friends. Talk about your doubts and fears with your family and other people you trust, your doctor, or the live donor coordinator.

Most insurance companies do not increase insurance rates for those who have donated a kidney. If you are thinking about donating, we encourage you to contact your insurance company about any concerns.

## **If I would like to donate a kidney, how can I be tested to see if I am a match?**

Before any testing occurs, you will complete a screening questionnaire with the Live Donor Coordinator either on the phone or in person. At this time, the work up process will be explained. If no concerns are identified, then genetic testing will be the next step.

Genetic testing will show if you may be the right match to donate a kidney to your loved one. If you are considered a match, you would now be ready for the next phase of testing. This booklet explains the testing.

The tests are done to protect you and the recipient. First, we must find out if you are healthy and be sure that the surgery would be of little risk to your future health.

Second, we must find out if you have excellent kidney function so that the recipient has the best possible chance for a successful transplant. Donors can be rejected at any time during the testing for a variety of medical reasons. You and the live donor coordinator will talk about this.

**The tests will check your:**

- Overall physical health
- Kidney function
- Kidney's blood vessels
- Cardiovascular system (heart)
- Motivation (reasons) for making this decision

The rest of this booklet will give you details about the tests you will need. The transplant coordinator will go over this information carefully with you.

## **Tests include:**

- › Blood tests
- › Urine tests
- › Electrocardiogram (EKG)
- › Chest X-ray

## **Ultrasound of your kidneys**

An ultrasound is a painless test used to check your kidneys and bladder. It uses high frequency sound waves and nothing is injected into your body. This test takes about 1 hour.

- Your bladder must be full for this test.
- Drink 3-4 glasses of water or juice 1 hour before your appointment time.
- Do not urinate (pee) until the test is over.

## **CT angiogram**

The final test is a CT angiogram. This test checks your kidney's blood vessels. Do not eat or drink anything for 4 hours before the test.

- You will get an injection of dye in your arm.
- You will need to lie still. The table will move you in and out of a doughnut-like hole in the machine.
- The test will take about 20-30 minutes.

# Appointments

Once you have completed all the tests, you will have an appointment with a social worker to discuss your support system, reasons for donating and explanation of the reimbursement program. You will then meet with a nephrologist (kidney specialist). He or she will go over all your tests, ask you about your complete medical history, and do a physical exam. The nephrologist will also review risks with you and then make the decision about whether you are an acceptable donor.

Meeting with the nephrologist is the last step in the testing. After this meeting, the nephrologist will make the final decision based on all of the testing completed and say whether or not you can proceed to donate a kidney.

## Notes:

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## **What happens before my surgery?**

The final blood test is called a repeat cross-match. This is to find out if there are new antibodies that your immune system has developed. The test happens a few weeks before your surgery. If this test is still negative, your surgery will go ahead. If there is a positive reaction, the transplant will not be done and your coordinator will talk about other options with you.

Once the transplant surgery is scheduled, both the donor and recipient are admitted to the hospital on the day before surgery.

## **What happens during my surgery?**

The donor surgery is done early in the morning, usually between 7:30-9:30 a.m., and will take a few hours.

The kidney is taken out by laparoscopic surgery if possible. In this surgery, the surgeon makes a few small incisions (cuts) in your abdomen to insert wand-like devices equipped with video cameras (laparoscope) and small surgical tools. A small incision is made to take the kidney out. Ask for the *Laparoscopic Kidney Removal* pamphlet for more details.

An open nephrectomy is done if the surgery cannot be done with the laparoscope. In this surgery, the kidney will be taken out through a small vertical (up and down) abdominal incision. Ask for the *Kidney Removal* pamphlet for more details.

The transplant surgery starts after the donor surgery and usually takes about 3 hours.

## **What are the risks?**

The risks of donating a kidney are minimal. The chance of death with the donation surgery is very rare.

Other important risks are related to the complications of surgery (such as pneumonia, wound infection, or a blood clot in the leg). All together these serious complications happen in less than 2 out of 100 operations.

There are also some long-term concerns. After donating a kidney, a person may be more likely to have high blood pressure and some protein in their urine. Doctors will carefully check you to make sure that your risk of getting serious kidney disease should not be any higher than healthy people in the general population. You should have a clear understanding of these risks before agreeing to donate a kidney.

## **How long will it take me to recover after surgery?**

If the kidney is taken out by laparoscopic surgery, you may leave the hospital after about 3 days. You may go back to work within a month unless your job is physically demanding.

After open nephrectomy surgery, your stay in hospital may be a little longer (an extra day or two) than if you had laparoscopic surgery.

Depending on your recovery and your type of work, you will be able to go back to work within a month for office work and 8-12 weeks for manual labour. Do not lift heavy items or do hard exercise for at least 6 weeks after surgery. Your recovery may be longer than you expect, but most people are back to regular activities after 12 weeks.

## Follow-up

About 6 weeks after you leave the hospital, you may need to see your donor surgeon for a follow-up appointment. You will meet with a post-transplant nurse while in the hospital and she or he will explain the follow-up program to you. Follow-up will include a visit to your family doctor for blood pressure, blood, and urine checks. If there are any problems, you will be referred to a nephrologist or a surgeon, depending on the advice of your family doctor.

## Notes:

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## Life after the donation

Most people live long, healthy lives with one healthy kidney. You should feel mentally and physically well after surgery. Kidney donation should be voluntary—there should be no feelings of pressure or guilt. In most cases, the end result is a very happy recipient and a healthy donor, who has positive feelings because he or she has given a wonderful gift.

If you have any doubts about your commitment to donate, do not start any of the testing. Talk about your concerns with the transplant coordinator or your doctor. If you ever feel pressured into donation, it is important for you to realize that we will support your decision to say no, and no one will ever know why.

You should not feel guilty if you decide you cannot go through with donation. You can change your decision at any time. The decision to donate or not to donate is a very personal one and there is no wrong decision.

If you have any questions, please ask.  
We are here to help you.



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The information in this pamphlet is to be updated every 3 years or as needed.