

# LIVING DONOR KIDNEY TRANSPLANT SURGERY

## INTRODUCTION

Each year more and more patients are added to the national kidney transplant waiting list. Unfortunately, the number of available donors remains the same. As a result of this, the waiting time for potential kidney recipients continues to grow as the number of patients dying while awaiting transplant increases each year.

In response to this shortage, NYU Medical Center offers living donor kidney transplantation to patients with end stage renal (kidney) failure. New surgical techniques including minimally invasive kidney extraction are making it easier for family members and others to donate a kidney to a loved one in need.

## WHAT IS A RECIPIENT?

A recipient is a patient with end stage renal (kidney) failure who is currently in need of a kidney transplant and on a waiting list for an organ.

## WHAT IS A DONOR?

In this case a donor is a person who has decided to donate a kidney for a specific recipient.

## WHO CAN BE A DONOR?

In order to be a candidate for living donation, the donor must be between the ages of 18 and 70. Additionally, the donor must be healthy both medically and psychologically and have a blood type that is compatible with the recipient's blood type (see below):

*If the recipient's blood type is:*

AB  
B  
A  
O

*The donor's blood type must be:*

A, B, AB, O  
B,O  
A,O  
O

Potential donors are usually immediate family members such as mothers, fathers, sisters, brothers, sons or daughters. Donors can also include more distant relatives, close friends or significant others.

## WHO CANNOT BE A DONOR?

People who cannot be donors include those with

- incompatible blood types
- kidney disease
- diabetes
- significant cardiovascular (heart) disease
- morbidity obesity (extremely overweight)
- others as deemed inappropriate by the transplant team
- Hypertension (high blood pressure)
- active substance abuse
- pregnancy
- HIV

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## WHAT ARE THE BENEFITS OF BEING A DONOR?

Donating a kidney to help another person live can be a very rewarding experience. There is no financial or medical benefit to donation.

## WHAT ARE THE RISKS OF BEING A DONOR?

In general, undergoing any surgical procedure involves risks. The most common risks associated with living donor surgery include pain related to the surgery, bleeding and infection. More serious risks include pneumonia, blood clots to the lung, deep vein thrombosis, side effects from general anesthesia and infection. The risk of death from the surgery is estimated to be 1/100 or 1%. As a potential donor, you will undergo an extensive evaluation prior to surgery to determine if you are a candidate for donation.

## WHAT ARE THE BENEFITS TO THE RECIPIENT?

The benefit of living donation is that the recipient will have an organ immediately available to them. There is no waiting for their name to get to the top of the list. The surgery can take place while the recipient is relatively stable and is done as an elective procedure. Your surgery will be scheduled based upon the families' and teams' availability. This allows for surgery to occur in a healthier recipient who is expected to have better surgical outcomes. With living donation the goal is to perform the transplant early in the disease process before other organs and systems are affected. This allows for a safer operation, hastens the recovery and improves surgical outcome. Ultimately, patients' lives will be saved and patients will return to an improved quality of life sooner.

## WHAT ARE THE RISKS TO THE RECIPIENT?

The risks of living donation to the recipient are similar to the risks of the conventional cadaver transplant. These include bleeding, infection and rejection. Overall success for living donor kidney transplantation is better than conventional cadaver transplant. One-year survival rates for living donor transplantation is greater than 98% compared to 90% for cadaver transplantation. This means that 98% of the patients that receive a living donor transplant are alive and well one year after the surgery compared to 90% for cadaver transplantation.

## HOW IS THE SURGERY PAID FOR?

All of the donor's expenses including the pre-operative evaluation, surgery, hospitalization and outpatient clinic visits will be billed to the recipient's insurance. The DONOR'S only direct cost related to living donation may be for medication, such as pain medications and antibiotics that may be necessary after discharge from the hospital. Sometimes, the recipient's insurance carrier may request that the bills first be submitted to the donor's insurance carrier before they will agree to pay for the transplant and donor workup.

## WHO MAY CONSIDER LIVING DONOR KIDNEY TRANSPLANTATION?

All patients on the waiting list for a kidney transplant should consider living donor transplantation. The philosophy of the transplant team is that everyone listed for kidney transplantation is encouraged to discuss this option with family members and close friends.

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## WHAT IF YOU DECIDE NOT TO BECOME A DONOR

The decision to become a living donor is a very important personal decision that needs to be made without pressure from the recipient, or the recipient's family or friends. If during the workup process you decide not to pursue living donation, you may simply stop the process. The recipient will remain active on the waiting list. The recipient may also elect to pursue other potential donors.

## HOW DO I GET STARTED?

If you have a family member or friend awaiting a kidney transplant and are interested in pursuing living donation, talk to him/her about it. If both you and the recipient are in agreement about living donation, the Transplant team will assist you with the process.

**If you are interested in learning about the procedure, simply call your transplant coordinator at 212-263-8134 or attend one of our orientation classes.**