Over 100,000 people are currently listed for kidney transplantation nationwide. About 10 percent of kidney candidates die each year while waiting.

You may be thinking “what does this have to do with me?”

The short answer: everything.

Chances are, if you’re reading this, you know someone who needs a kidney. If this is the case, read on to learn more about the benefits of becoming a living kidney donor. Living donation is when a living person like you chooses to donate their organ to someone in need of a transplant. More than 6,000 organ transplants a year are made possible by living donors, with kidney being the most common organ transplanted.

Advantages to living donation

A transplant can greatly improve the recipients’ health and quality of life, allowing them to return to normal activities. They get to spend more time with family and friends, resume work and physical activities, and pursue interests and hobbies they could not enjoy while ill.

There are many reasons living donation is better than the alternative (deceased donation). These reasons include:

- Scheduling the transplant at a time optimal for both yourself and the recipient
- Better genetic matches between yourself and your recipient may decrease the risk of organ rejection
- Kidneys from living donors usually work immediately, as the kidney is removed from a healthy donor and transplanted right away in an operating room
- The gift of an organ can save the life of someone in need. The experience of providing this special gift can serve as the ultimate positive aspect of the donation.

Who can be a living donor?

Living donors must be in good overall physical and mental health and at least 18 old. Medical conditions that may prevent a living kidney donation may include: uncontrolled high blood pressure, diabetes, cancer, HIV, hepatitis, acute infections or a psychiatric condition requiring treatment.
First steps
When considering if becoming a living donor is right for you, it is important to understand the process. To start the process, you will contact the transplant center where your recipient is listed. You don’t have to tell the recipient you are getting tested if you do not want to. The first step will include an initial screening and blood tests to determine if you are compatible with the intended recipient. If you are not compatible, there may be other options to donate (see Types of living donor transplants). If you are a match, a nurse coordinator will contact you to continue the process. As you navigate the process, you will be assigned an independent donor advocate (IDA) who is not part of your recipient’s medical team. Your IDA will assist you through the process, answer your questions and focus only on your well-being - physically, mentally and emotionally. All conversations with your IDA are completely confidential; your recipient will never know the questions you ask or the concerns you have.

Next steps
You’ll go through full mental, emotional and medical evaluations. The purpose of these is two-fold. First, to protect you by ensuring you are physically and psychologically healthy enough to donate and second, to ensure the success of the transplant.

You will be asked a lot of questions about current or past “high risk” behaviors, your financial situation and support persons to help you before, during and after surgery. You’ll be asked why you want to donate and how you think it will affect your lifestyle, employment and relationships.

You will undergo many tests to ensure you are healthy enough to undergo the surgery and live without one of your kidneys. Some of these tests will include:

- Urine and blood tests to determine kidney function
- Chest X-ray and EKG to screen for heart and lung health
- Imaging tests to get a look at your kidney
- Cancer screening that may include
  - Colonoscopy
  - Prostate exam
  - Mammogram
  - Skin cancer screening
- Gynecological exam for females

Risks of being a donor
Although almost all living donor surgeries are performed without incident, this surgery comes with the same risk as any major surgery. These could include bleeding and infection during or after the surgery. Death due to kidney donation is extremely rare, but must be considered when deciding to be a donor. Current research indicates that being a donor will not alter your life expectancy, increase your risk of developing kidney disease or contribute to other health problems in the future.

Informed consent and independent assessor
If all of your screening tests come out satisfactory and it is determined that you are a good candidate to donate, you must still give your informed consent to donate. This process will help you understand all aspects of being a donor, including the risks and benefits. You’ll be encouraged to discuss this decision with loved ones. The transplant center can connect you with other living donors so you can hear their stories. You must fully consider how donating can affect your life now and in the future, how it could affect your financial situation, your future health and life insurance status, etc. Your decision to be a donor must be yours alone; you should never feel pressure to donate and you can delay or stop the process at any point – even on the day of the surgery – if you wish. Your reasons will be kept confidential and your IDA will cite a medical reason that you cannot continue. Your recipient will never know why.

The final stage involves meeting with an independent assessor. These individuals are tasked with determining if you completely understand the implications and risks of the process and are making an informed decision. They also ensure you are not being bribed, paid or coerced into donating. Final approval for you to be a donor must come from the Human Tissue Authority (HTA) and could take several weeks.

The surgery
If you have made the informed decision to donate and the HTA has approved you as a donor, the hospital will work with you and your recipient to schedule the surgery at a time optimal for you both.

In the months and weeks leading up to the surgery, your IDA and doctor will discuss what you need to do to be prepared. They may require you to stop smoking (if you are a smoker) or stop taking certain medications (like birth control) for a period of time.
You’ll have regular lab work to ensure everything is on track and you’ll receive instructions for what to do the day before the surgery (like no eating or drinking after midnight).

On the day of the surgery, you and your recipient will be admitted to the hospital. Depending on the hospital protocol, you may receive IV fluids. You’ll be taken into surgery before your recipient and will receive anesthesia to put you to sleep. You’ll be connected to a breathing machine and a urinary catheter will be inserted into your bladder.

You will likely have a laparoscopic (minimally invasive) surgery to remove the kidney. Laparoscopy involves a number of small incisions - usually three - in which operating instruments are inserted and a larger incision (about 4 cm) through which the kidney is removed.

In rare cases, an open nephrectomy is performed. This is the traditional surgical removal of the kidney involving a 15-20 cm long incision in the side of your abdomen. An open nephrectomy takes less time to perform than a laparoscopic surgery, but the recovery period is generally longer. With laparoscopic surgery you could be out of the hospital within 24 hours. Your doctor will determine the best approach for you.

Once the kidney is removed it is sent to be prepared for transplantation into your recipient. You will be taken to a recovery room to wake up; you’ll feel groggy and possibly uncomfortable. You will be monitored closely to track your vital signs and given medication to control your pain.

**After the surgery**

You will be encouraged to get out of bed as soon as possible – usually the same day as your surgery. Walking is expected soon after. Gas pain and bloating is common, so walking helps to relieve this. You may stay in the hospital as little as 1-2 days or up to a week, depending on the type of surgery and how you are recovering.

Upon release, you will continue your recovery at home. This can require up to 12 weeks off work, although many people are generally back to normal in about two to six weeks. You may not be able to drive for several weeks and will have lifting restrictions for at least six weeks. You’ll also probably feel tired for several weeks as your body recovers and your remaining kidney works to compensate for the loss of the other one.

After the initial recovery period, you are required to follow up with the hospital at six months, 12 months and 24 months. At these visits you will have lab tests and a physical check-up. You must attend all of these appointments to ensure you are recovering appropriately.
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Financial costs of being a living donor
Most medical costs associated with living donation will be covered by the recipient’s insurance. The government requires all certified transplant centers to charge a recipient’s insurance an “acquisition fee” when he or she receives a transplant. The medical costs related to your medical evaluation, transplant procedure and postoperative care, called the “donor protocol” are covered by this fee. Anything that falls outside of this protocol may or may not be covered. These costs could include annual physicals, travel, lodging, lost wages and other non-medical expenses. You should talk with your recipient early in the process to determine what costs you could incur by being a donor. If your job provides disability insurance coverage, then you will most likely be entitled to disability pay. Check with your employer.

Types of living donor transplants
Directed donation
Directed donation is the most common type of living donation and occurs when the donor names the specific person to receive the transplant. The donor may be:
- Related: a biological relative, such as a parent, brother, sister or adult child
- Non-related: a biologically unrelated person who has a personal or social connection with the transplant candidate, such as a spouse or significant other, a friend or a coworker

Non-directed/Altruistic donation
In a non-directed or altruistic donation, the donor does not name a specific recipient of the transplant. The match is arranged based on medical compatibility with a patient in need. Some non-directed donors choose never to meet their recipient. In other cases, the donor and recipient may meet at some time, if they both agree, and if the transplant center policy permits it.

Paired donation or paired exchange
Paired donation involves two or more pairs of living kidney donors and transplant candidates who do not have matching blood types. The candidates “trade” donors so that each candidate receives a kidney from a donor with a compatible blood type. For example, Joan wants to donate to her sister Betty, but they do not have matching blood types. Jim wants to donate to his wife Jackie, but they are also not compatible. By “swapping” donors so that Jim matches Betty and Joan matches Jackie, two transplants are made possible. This type of exchange often involves multiple living kidney donor/transplant candidate pairs. The donors and recipients do not have to be in the same transplant center.

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