



Dear Living Donor Candidate:

On behalf of our entire transplant team, I want to extend our heartfelt gratitude for your interest in becoming a living kidney donor. Your willingness to consider such a generous and selfless act speaks volumes about your compassion and courage. Becoming a living donor offers a loved one, a friend, or even a stranger, an alternative to waiting on the kidney waitlist. Living donors are true superheroes and we have a dedicated team to help you navigate the process. Before beginning the donor evaluation process, it's important to understand more about kidney donation to ensure you can make an informed decision.

Please review the attached documents:

- Living Donor Information Packet

After reading the attached information, you may begin the living kidney donation process by completing the online "Kidney Living Donor Referral Form". This form helps us determine if you are a suitable living donor candidate.

Please Return Referral By:

- Completing the Electronic Referral Form (Preferred Method)
- If unable to use Electronic Referral, complete the paper Referral Packet and return to the clinic via:
 - Email: ASLMC-LivingDonor@aah.org
 - Fax: 414-646-5414
 - Mail: 2900 W. Oklahoma Ave.
Abdominal Transplant Clinic
5th Floor Galleria Building
Milwaukee, WI 53215

Please do not hesitate to contact the Living Donor Team at 414-646-0584 or ASLMC-LivingDonor@aah.org, or you can contact the main clinic at 414-646-2550 to discuss any questions or concerns. We look forward to working with you through this process.

Best regards,

The Living Donor Team

Aurora St. Luke's Medical Center

Living Donor Information Packet

Aurora St. Luke's Medical Center's Abdominal Transplant Program

What is Living Organ Donation?

Living organ donation is when a living person donates an organ or a part of an organ for transplantation into another person. Living organ donors make thousands of transplants possible every year. There is a lot to learn before you can decide whether donating an organ is right for you. This handout gives information about living kidney donation and how to become a donor.

Who can be a Living Kidney Donor?

Be willing to donate: No one should feel that they MUST donate.

Age: Over the age of 18 years of age

Health insurance: You must have health insurance or access to healthcare.

Overall health: You must have normal kidney function. We also assess you to make sure you are in good physical and mental health. Some health conditions that might prevent you from becoming a kidney donor include active cancer, diabetes, uncontrolled high blood pressure, obesity, or active infections such as HIV and hepatitis.

Primary care provider: We encourage you to have a primary care provider who monitors your overall health. Routine medical care is important to protect your remaining kidney after donation.

Support system: You will need help during your recovery. We work with you to identify those who can support you in your recovery plan.

Type of Donors:

- Related Donor (blood relative): parent, child, aunt, uncle, nephew, cousin
- Unrelated (non-blood relative): friend, coworker, church member
- Altruistic or Good Samaritan: someone willing to donate to a stranger
- Kidney Paired Exchange/Kidney paired donation (KPD): donor and recipient pair are not a good match, so they swap with other pairs to get better matches

Kidney Donor Referral

To Start Donor Process:

- Complete the Electronic Referral (Preferred Method)
- If unable to use Electronic Referral, complete the paper Referral Packet and return to the clinic via:

- Email: ASLMC-LivingDonor@aah.org
- Fax: 414-646-5414

Mail: 2900 W. Oklahoma Ave.
Abdominal Transplant Clinic
5th Floor Galleria Building
Milwaukee, WI 53215

Evaluation Step-By-Step

Independent Living Donor Advocate

One of the first people you will interact with is a Living Donor Advocate. The evaluation cannot start until this has been completed. The Living Donor Advocate is a dedicated member of your transplant team whose primary role is to support and protect *you*, the donor. They are there to ensure that your rights, well-being, and best interests are always prioritized throughout the donation process. The advocate helps you understand the medical, emotional, and financial aspects of donation, answers your questions, and ensures that your decision to donate is informed and voluntary. They are your personal resource—*independent* from the recipient's care team—focused solely on your needs and concerns.

Blood Type Compatibility

This is another first step in the donor evaluation is ABO testing to determine whether you have a compatible blood type. Blood is typed as A, B, O or AB. Even though some blood types are not the same, they may still be compatible with others. (Table below) If your blood type is not compatible with the recipient, then other options may be considered, in certain situations, where you could still be able to donate. (Refer to “Types of Donors”)

Blood Type	Can Receive From	Can Donate to Type
O	O	O, A, B, AB
A	A, O	A, AB
B	B, O	B, AB
AB	O, A, B, AB	AB

Crossmatching: A blood test is done before the transplant to see if the potential recipient will react to the donor organ. If the crossmatch is “positive,” then the donor and patient are incompatible because antibodies will immediately react against the donor’s cells and consequently cause immediate loss of the transplant. If the crossmatch is “negative,” then the transplant may proceed. Crossmatching is routinely performed for kidney and pancreas transplants). If your cross match is positive, there may be other options to be considered, in certain situations, where you could still be able to donate. (Refer to “Types of Donors”)

Lab tests: Blood tests will be completed to evaluate kidney function and other transmissible diseases

Urine tests: Urine samples are collected for 24 hours to assess the donor’s kidney function

Testing:

- Chest X-Rays
- EKG
- CT scan
- Additional Testing may be added depending on your donor evaluation

Evaluation by our Transplant Team:

- Transplant Nephrology
- Independent Living Donor Advocate
- Transplant Surgeon
- Transplant Coordinator Nurse
- Medical Social Worker
- Registered Dietician
- Psychiatry

Evaluation Testing Completed: The Transplant Team will review the details of your evaluation and decide if you are a suitable candidate for donation. Only after the

team has reviewed your case and a decision has been made, will potential dates for surgery be discussed.

Donor Surgery

Robotic Living Donor Nephrectomy

At our center, all living donor kidney removal surgeries (nephrectomies) are performed using advanced robotic-assisted technology. This state-of-the-art, minimally invasive technique allows for exceptional precision, improved safety, and a smoother recovery experience for donors.

Benefits of Robotic-Assisted Donor Surgery:

- Smaller incisions and minimal scarring
- Less blood loss and lower risk of complications
- Shorter hospital stay—most donors go home the next morning
- Faster return to normal activities
- Reduced postoperative pain

Open donor nephrectomy is almost never performed /required at our center due to the success and efficiency of robotic surgery. Our transplant surgeons have extensive experience with this approach and consistently deliver excellent outcomes.

Follow Up Care After Donation

After you leave the hospital, we'll continue to support your recovery with regular follow-ups:

- First follow-up: around 2 weeks after surgery
- Second follow-up: around 8 weeks after surgery
- Lab tests will be done during these visits to monitor your kidney function

In addition, our center is required to report your health status through the national Living Donor Follow-Up (LDF) program. You'll be asked to complete health check-ins at:

- 6 months

- 1 year
- 2 years after donation

Long-term donor health is a priority. While most donors do very well, the true lifetime risk is not fully known. For this reason, we strongly recommend:

- Annual check-ups with your doctor
- Avoiding tobacco products
- Maintaining a healthy weight and lifestyle

Risk of Donation

Inherited risks associated with evaluation for living donation

- Allergic reactions to contrast
- Discovery of reportable infections
- Discovery of serious medical conditions
- Discovery of adverse genetic findings unknown to the living donor
- Discovery of certain abnormalities that will require more testing at the living donor's expense or create the need for unexpected decisions on the part of the transplant team

Potential medical or surgical risks:

- Death (3 per 10,000) – 0.03%
- Scars, hernia, wound infection, blood clots, pneumonia, nerve injury, pain, fatigue, and other consequences typical of any surgical procedure
- Abdominal symptoms such as bloating, nausea, and developing bowel obstruction
- Being allergic to a test and having a bad reaction
- You could have kidney failure and need dialysis
- If you become pregnant after donating, you are more likely to have high blood pressure during pregnancy. This is called “preeclampsia.”

Potential psychosocial risks:

- Problems with body image
- Post-surgery depression or anxiety
- Feelings of emotional distress or grief if the transplant recipient experiences any recurrent disease or if the transplant recipient dies

- Changes to the living donor's lifestyle from donation

Effects on your Health

- On average, you will permanently lose 25-35% of your kidney function after donating
- Your risk of having kidney failure later in your life is not any higher than it is for someone in the general population of a similar age, sex or race. However, you are more likely to have kidney failure than healthy people who are not donors
- Chronic kidney disease most often starts in the middle of your life (40-50 years old). Kidney failure most often starts after age 60. If you get tested when you are young, doctors cannot predict how likely you are to have chronic kidney disease or kidney failure later in life
- Current policy gives living donors priority on the national waiting list if they need to get a kidney transplant in the future. You can ask your Living Donor Nurse Coordinator or another transplant hospital staff member about this policy
- Living donors may be at a higher risk for chronic kidney disease if they sustain damage to the remaining kidney. The development of chronic kidney disease and subsequent progression to end stage renal disease may be faster with only one kidney
- Dialysis is required if the living donor develops end stage kidney disease
- In female donor of childbearing age, risks of preeclampsia or gestational hypertension are increased in pregnancies after donation

Cost of Donation

Covered Cost: The medical cost associated with your evaluation as an organ donor is covered by the recipient's insurance

Uncovered Cost: Uncovered costs can include hotel accommodations, time lost from work, and due routine health maintenance. There are programs available which can cover some of the travel and time-off expenses. If a major medical condition is identified during your evaluation, that excludes you from donating your kidney, and we will refer you back to your primary care doctor for further follow up. The cost will revert to your own insurance.

Making an Informed Decision

The informed consent process should help you understand all aspects of the donation process, including the risks and benefits. Your consent to become a donor is completely voluntary. You should never feel pressured to become a donor. You have the right to delay

or stop the donation process at any time. The reasons behind your decision will be kept confidential. Please contact your Transplant Team with any questions.

More Information About Donation

- United Network for Organ Sharing (UNOS): www.UNOS.org
- National Kidney Foundation: www.kidney.org
- Organ Procurement and Transplantation Network (OPTN): www.optn.transplant.hrsa.gov
- National Foundation for Transplants: www.transplants.org
- Donate Life WI: www.donatelifewisconsin.org