The Living Donor Evaluation
(Revised 2/2017)

Emily Pruitt MSN RN
Living Donor Coordinator
Informed Consent

Definition: Consent by a patient to a surgical or medical procedure or participation in a clinical study after achieving an understanding of the relevant medical facts and the risks involved.

You are an **ACTIVE** member of the Living Donor Evaluation

- By now you have **read and signed** the living donor consent form to begin a living donor evaluation.
- You have stated you are:
  - Willing to donate
  - Free from inducement and coercion
  - Understand you may decline to donate at any time
- Aware that transplant centers must:
  - Offer donors an opportunity to discontinue the donor consent or evaluation process in a way that is protected and confidential.
  - Provide an independent donor advocate (IDA) to assist the potential donor during this process.
Get to know your Primary Care Physician

• We ask all potential donors to see their PCP prior to evaluation and notify them of wanting to become a living kidney donor.

• We ask for records from your PCP be forwarded to living donor coordinator prior to evaluation for review.

• During your living donor evaluation you may be asked to follow-up with your PCP regarding issues discovered during your evaluation.
Send for Blood Type and Crossmatch

Compatibility is based on blood type and crossmatching

- If compatible: eligible for direct living donation
- If incompatible: Paired Kidney Donation is an option
- The timing for completing a crossmatch will be determined by the Transplant Coordinator and Transplant Nephrologist
Schedule for a Living Donor Evaluation

• You will meet with:
  – Nephrologist - medical evaluation
  – Living Donor Coordinator
  – Social Worker - psychosocial evaluation
  – Dietician
  – Financial Coordinator

• Lab work
  – ABO
  – CBC
  – Chemistry panel, Lipid panel, coagulation testing
  – Drug Screen, Urinalysis, Urine Culture
  – Infectious Disease testing
  – HLA typing and Crossmatch (if not previously completed)
  – Previously completed ABO and 24hr urine collection

• Meet with the Independent Donor Advocate
Schedule for a Living Donor Evaluation (cont’d)

- **Cardiac testing, including cardiology consult if necessary**
  - EKG
  - Echocardiogram
  - Stress Test (males>40yo, females>50yo)

- **Chest X Ray**

- **Renal Scan**

- **CT Angio**

- **Surgical consult**

- **Additional testing may be requested on an individual basis.**

- **Other routine tests to be completed by potential donors own Doctors (Colonoscopy, Pap and Mammogram)**
On the day of your evaluation

You will:

- Complete Lab work
- Meet with the Transplant Team
  - All potential living donors will undergo a medical and psycho-social evaluation
- CXR
- EKG
If you are able to proceed:

- At your convenience, appointments for you to complete the remainder of the testing will be scheduled by us.
If you are **Declined** as a Living Kidney Donor:

- The transplant hospital may refuse you as a potential donor.
- We are required to inform you of your ability to be evaluated by another transplant program with different selection criteria.
How long does an evaluation take?

- The length of each living donor evaluation will vary depending on the potential donor/the recipient’s status.
- Some evaluations take a couple months and others may take several months.
- The donor evaluation process can be accelerated when the potential donors standard health screenings are up-to-date.
  - Examples of standard health screenings:
    - Colonoscopy- men and woman >50 yo
    - Mammograms- women > 40yo
    - Pap test
Risks Associated with Evaluation for Living Donation

- The following are inherent 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 donor, discovery of certain abnormalities that will require more testing at the donor’s expense or create the need for unexpected decisions on the part of the transplant team
Risks Associated with Living Donation

- Medical and surgical risks, may be transient or permanent & include but are not limited to:
  - Death
  - Scars, hernia, wound infection, blood clots, pneumonia, nerve injury, pain, fatigue, and other consequences typical of any surgical procedure
  - Decreased kidney function
  - Abdominal or bowel symptoms such as bloating and nausea, and developing bowel obstruction
  - Kidney failure and the need for dialysis or kidney transplant for the donor
  - Morbidity and mortality of the donor may be impacted by obesity, hypertension or other donor-specific medical pre-existing conditions.
Potential Psychosocial Risks

• Problems with body image

• Post-surgery depression or anxiety

• Feelings of emotional distress or bereavement if recipient experiences any recurrent disease or in the event of the recipient’s death

• Impact of donation on the donor’s lifestyle
Potential Financial Impacts

- Personal expenses of travel, housing, child care, lost wages related to donation might not be reimbursed; however, resources may be available to defray some donation-related expenses
- Need for life-long follow up at the donor’s expense
- Loss of employment or income
- Negative impact on the ability to obtain future employment
Potential Financial Impacts

• Negative impact on the ability to obtain, maintain, or afford health, disability, and life insurance

• Future health problems experienced by living donors following donation may not be covered by the recipient’s insurance
Selection Criteria for Living Kidney Donors

- Between the ages of 18-65 yo
- Non-Diabetic
- No history of untreated cancer
- No history of coronary artery disease
- <300mg protein/day in their urine
- High Blood Pressure will be evaluated on an individual basis
- BMI <36
Selection Criteria for Living Kidney Donors (cont’d)

• Independent Donor Advocate will support the decision of the donor to donate.

• The donor will contact the transplant center on their own and be evaluated independently of the recipient.
Required Information to Provide to the Living Donor

- If the recovery hospital and recipient hospital are the same:
  - CCHS must provide the potential donor data from the most recent SRTR center-specific reports:
    - National 1-year patient and graft survival rates
    - Hospital’s 1-year patient and graft survival rates
    - Notification about all CMS outcome requirements not being met by the transplant hospital

- If the recovery hospital is not the same AND the recipient hospital is known:
  - CCHS must provide the potential donor data from the most recent SRTR center-specific reports:
    - National 1-year patient and graft survival rates
    - Recipient hospital’s 1-year patient and graft survival rates
    - Notification of all CMS outcome requirements not being met by the recipient hospital
Required Information to Provide to the Living Donor

- Education about expected post-donation kidney function and how chronic kidney disease and end-stage renal disease might potentially impact the donor in the future to include:
  - On average, donors will have 25-35% permanent loss of kidney function at donation
  - Baseline risk of ESRD does not exceed that of members of general population with same demographic profile
  - Donor risks must be interpreted in light of known epidemiology of both CKD or ESRD
    - CKD generally develops in midlife (40-50 years old)
    - ESRD generally develops after age 60
  - Medical evaluation of young potential donor cannot predict lifetime risk
Required Information to Provide to the Living Donor

• Donors may be at higher risk for CKD if they sustain damage to the remaining kidney. Development of CKD and progression to ESRD may be more rapid with only 1 kidney.

• Dialysis is required when reaching ESRD.

• Current practice prioritizes prior living kidney donors who became kidney transplant candidates.
Required Information to Provide to the Living Donor

• Disclosure of alternate procedures or courses of treatment for the recipient, including deceased donor transplant
  – A deceased donor kidney may become available for the recipient before donor evaluation is complete or transplant occurs
  – Any transplant candidate may have risk factors for increased morbidity or mortality that are not disclosed to the potential donor

• Donor will receive a thorough medical and psychosocial evaluation

• Health information obtained during the evaluation is subject to the same regulations as all records and could reveal conditions that must be reported to local, state, or federal public health authorities
Donor Eval Follow-up Appointments

• If there is $> 3$ months of inactivity during your evaluation, the Living Donor Coordinator will end your living donor evaluation.
  – Please stay in contact with your coordinator if you wish to continue with your donor evaluation.

• Potential Living Donors are required to f/u every 6 months with:
  – Nephrologist
  – Social Worker
  – Independent Donor Advocate (IDA)
Please Remember....

- You are able to opt out of the Donor Evaluation Process at any time and your reasons for doing so will be kept confidential.
- We will report your testing results directly and only to you.
- We will not discuss your evaluation status or testing results with the recipient, but you may if you wish to do so.
- The Transplant Team is not able to discuss the recipient’s status with you.

Open communication between the donor and recipient is ideal, as the Transplant Team is unable to discuss patient progress with the opposite party.
Please Remember….

• Kidney Transplant Program will take all reasonable precautions to provide confidentiality for the donor/recipient.

• It is a federal crime for any person to knowingly acquire, obtain or otherwise transfer any human organ for valuable consideration.

• Kidney Transplant Program must provide an independent donor advocate (IDA).
Selection Committee

- Once Donor Evaluation testing is complete, the Living Donor Coordinator will present donor testing to the Selection Committee.
- Selection Committee is a multidisciplinary team.
- Potential donor testing reviewed by Selection Committee for approval as a donor.
- If approved…Living Donor Transplant scheduled.
Scheduling a Living Donor Transplant

- Transplants are usually scheduled on Tuesdays.

- Pre-operative testing will begin 2 weeks prior to the scheduled transplant date.
  - 2 weeks prior- Infectious Disease testing
  - 1 week prior- Final Crossmatch

- **Please be aware:** The Final Crossmatch is completed for a reason!
Pre-operative Day

- You will have an appointment in the Transplant Office
- Sign Consent Forms
- Complete Labs
- CXR/EKG
Surgery

- CCHS offers Two techniques for surgery
  - Open Technique
  - Hand-Assisted Laproscopic Technique
- The Surgeon will discuss these techniques with you during your surgical consultation.
- Depending on your testing, the surgeon will determine the safest technique for you.
Inpatient Hospital stay for Living Donors

- Typical length of hospital stay is 4 days
- Donors are kept in hospital until pain is controlled, they are walking, are urinating without issues and have evidence of bowel function.
- Living donors can expect to be recovering from surgery for 6-12 weeks.
Donor follow-up Visits

- Donors follow-up visits are mandatory.
  - We are required to report living donor follow-up information at 6 months, 1 year, and 2 years.

- The appointments are scheduled as such:
  - 1 week post discharge
  - 1 month post donation
  - 6 months post donation
  - 1 year post donation
  - 2 years post donation
  - And annual visits/labs as requested by Dr or donor after that…
Donor follow-up Visits

- Any infectious disease or malignancy pertinent to acute recipient care discovered during the potential donor’s first two years of follow up care:
  - Will be disclosed to the donor
  - May need to be reported to local, state or federal public health authorities
  - Will be disclosed to their recipient’s transplant center, and
  - Will be reported through the OPTN Improving Patient Safety Portal
Paired Kidney Donation

- ...An alternative option given to those who are not directly compatible with their recipient.
Paired Kidney Donation

Traditional Paired Exchange

Two Pair Exchange

Three Pair Exchange

Chains

Non Directed Altruistic Donor

Cluster #1

Cluster #2

Cluster #3

Etc.
Paired Kidney Donation Programs

• There are multiple Paired Kidney Donation Programs.

• CCHS is affiliated with:
  • The National Kidney Registry (NKR).
    – www.kidneyregistry.org
  • The UNOS Kidney Paired Donation (KPD) Pilot Program.
Paired Kidney Donation Programs

• Participation in Paired Donation is optional.
  – Paired donation will be discussed with you on an individual basis if necessary

• Per NKR regulations, Living Donors who are in the evaluation phase for >1 yr will have to repeat all evaluation testing.
Our responsibility to donors...

• We do our best to ensure donors are not harmed in order to help the recipient.