

Understanding Live Kidney Donation

A Guide for Donors and Their Families



VANDERBILT  UNIVERSITY
MEDICAL CENTER

Vanderbilt Transplant Center

Vanderbilt Transplant Center in Nashville, Tennessee, is one of the South's main providers of solid organ and stem cell transplantation. We offer programs in heart, kidney, liver, lung, pancreas, and bone marrow transplantation, and our outcomes are among the best in the country. Our specialists strive to return every patient to a full and active life. Our mission is to provide end-stage organ failure patients the opportunity to lead an extraordinary lives. We thank you for trusting us with your care.

As we treat you, we promise to:

- include you as the most important member of your health care team
- personalize your care with a focus on your values and needs
- work with you to coordinate your care
- respect your right to privacy
- communicate clearly and regularly
- serve you and your family with kindness and respect.

Important Phone Numbers and Names

Kidney Transplant Office

Local phone number: (615) 936-0695 (available 24 hours / 7 days a week)

Toll-free phone number: (866) 748-1491

Fax: (615) 875-3044

Vanderbilt University Medical Center Main Hospital

Ask to speak to the kidney transplant resident on call: (615) 322-5000.

Your Transplant Team

Your transplant surgeon: _____

Your transplant pre-coordinator: _____

Your transplant post-coordinator: _____

Your donor advocate: _____

Your social worker: _____

Your dietician: _____

Pharmacy Information

Your Vanderbilt pharmacy location: _____

Thank you for your gift of life

You have decided to donate your kidney to someone who needs one. Thank you for your "gift of life." Donating an organ is one of the greatest gifts a person can give. This booklet will help you know what to expect—from the time you begin preparing for surgery through your surgery and recovery. Our goal for you after surgery is for you to be able to get back to your normal life without any complications.

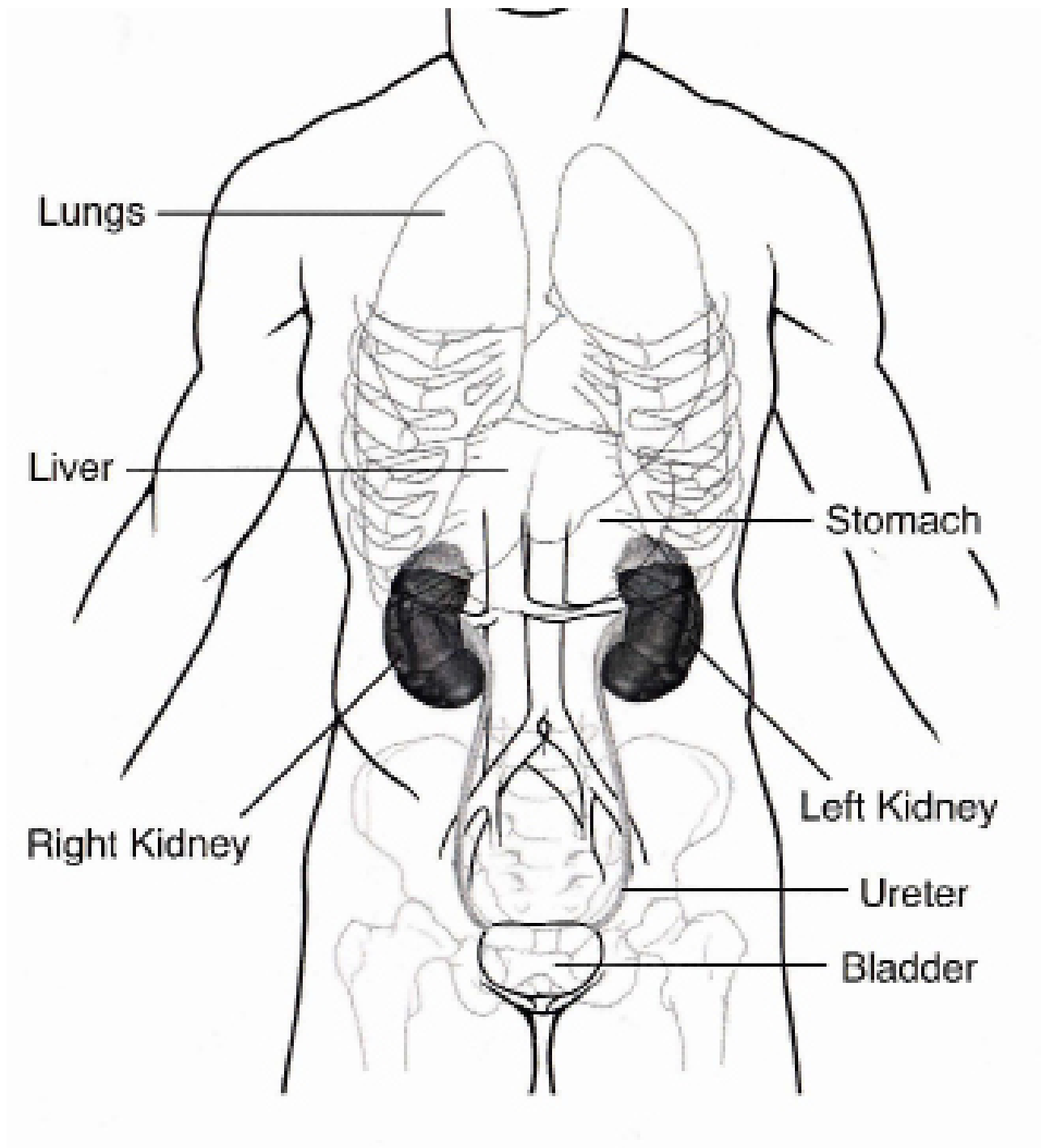
This booklet also serves as a reference that you can turn to throughout the donation process.

Please share this booklet with your family members or friends who will be helping you throughout your donation and recovery. It will help to answer questions they may have.



Contents

- What Do the Kidneys Do?..... 1**
- About Live Kidney Donor Surgery.....2**
- Medicines to Stop Taking Before Your Surgery9**
- The Day Before Your Surgery10**
- The Day of Your Surgery11**
- In the Operating Room12**
- After Your Surgery: At the Hospital.....13**
- Leaving the Hospital17**
- After the Hospital: Your Recovery18**
- Living with One Kidney: Things to Remember21**
- Required Follow-up: The First Two Years23**
- Taking Care of Your Emotional Health26**
- Frequently Asked Questions.....28**
- Don't Forget: Sign Up for My Health at Vanderbilt Today!.....31**
- Places to Stay32**
- Notes.....34**



What Do the Kidneys Do?

You need your kidneys to survive. Kidneys that work well are essential to good health.

- The most important job the kidneys do is to filter and clean the blood.
- The second most important job the kidneys do is to make hormones.

What happens if the kidneys don't work well?

- The blood may not have enough red blood cells in it (anemia).
- The body may fill up with extra water and waste (uremia).
- High blood pressure (hypertension) may develop.

What treatment options are available when kidneys fail?

- Dialysis
- Kidney transplantation

What are the benefits of living kidney donation?

For the recipient, the greatest advantage of living donation is that the donated kidney tends to function faster and last longer than a kidney that comes from a donor who has died. Kidneys received from donors who have died do not always function right away. The patient may even require dialysis until the kidney starts to function on its own.

About Live Kidney Donor Surgery

The surgery to remove a person's kidney is called a nephrectomy. A kidney is removed in one of two ways:

- Laparoscopic kidney removal
- Open kidney removal

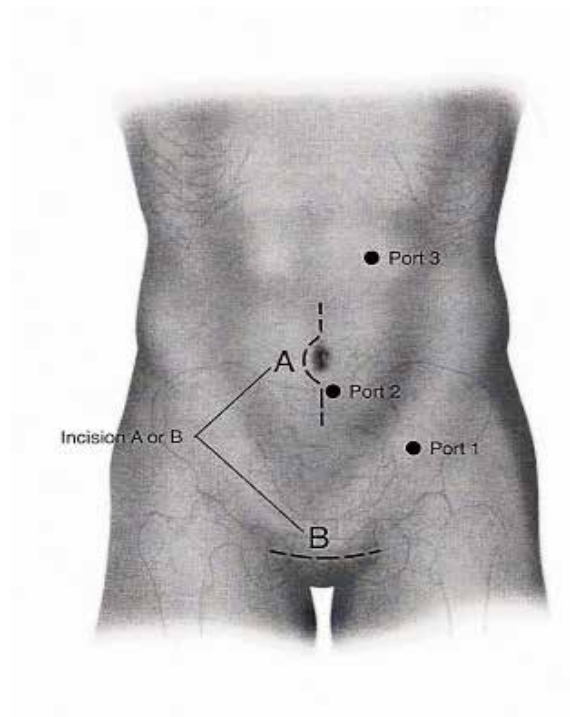
Both methods have the same risks.

Laparoscopic kidney removal

Laparoscopic kidney removal is now the most common way of removing a kidney. It is the least invasive option of removal. The procedure is also less demanding on the donor. At Vanderbilt, the laparoscopic method is the way kidneys are removed most of the time.

How does laparoscopic kidney removal work?

- First, 3 tiny cuts (ports) are made in the wall of the patient's belly.
- Instruments and a camera are put through these cuts. The camera allows the surgeon to direct the instruments that are used to remove the patient's kidney.
- A cut about 3 to 4 inches long is made just beside the belly button ("Incision A" in the picture below) or at the bottom of the belly ("Incision B" in the picture below). The patient's kidney is removed through this opening.



How long does laparoscopic kidney removal take?

Laparoscopic kidney removal usually takes 3 to 4 hours.

Recovery

- With laparoscopic surgery, a patient is only in the hospital for about 2 days.
- Patients can usually return to normal activities in 2 to 6 weeks.

Pain and discomfort

In general, there is mild pain and discomfort after the laparoscopic procedure. However, most people do have some pain caused by the carbon dioxide gas that is pumped into the belly during surgery.

About the carbon dioxide gas used during donation surgery:

- This gas is used to help your surgeon see your organs better.
- This gas commonly causes stomach bloating and some shoulder and neck pain in most patients.
 - It may take 5 to 8 days after surgery for this pain to go away.
 - Walking will help move the gas out of your body.

Open kidney removal

The open procedure is the way kidneys have traditionally been removed. You may have this procedure if:

- the structure of your kidney makes it impossible for the surgeon to remove it using the laparoscopic method
- you have a history of multiple belly surgeries.

How does open kidney removal work?

This surgery requires a 7- to 8-inch incision around the flank (under the rib cage). The incision allows the surgeon to access the kidney, blood vessels, and ureter.

How long does this procedure take?

This procedure usually takes 2 to 3 hours.

Recovery

The hospital stay and recovery may be a little bit longer than laparoscopic kidney removal, but is usually about the same: 2 days.

What are the risks of live kidney donor surgery?

The risk that comes with having one kidney

Most of the time, healthy people who donate a kidney recover and lead normal lives. However, a small number of people sometimes lose the function of their single remaining kidney at some point in the future. This is rare, but if it happens, it would leave you in the same situation that your potential recipient is in now—in need of dialysis or a kidney transplant.

Things that could cause your remaining kidney to become damaged and sick are:

- kidney cancer
- kidney trauma
- kidney stones with infection
- the development of kidney disease that was not evident when you were evaluated.



Risk of developing kidney disease with only one kidney

Even with a complete medical evaluation, no one can predict your lifetime risk of developing kidney disease.

- The average loss of kidney function at time of donation is 25 to 35 percent after donation.
- Donors may be at a higher risk for chronic kidney disease if they sustain damage to the remaining kidney.
- When a person with only 1 kidney gets chronic kidney disease, their disease may worsen and become end-stage kidney disease much faster than if they had both kidneys. End-stage kidney disease requires lifelong dialysis or kidney transplant.

The risk of getting end-stage kidney disease after donation is no higher than that of the general population with the same demographic profile.

- Chronic kidney disease generally develops in mid-life when a person is 40 to 50 years old.
- End-stage kidney disease generally develops after age 60.
- If you are a prior living donor who later develops end-stage kidney disease, you will receive priority on the transplant waitlist because of the fact that you were a living kidney donor.

Other risks of live kidney donation include:

Interrupted surgery

Your surgery may be interrupted if the surgical team decides you are high risk or that your kidney is not right for transplant.

Risk of bleeding

Bleeding can happen during surgery or after. Bleeding may require that you get blood or blood products. Though it is rare, blood and blood products may sometimes contain bacteria and viruses that can cause infection. Such infections include, but are not limited to, the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV).

Risk of blood clots

This surgery may cause you to get blood clots in your legs. This is dangerous since clots can travel to your lungs and make it hard for you to breathe.

You may be given special devices, such as plastic sleeves or leg wraps, that inflate and deflate to keep the blood in your legs flowing during and after surgery. This will help keep blood clots from forming.

Risk of infection

Infections can happen when bacteria enters your body. This can happen at your surgical incision sites or places where tubes are put in your body (such as tubes to help you breathe, tubes to provide or remove fluids, and tubes to measure body function).

Infections can develop at specific sites or they can be more widespread, like in your bloodstream.

Risk of having more blood vessels than expected taken from your body

During surgery, we may need to remove more blood vessels than we expect. If this happens, the vessels that are removed will only be used for the transplant surgery or a surgical modification in your original recipient.

Risk of death

As with any major surgery, there is the risk of death. However, kidney donation surgery has no more risk than any other major surgery.

- The number of patients who have medical complications caused by kidney donation surgery is less than 5 percent.
- The number of people who die from kidney donation surgery is less than 1 percent.

Anesthesia risks

This surgery will be done under general anesthesia. This is medicine that is used to make you sleep and feel no pain during surgery. Any time general anesthesia is used, there are risks. An anesthesiologist will explain these risks to you and give you a separate consent form to sign.

Risk of other complications

Other things that can happen include:

- injury to structures in your belly
- pressure sores on the skin caused by the way your body is positioned during surgery
- nerve damage
- burns caused by the use of electrical equipment during surgery
- damage to your arteries and veins
- pneumonia
- heart attack or stroke
- hernia
- permanent scarring at your incision site.

Emotional and social risks

Most donors say they feel very good about the decision to donate a kidney. They benefit emotionally and mentally from the process. However, there is the chance that donating a kidney may create or increase stresses related to your emotions, family, social life, employment, or finances. You may also feel unhappy if expectations about your donation and the transplant are not met.

We will talk with you in advance about the emotional and social risks of donation surgery so you will be as prepared as possible to go through the process. Your donor team, especially your living donor advocate, is available to give you ongoing support before and after donation. If you have any concerns, it is important that you share them with your advocate or someone on the donor team.

Financial risks

Getting a transplant can affect your finances, both now and in the future.

You will not be responsible for the out-of-pocket expenses for the donation surgery. Your recipient's insurance will be billed for the surgery and hospitalization. However, if the recipient's insurance company denies a claim for any reason, your own insurance may be billed.

Disability and life insurance risks

After surgery:

- you might have to pay more for disability and life insurance
- you may not be able to get disability or life insurance at all.

Can I change my mind about having surgery?

Yes. Up to the time when you are put to sleep in the operating room, you can change your mind about donating a kidney. The transplant team will support you—whatever decision you make, whenever you make it.

- If you decide not to donate, your living donor advocate will intervene on your behalf.
- Your advocate will make sure your reasons for changing your mind stay confidential.
- If the recipient wants to know the reason you are no longer a donor, a general, non-specific statement of unsuitability for donation will be given to them.
- Your recipient will never know you changed your mind, unless you give us your written consent to tell them.

What happens to the recipient if I change my mind?

If you decide not to donate, the potential recipient will continue to receive care at the kidney transplant program at Vanderbilt. He or she will stay on the waitlist for a deceased kidney donation.

Your emotions

During these final weeks before your surgery, many emotions may surface for both you and your recipient. It is not unusual to feel many different emotions—from elation to concern. The support of your family and close friends is very important as you prepare for your surgery, donation, and recovery.

***Remember: Your donor advocate works on your behalf.
If you any have questions or concerns about your donation,
don't hesitate to contact your advocate.***

Medicines to Stop Taking Before Your Surgery

For your safety, it is important that you stop taking medicines and supplements that thin your blood. We will talk with you about all the medicines you currently take.

One week before surgery:

Stop taking aspirin, fish oil, garlic supplements, and all multi-vitamins.

Ten days before surgery:

Stop taking all NSAIDs, including over-the-counter medicines and prescription NSAIDs:

- all forms of ibuprofen (Advil, Motrin)
- all forms of naproxen (Aleve)
- Ultram
- Vioxx
- Bextra
- Celebrex.

You may take acetaminophen (Tylenol) as needed for pain.

Important!

Tell us about all the medicines you currently take!

The Day Before Your Surgery

Begin a clear liquid diet

At 12:00 noon, begin following a clear liquid diet. This is for your safety.

A clear liquid diet includes any liquid you can see through. Examples are water, clear juice, flavored jello (without fruit), clear broths, popsicles, tea, and coffee (without cream or milk). Don't eat or drink any milk products the day before surgery!

Pack your bag

Pack your bag so it is ready to go when you leave for the hospital the next morning. Some things we suggest that you bring:

- a bathrobe
- shoes you can pull on that won't slip
- a brush or comb
- personal care items including toothpaste, toothbrush, deodorant, hand lotion, and lip balm
- supplies for your menstrual cycle, if needed
- eye glasses or contact lenses, if needed
- cell phone and cell phone charger
- magazines or books to read
- your copy of *Understanding Live Kidney Donation* (this booklet).

Don't bring any valuables to the hospital, such as watches, jewelry, etc.

The Day of Your Surgery

Things to remember

No food or drink

Do not eat or drink anything on the day of your surgery.

However, if you need to take any medicines in the morning, you may do so with a small sip of water.

Medicines

Be sure to check with your surgeon or nurse coordinator about what medicines you should take the morning of surgery.

Dress for comfort

Dress in comfortable, loose clothes that you can also put on when you leave the hospital.

Your packed bag

Bring your belongings that you packed the night before. Leave all your valuables at home.

Checking into the hospital

Check in at the admitting office of Vanderbilt Hospital.

- Check in at 6:00 a.m. unless you have been told something different.
- The Admitting Office is on the 1st floor of the hospital.

Going to the Holding Room

After you check in, we will take you to the Holding Room.

- The nurse will prepare you for surgery.
- You are allowed to have 1 person go with you to the holding room. Only 1 person is allowed: there are no exceptions.
- An IV will be placed in your arm or hand for IV fluids during the surgery.
- A member of the anesthesia team will perform a nerve block on your belly.
- The nurse will give you pain medicine, including acetaminophen (Tylenol) and gabapentin (Neurontin) before you go into surgery.
- We will put a medicine patch on your skin to help keep you from feeling sick to your stomach.

In the Operating Room

From the Holding Room, we will take you to the operating room for your procedure. This is a general outline of what will happen there:

Anesthesia

We will give you anesthesia—medicines that will make you sleep and not feel any pain during surgery.

Foley catheter

Once you are asleep, a Foley catheter will be placed in your bladder to drain urine from your bladder during surgery. Typically, the catheter is removed 1 to 2 days after surgery.



Endotracheal tube

This is a tube that will be put in your throat during surgery to help you breathe.

- The tube will be removed once surgery is over and you are able to breathe on your own.
- It is common to have a sore throat for up to 1 week after surgery because of this tube.

The procedure

- Your surgeon will make the incisions needed to access your kidney.
- Your surgeon will then remove your kidney using the laparoscopic or open method.
- Once the kidney is removed, your incisions will be closed and the surgery completed.

After Your Surgery: At the Hospital

After surgery, we will first take you to the Recovery Room.

- We will keep you there until you are fully awake.
- The staff will monitor your breathing, blood pressure, heart rate, pain level, urine output, and incision sites.
- When you are stable, you will be transferred to a room on the surgical floor. This is where you will be until you leave the hospital.
 - The surgical floor is located on the 7th floor of the hospital's Critical Care Tower.
 - You will have a private room. You are allowed to have visitors.

How will I feel after surgery?

Side effects you may have after surgery:

- pain
- feeling sick to your stomach (nausea)
- fatigue
- bloating in your belly
- constipation.

These are normal side effects of the surgery that will go away with time. We will give you medicine to relieve some of these side effects.

Who will come check on me after surgery?

In addition to your surgical team, these transplant team members will also come to meet with you:

- your living donor advocate
- your living donor social worker
- your dietitian
- your pharmacist.

These team members will talk with you about your emotional and medical needs, as well as your hospital discharge plan.

What else can I expect as I recover?

SCD machine

This is a machine that helps circulate your blood when you are not moving around. The machine has parts that wrap around your legs. You will wear these while you are sleeping or resting in bed.

Volurex

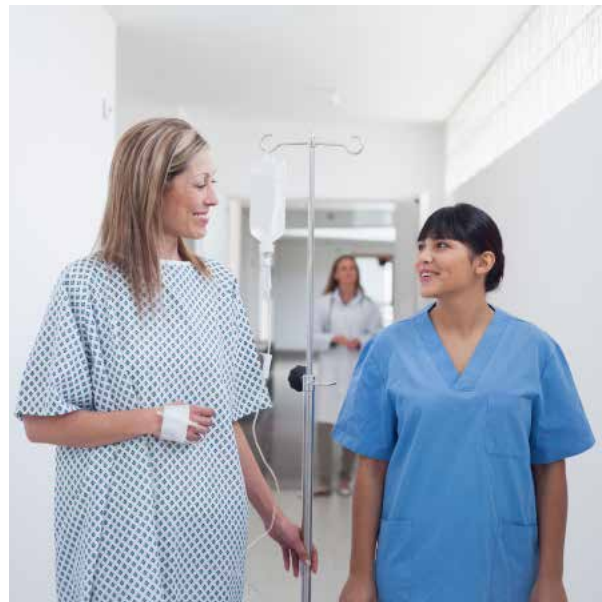
This is a plastic breathing tool that helps expand your lungs and promotes deep breathing and coughing to keep your lungs clear. Using the Volurex will help prevent you from getting pneumonia. Use your Volurex every hour while you are awake. The nursing staff will teach you how to use this tool.

Diet

After surgery, anesthesia and pain medicine may cause you to feel sick to your stomach. At first, you will be on a clear liquid diet so you don't get sick or throw up. Once you no longer feel sick to your stomach, you can begin eating regular food as long as you feel OK.

Activity

You will be expected to walk in the halls on the night of surgery. It is important that you become active soon after surgery. We will help you.



Medicine for your pain

It is normal to have pain after surgery. We will give you pain medicine to help you control it. Any time you need pain medicine, you should ask your nurse for it. It is easiest to treat pain before it gets bad. Do not wait for your pain to get bad before you tell us.

Oral pain medicine

- We will primarily manage your pain using oral acetaminophen (Tylenol) and gabapentin (Neurontin).
- You will start taking these medicines the morning of your surgery. You will continue taking them for 14 days after surgery.
- If these oral medicines are not helping your pain enough, please let us know. We can give you something else for your pain.

Nerve Block

Another way we will help control your pain after surgery is by giving you a nerve block before surgery. The block works by numbing the skin on your belly in order to lower the pain from your incision. The nerve block will last for as long as 24 hours.

Medicine for your nausea

Before surgery, we will put a medicine patch on your skin to help keep you from feeling sick to your stomach. After surgery, if you still feel sick to your stomach even with the patch, talk to your nurse about additional options.

Abdominal binder

This is an elastic band that will be put around your belly and back. It will help support your belly while you are out of bed. It also helps prevent hernias from developing at the incision sites.

Heparin

This is a blood thinner that we will give you every 8 hours to help keep clots from forming in your legs. It is given as an injection using a small needle. It may be injected in the back of your arm, upper thighs, or your abdomen. The injection may cause a small bruise since it is a blood thinner. This is normal.

The day after surgery

IV

You will continue to have an IV with IV fluids. This will keep you hydrated and also allow us to give you any medicines you might need through your IV.

Catheter

We will remove your Foley catheter as long as you are making plenty of urine.

Stool softeners

We will give you stool softeners and suppositories to help wake up your intestines after surgery. These medicines will help lessen gas pain and constipation.

Diet

You will be able to eat regular food as long as you are able to do so without feeling sick to your stomach or vomiting. If you start feeling sick to your stomach, we will recommend that you continue or restart a clear liquid diet until you feel better.

Activity

You will be expected to walk in the hall every 2 hours while you are awake. This is very helpful to your recovery. Patients who walk at least 4 times a day tend to get better faster. If you have any discomfort when walking, ask us for pain medicine.

Pain

We will continue to give you medicine on a specific schedule to control your pain. If this medicine does not help your pain, let us know. We can give you something else for your pain.

You will continue to

- do your lung exercises every hour while you are awake
- wear your leg compression devices while you are asleep or resting in bed
- wear your abdominal binder when getting in and out of bed and while you are out of bed walking around.

Two days after surgery

- Your IV will remain in your arm or hand until you are discharged, in case we need to give you any medicines by IV.
- We will continue giving you stool softeners and suppositories to prevent constipation. If you start to have diarrhea, let your nurse know.
- We recommend that you keep wearing the abdominal binder while in the hospital. You may wear it at home as needed any time you are out of bed.

Leaving the Hospital

Before you leave

We will talk with you in detail about how to care for yourself when you are out of the hospital, including:

- how to take your medicines
- signs of infection
- guidelines for activity and diet
- who to call with questions
- your follow-up appointment schedule and doctor visits.

We will also make sure you have all the contact phone numbers you need.

Prescriptions you'll get before you go

Before you leave the hospital, we will give you the medicines you need to take with you. They will be brought to you in your hospital room. You will not need to pay for these medicines. These medicines include:

- medicine for pain (gabapentin and acetaminophen)
- medicine for nausea (ondansetron)
- additional oral pain medicine (oxycodone)
- stool softeners (docusate) for constipation.

Going home

You will need someone to drive you home from the hospital. You will not be allowed to drive yourself.

If you live more than 1 hour from the hospital, stop every hour to walk briefly. This will help prevent blood clots from forming in your legs.



After the Hospital: Your Recovery

After you leave the hospital, you need to take care of yourself in the short- and long-term. Following the directions in this section will help with your recovery.

Caring for your incisions

Keep your incisions clean by washing them while you are in the shower.

- Wash your incisions gently with a soft, clean cloth.
- Pat your incisions dry with a clean towel.

For at least 2 weeks after surgery:

- do not submerge your incisions in water
- no tub baths, swimming, or hot tubs.

Controlling your pain

Incision pain and tenderness after surgery is normal. It will lessen over 1 to 2 weeks. You may take your prescribed pain medicine or your acetaminophen to help relieve this pain. Whichever medicine you decide to take, make sure you follow your dosage instructions exactly.

Remember: Never take more than 3,000 milligrams of acetaminophen in any 24-hour period. Also remember that other over-the-counter medicines may have acetaminophen in them. This should be included in the 3,000 milligram daily limit.

Side effects of pain medicine

Unfortunately pain pills can cause side effects. Common side effects include:

- feeling sick to your stomach
- vomiting
- constipation
- dizziness
- drowsiness.

Call us if your side effects are too bad for you to manage.

Don't drive while you are taking pain medicine

Pain medicine can make it dangerous for you to drive. Do not drive until you are no longer taking your prescription pain medicine.

Eat a normal diet

We recommend that you eat healthful foods and make water your main beverage. It is important for you to keep a healthy body weight after kidney donation. Obesity can cause you to have an increased risk of diabetes, high blood pressure, and kidney stones. All 3 of these conditions could cause damage your remaining kidney.

Avoiding constipation

Narcotic pain medicine can cause constipation. Continue to take your stool softener prescription to prevent constipation and straining with bowel movements for as long as you are taking these medicines. Miralax and other rectal suppositories are alternatives you can also use if you have constipation. Stop taking stool softeners if you get diarrhea.

Stay hydrated by drinking eight 8-ounce glasses of non-caffeinated fluids each day. This will also help keep you from becoming constipated.

Activity

After surgery, it is important that you limit your activities exactly as directed. Lifting anything too heavy or straining may cause your incisions to open. These activities could also cause the formation of a hernia that would likely require surgery to repair.

For 6 weeks after surgery:

- do not lift anything that weighs more than 5 pounds (1/2 gallon of milk). This includes lifting small pets and children
- no vacuuming
- avoid activities that cause straining, including pushing down too hard when you go to the bathroom (use your stool softeners to avoid constipation).

Immediately begin a daily walking routine

- Walking will help improve and maintain your health while you are recovering from surgery.
- Rest when you get tired but do not lie down for long periods of time.
- Walk at least 1 time every hour while you are awake.

Talk to your surgeon at your follow-up visit before resuming any strenuous exercise on your own.

Sex

We recommend that you don't have sex for 2 weeks after surgery. After the first 2 weeks you may have sex, but avoid positions that cause discomfort or might strain your incision sites.

Your ongoing needs

After you are out of the hospital, your living donor advocate, social worker, dietician, and pharmacist are all available to talk to you by phone. If you would like to schedule an appointment, contact your living donor coordinator.

Call us at (615) 936-0695 if:

- you have bloating in your belly that lasts longer than 2 weeks and doesn't get better
- you have a fever over 101°F (38.3°C)
- you get chills
- you have swelling, redness, or drainage from your incisions
- you feel sick to your stomach
- you throw up
- you are not able to eat or drink
- you have pain that does not get better, even when you use pain medicine
- you have constipation that doesn't get better, even with stool softeners
- you have very dark yellow or brown colored urine, or your urine has a strong odor.



Living with One Kidney: Things to Remember

Always tell health providers about your situation

Remember to tell all your healthcare providers and pharmacists that you only have 1 kidney.

Always ask if suggested medical tests are safe

Make sure to ask your doctor if suggested tests are required and if they are safe for you since you only have 1 kidney.

CT scans

CT scans sometimes require the use of dye. Some dyes used for these tests can potentially harm your kidney. If you need to have a CT scan, ask your doctor if it is safe and if there is any harmful dye being used.

Pregnancy

If you want to become pregnant, you may. But we strongly advise that you wait at least 6 months after kidney donation surgery before becoming pregnant.



Know the medicines you need to avoid for life

With 1 kidney, there are medicines you should never take since they could harm your kidney. All of the medicines on this page could harm your kidney. Keep this list nearby so you have it handy if you need it. Always read the ingredients on all over-the-counter medicines to protect your kidney.

Call the transplant team or pharmacist if you have ANY questions about the medicines you are allowed to take.

Never take these!

- Performance enhancement supplements
- Muscle building agents
- NSAIDs and products with NSAIDs:
 - Ibuprofen and medicines with ibuprofen, including Motrin, Midol, and Advil
 - Naproxen and medicine with naproxen, including Aleve
 - Ketoprofen
 - Orudis KT
 - Aspirin for pain relief (OK in low dose for heart protection)
 - All pain medicines that contain aspirin, including Excedrin, Anacin, BC powder, and Goody's powders
 - Doans (magnesium salicylate)
- Decongestants and products with decongestants, which are commonly found in cold medicines:
 - pseudoephedrine and Sudafed
 - phenylephrine and Sudafed PE
 - Alka-Seltzer Cold effervescent products, including original, extra strength, and lemon lime
- Stomach and bowel medicines, including:
 - Pepto Bismol
 - Fleets enemas.

Required Follow-up: The First Two Years

It is extremely important that you keep all of your follow-up appointments with us so that we can monitor your health after donation. Do not miss these appointments, even if you feel healthy.

Your follow-up schedule:

Your first follow-up appointment with your surgeon or your nurse practitioner will be 1 to 2 weeks after you leave the hospital. At this appointment, we will schedule all of your follow-up appointments. The appointments will be scheduled for:

- 6 weeks after surgery
- 6 months after surgery
- 1 year after surgery
- 2 years after surgery.



Your 6-month, 1-year, and 2-year appointment

- You will receive a call from one of the living donor coordinators before your 6 month, 1-year, and 2-year dates.
 - They will ask you questions and complete a brief phone questionnaire.
 - The coordinator will also make sure that you have a follow-up appointment scheduled. If you don't have an appointment scheduled, the coordinator will schedule one for you.
- Your visit with the nurse practitioner will include a general assessment, lab work to monitor your kidney function, weight and blood pressure check, and general health maintenance counseling.

If you live out of town and cannot come to Vanderbilt

We understand that it may not be possible for those donors who live out of town to travel here for their follow-up care. If you cannot come here for your follow-up care, we will work closely with you to make sure we keep track of your progress and that you get the care you need.

Make follow-up plans before your surgery

If you can't come to Vanderbilt for your follow-up appointments, first talk with your primary care doctor before your donation surgery. Ask if she or he is comfortable following you after surgery. Making your follow-up plans before donation surgery will help us make arrangements for your follow-up visits.

For your 6-month, 1-year, and 2-year appointments:

- We will send you orders for the lab work you need.
 - Take your orders for lab work to a local lab or your primary care doctor's office to have your lab work done.
 - The billing information is included on the lab form, so you will not be charged for the lab work.
- We will also send you a form that requests your updated weight and blood pressure numbers. You are welcome to fill this out on your own. Or, if you prefer, our billing order does include an office visit to see your doctor to update your weight and blood pressure.
- You or your doctor's office can simply fax or mail your information and results to us.



What do I do after my 2-year follow-up?

After 2 years, we recommend you see your primary care doctor at least 1 time a year for life. You will be financially responsible for your routine care after your 2-year follow-up appointment.

Once a year, we recommend that you:

- have your annual general physical
- have lab work done to measure your kidney function.

What if I have a problem between my follow-ups?

If you have a complication or issue at any time, please call us. We would like to assist you with any problems directly related to your kidney donation.



Taking Care of Your Emotional Health

It is common and even healthy for organ donors and their loved ones to experience a variety of emotions throughout the donation process. These feelings will vary from person to person. Everyone's responses are different. Therefore, it is important to understand some of the reasons for your stressors and how to successfully manage them.

Most patients adjust well to the different phases of the donation journey—in their own ways and in their own time.

How physical stress may affect your emotions

It is common for emotional distress, like sadness or frustration, to increase during times of physical discomfort or when medical symptoms are present. This will improve as you get better.

Depression

It is very unlikely that you will experience clinical depression following donation. However, it would not be uncommon if you feel sad or let down for a short period of time following donation.

A person who is clinically depressed often loses interest in most activities and may have difficulty with concentration, feel down, have less energy, poor sleep, and a low appetite. Talk to your doctor if you have any of these feelings.

Anxiety

You may also experience anxiety, fear, and worry during the donation process—both before and after surgery. Such emotions are healthy, normal, and understandable. Many patients, for example, express fear that the kidney they donate won't work or will be rejected. They also worry about how donating a kidney will affect them in general. Again, keep in mind that these are normal emotions.

Stress

Stress is a normal part of daily life; it is both healthy and necessary. However, too much stress can be harmful. Emotions that may be triggered by stress include anger, frustration, sadness, and a depressed mood.

Because the donation process can be very stressful, it is important for you to consider how you usually cope with stressful situations. This will help you get prepared for your surgery and recovery.

Some stress-reducing suggestions:

- get enough sleep
- don't use nicotine, alcohol, or illicit drugs
- do things that relax you, such as meditation, yoga, baths, reading, and listening to music.

Coping techniques

Coping refers to the way people react to challenges (such as donating a kidney) and how they comfort themselves in response to stress. Of course, not all ways of coping are healthy. Before your surgery, think of ways you have of coping that are healthy.

Learn as much as you can

It often helps to get as much information as you can about your medical condition. The more you know about what to expect and what your responsibilities are throughout the donation process, the more prepared you will be. Knowing more will also help you establish more realistic expectations, which can often lessen stress.

Find support

Spend time with friends who you can talk to about your feelings. You can also find support groups to join. It is important to have a place where you can talk about how you feel.

Ask for help if you need it

If you are facing emotional difficulties and need some assistance, don't hesitate to contact the Vanderbilt social worker at (615) 936-0392.



Frequently Asked Questions

How long will I have pain after surgery?

Every patient is different. You may notice you have more pain on your first day home simply because you are being more active. Most patients say that their pain improves within 1 to 2 weeks and they no longer need any pain medicine. You will leave the hospital with a 2-week supply of pain medicine.

REMEMBER: for the health of your remaining kidney, DO NOT TAKE non-steroidal anti-inflammatory medicines (NSAIDs), such as ibuprofen (Motrin, Advil), naproxin (Aleve), and aspirin.

What if my pain gets really bad or gets worse?

If you have pain that is really bad or gets worse after you leave the hospital, call us.

How long will I feel tired?

A common complaint after kidney donation is feeling tired. Some patients feel back to normal within a few days. Others have some tiredness for several weeks. Increasing your physical activity each day can help with the healing process.

What restrictions will I have after surgery?

- Don't drive for 2 weeks or until you are no longer taking your prescription pain medicine.
- Don't lift anything heavier than 5 pounds (1/2 gallon of milk) for 6 weeks.
- Avoid activities that might cause you to strain the muscles in your belly.

Is pain, numbness, or pulling at the incision site normal?

Yes. You will have internal sutures which will dissolve over time. These sutures may cause some pain or pulling. Your incision and the area around your incision may also feel numb for a short period of time.

Is it normal to feel like my genitals are swollen?

You may feel some fullness or swelling in your genitals, especially if you are a man. This is normal and usually goes away in 1 to 2 weeks. However, if you have any discoloration or severe pain, call us right away as this may be a sign of impaired blood flow.

Is it normal to have a low appetite after surgery?

Yes. You may have a low appetite for 1 to 2 weeks after surgery. The most important thing for you to remember is to stay hydrated and drink plenty of fluids, even when you don't feel like eating.

Is it normal to have bloating in the belly or constipation?

You may experience some bloating in your belly for 1 to 2 weeks after surgery. This is common until complete bowel function returns.

- Bloating after surgery is usually from the carbon dioxide gas put in your belly during surgery. This gas helps the surgeon see your organs.
- Walking and drinking more fluids will help the problem go away.
- Remember to take your stool softener daily, unless you have loose stools or diarrhea.
- Normal bowel function should return in 5 to 7 days.

Do I need to wait to get a flu shot?

No. Flu shots are fine both before and after donation surgery.

Do I need to wait to see my dentist?

Dental visits can take place as usual both before and after donation surgery.

Is it OK to take antibiotics?

Let your donor coordinator know if any antibiotics are prescribed for you within a week of your surgery date.

How long until I can donate blood after surgery?

You should wait at least 6 months after surgery before donating blood.

How soon can I return to work?

We recommend that you give yourself 6 weeks to recover. However, if your job is one in which you are mostly still (like sitting at a desk) and does not require lifting or straining, you may be able to return to your job within a few weeks of your surgery. Discuss this with your surgeon or nurse practitioner at your follow-up visits.

Who do I call if I have any problems?

During business hours

During business hours, you should contact the post-transplant nurse or nurse practitioner at (615) 936-0695.

After hours

After hours, you call (615) 936-0695. An answering service will be available to direct your call to the on-call kidney transplant surgeon. Keep in mind that the on-call surgeon may not be familiar with your case.

When calling after hours, if you don't talk with a surgeon within 1 hour, call the Vanderbilt operator at (615) 322-5000. Ask to have the kidney transplant resident call you back.

How do I get my FMLA or short-term disability forms completed?

Your donor coordinator or post-donation nurse will complete your FMLA or short-term disability paper work.

- FMLA paperwork can be completed before or after surgery.
- Short-term disability is usually processed during your hospital stay.

We have program coverage at all times

A transplant surgeon, transplant doctor, and transplant coordinator are available 24 hours a day, 365 days a year to assist with patient management. Back-up coverage is available for each of these people as well. If you ever need help or assistance at any time, a surgeon or doctor can always be on site at Vanderbilt within 60 minutes.



***Don't forget:
Sign up for My Health at Vanderbilt today!***



***Before you leave, see one of the
coordinators to get full access to the site.***

Places to Stay

Hospital Hospitality House **(615) 329-0477**

The Hospitality House provides minimal cost accommodations for patients and the family members of patients staying in Nashville area hospitals. Features 2-person private rooms with private bath, a community kitchen and living space, free parking, Vanderbilt shuttle service, and laundry facilities. Family members older than 14 allowed. Reservations cannot be made in advance, but can only be made on the first day of the patient's or family's stay. Initial referral has to be made by the transplant staff or transplant social worker.

Scarritt Bennett Center **(615) 340-7500**

Near Vanderbilt Hospital, Scarritt Bennett offers discount rates. Vanderbilt shuttle service available. Private room with a common bathroom that is adjoined to another guest room. Two people per room. Microwave and refrigerator in common living room. No kitchen or kitchenettes. Children can stay with an adult. Referral has to be made by the transplant office.

Homestead Suites **(615) 316-9020**

Located near the airport, offers discount prices for short- or long-term stay for Vanderbilt transplant patients. No shuttle service provided.

Extended Stay America **(615) 383-7490** **(800) 398-7829**

Located near Vanderbilt on West End Avenue, offers short and extended stays. Shuttle service to Vanderbilt provided.

Best Western Music Row Inn **(615) 242-1631** **(800) 937-8376**

Located near Vanderbilt at the intersection of I-40, I-65, and I-24 on Music Row.

Holiday Inn Express
(615) 244-0150
(800) 465-4329

Only 2 minutes from the hospital, Holiday Inn Express provides a complimentary continental breakfast and free shuttle service to and from the hospital.

The Hotel Preston
(615) 324-9826

Centrally located near the airport, Opryland, downtown Nashville and Cool Springs. Discounted transplant rates and shuttle service available.

Comfort Inn
(615) 255-9977
(800) 424-6423

Located at 1501 Demonbreun Street. Within 1-mile radius of Vanderbilt.

The Village at Vanderbilt
(615) 320-5600

403 Village at Vanderbilt, Nashville, off 21st Avenue. Near the Vanderbilt campus.

**** Call for current rates and availability ****



