

The Ottawa Hospital | L'Hôpital
d'Ottawa

Living Kidney Donation at The Ottawa Hospital



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Introduction

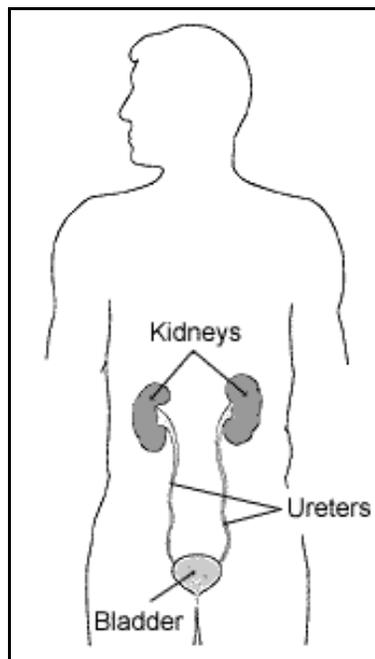
Thank you for considering living kidney donation. It is important that you read the information carefully and take time to make an informed decision. If you have any questions please do not hesitate to contact the Living Donor Coordinator at 613-738-8400 ext. 82778. Once you have read the information and have made your decision **you must inform the Living Donor Coordinator if you wish to proceed.**

Let us start with an overview of the kidneys, kidney disease and treatment options. After all, they are the whole reason you are faced with this decision.

The Kidneys

What are the Kidneys?

The kidneys are two organs shaped like beans, reddish brown in colour and each about the size of a fist. They are located on either side of the spine under the lower part of the ribcage.



What does the kidney do?

The main job of the kidneys is to remove waste from the blood and return the clean blood back to the body. Other important functions of the kidneys include:

- Regulating water
- Balancing chemicals in the body
- Regulating the building of bones
- Regulating blood pressure
- Controlling the production of red blood cells

Kidney Disease

There are many causes of kidney disease, which represents a growing health-care problem in Canada. The two main causes of kidney disease in Canada are **diabetes** and **high blood pressure**.

Other common causes include:

- vascular disease which is a hardening of the arteries
- glomerulonephritis, the inflammation of the kidney filtering units
- polycystic kidney disease
- drug-induced kidney failure
- pyelonephritis which is an infection in the kidney
- blockage of the flow of urine , also called a urinary tract obstruction
- other rare genetic diseases

Stages of Kidney Disease

	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5 (end stage)
Kidney Function	>90%	60-89%	30-59%	15-30%	<15%
Symptoms	none	none	Fatigue poor appetite mild anemia	increased fatigue nausea anemia itchy skin	Poor sleep shortness of breath, vomiting itchy skin, leg cramps
Treatment	Identify cause, try to reverse it or minimize kidney damage	Monitor creatinine, blood pressure, blood sugar	Teach patient about disease and treatment options	Plan & create access for dialysis &/or start workup for transplant	Start renal replacement therapy-dialysis transplantation

Kidney Failure is when the kidney can no longer filter blood properly, and toxic waste products and fluid build up in the blood.

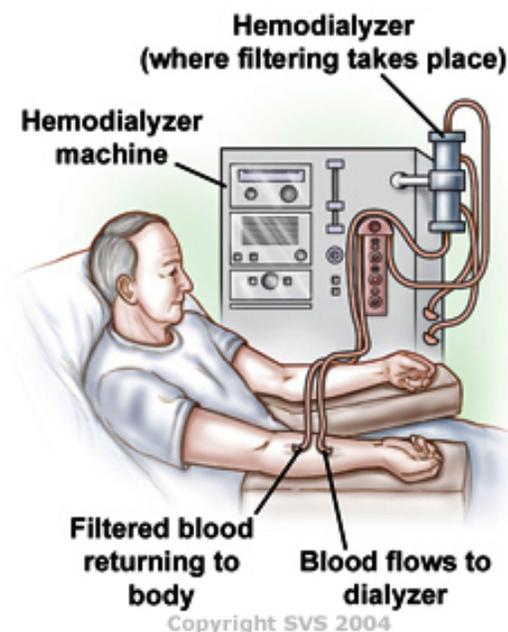
Treatment options

The treatment options for kidney failure include **dialysis** or **transplantation**.

Dialysis treatments can be hard on you in many ways. You have to perform the procedure regularly and restrict your diet. Both of these things can make you feel tired a lot of the time. There are two types of dialysis: hemodialysis and peritoneal dialysis.

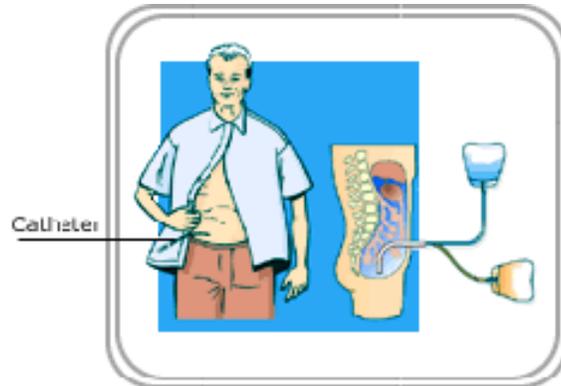
Hemodialysis

During hemodialysis, the blood is passed through a machine outside the body that cleans it. It can take three to four hours and you have to do it three times a week. You can also do it six times a week for shorter periods of time, or you can do it at night while you are sleeping. This is called nocturnal hemodialysis. Hemodialysis can be done at the hospital, or you can get special training to do it at home.



Peritoneal Dialysis

In peritoneal dialysis, the blood is cleaned inside the body, rather than through a kidney machine. The peritoneal cavity is the area that surrounds your intestines and other organs in your abdomen. In peritoneal dialysis, you fill this cavity with a dialysis fluid. Waste products and excess fluids pass from the peritoneal cavity into this fluid, which is then drained and discarded. This is called a fluid exchange.



Peritoneal dialysis has to be done every day. There is a machine that does the fluid exchange while you sleep. Or, you could also do the fluid exchange yourself four or five times a day. People who choose peritoneal dialysis are trained to do the procedure at home.

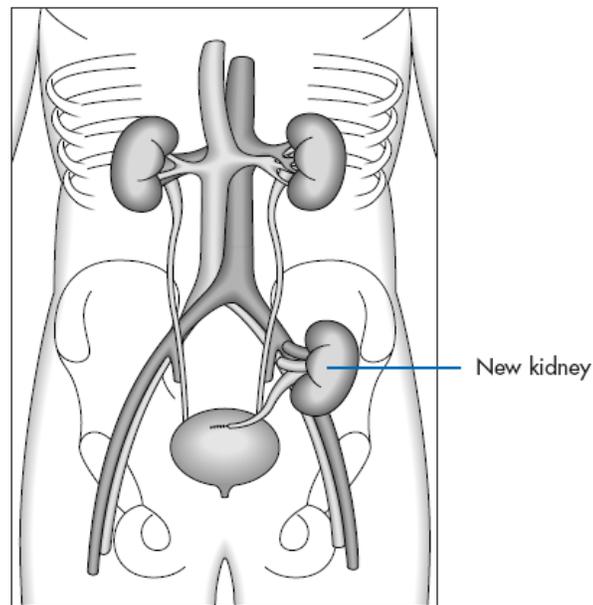


Transplantation

The best treatment available for kidney failure is a kidney transplant. A working kidney transplant allows people with kidney failure to live longer and have a better quality of life. A kidney transplant is not right for everyone.

During a transplant, the transplanted kidney is inserted into the abdomen near the bladder. The recipient's kidneys are not removed unless there is a good reason to remove them.

There are two types of transplants: a **deceased donor transplant** or a **living donor transplant**. A deceased donor transplant is given to a person on the deceased donor waitlist. It comes from someone who has died and signed up to be an organ donor.



Location of transplanted kidney

The waitlist for deceased kidney donation keeps getting longer. The average time on the waitlist is five years for people in the Ottawa area. Deceased donor transplants are successful in many people, but it is preferable to have a living donor. The rest of this booklet will focus on Living Kidney Donation.

Living Kidney Donation

Living kidney donation is when a living person gives one of their kidneys to someone who needs a transplant. The person who gives their kidney is called a donor. The person who gets the kidney is called the recipient. The first successful living donor transplant was done in 1954.

The Ottawa Hospital has a well-established living kidney donation program. Over the past few years, we have seen more and more living kidney transplants. In Canada, there are more living donors than deceased donors. Even though more living donor transplants have been done in Ottawa and across Canada in the past few years, there is still a shortage of kidneys for patients on the waitlist. Because of this shortage, people die every year while waiting for a kidney transplant.

What are the advantages of living kidney donation?

Living kidney donation gives people on the waitlist for a transplant another option to waiting for a deceased donor organ. There are many advantages to living kidney donation, like:

➤ Time to plan

The surgery can be scheduled when both the donor and the recipient are in the best health possible. The donor and recipient are aware of the transplant date in advance so they can be prepared.

➤ Better donor organ survival rates

Kidney transplants from living donors are more successful than from deceased donors. There is a lower chance of rejection from living donors. Living donor transplants are usually done with less time between the when the kidney is removed from the donor, and when it is transplanted into the recipient. This can mean longer and better kidney function.

➤ Less waiting

The length of time to get a kidney is much shorter when the organ comes from a living donor than a deceased donor. This is better for the recipient because it means less time on dialysis. It also means the transplant can be done when the person is in good health. This also shortens the waitlist, which is good for everybody waiting for a transplant.

➤ Avoiding dialysis

You can have a transplant much earlier in the course of the disease with a living kidney donor. That means you might be able to have your transplant before you need dialysis. This is called a pre-emptive transplant.

➤ **Better quality of life**

After the transplant, the recipient no longer needs to restrict their diet and fluids. They also will not have to deal with dialysis or the fatigue it can cause. A kidney from a living donor usually begins working right away. The living donor can help save the life of another person, which can be a very positive experience.

Who can donate a kidney?

A suitable donor is someone who:

- Is over the age of 18
- Is willing to donate a kidney
- Is in good health
- Is psychologically stable
- Is capable of giving informed consent
- Is motivated to unconditionally improve the recipient's quality of life

Who can not donate?

Donors should NOT have the following:

- Diabetes
- Kidney disease
- Serious heart disease
- Most types of cancers
- Significant obesity

There are other health problems that may limit donors. These are determined on an individual basis.

Different types of living kidney donation

There are several types of living kidney donors:

➤ **Related**

This group includes blood relatives like brothers, sisters, parents, children, aunts, uncles, cousins, half-siblings, nieces and nephews.

➤ **Non-related**

This group includes spouses, in-laws, close friends and co-workers.

➤ **Living Donor Paired Exchange (LDPE) Registry**

Sometimes, people want to donate a kidney to somebody they know, but cannot do so. This can happen for many reasons, like if their blood group or tissue type is not compatible with the recipient. These people are called incompatible pairs. In a paired exchange, incompatible pairs are matched with other incompatible pairs. Then, there is a swap between two sets of kidney donors and recipients. Sometimes there is a domino effect with up to five incompatible pairs swapping kidneys. The more incompatible pairs that register in LDPE, the better the chances of finding compatible matches and helping people in need of a transplant.

The Ottawa Hospital participates in the national paired exchange registry.

➤ **Anonymous or non-directed donors**

These are people who would like to donate a kidney but do not have recipient in need. The Ottawa Hospital accepts anonymous donors through the Living Donor Paired Exchange Registry. Anonymous donors often create a domino transplant, where multiple recipients may receive a kidney.

Example of a Domino Paired Exchange

Donor 1 would like to donate to **Recipient 1** but cannot because their blood types are not compatible.

Donor 2 would like to donate to **Recipient 2** but cannot because their tissue types are not compatible.

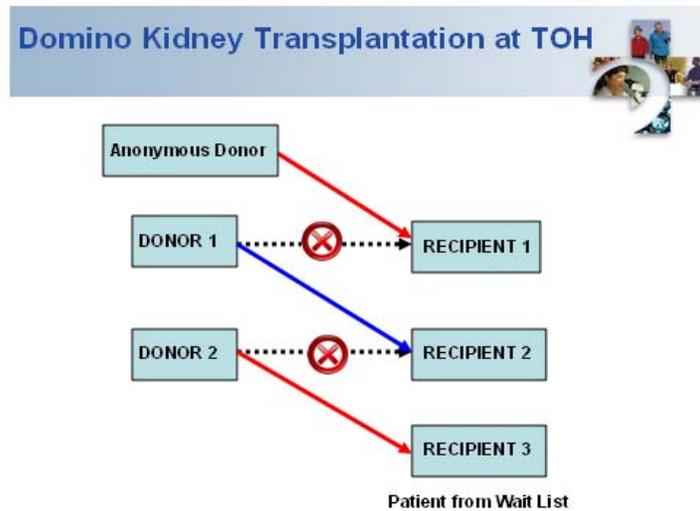
An **Anonymous Donor** can donate to **Recipient 1** because their blood types are compatible.

Donor 1 can then donate to **Recipient 2** because their blood and tissue types are compatible.

Donor 2 can then donate to **Recipient 3** who on the waitlist with a compatible blood and tissue type.

The anonymous donor has helped three people to get the transplants they need that would have otherwise been impossible.

In 2008, the Ottawa Hospital was one of the first two hospitals in Canada to do a Domino Paired Exchange.



Blood type matching

The first test for compatibility is the ABO or blood type. This can be done through your family doctor, Canadian Blood Services card or through the donor coordinator.

Blood type compatibility guide

A donor with this blood type	Can donate to a recipient with this blood type
O	A, B, AB or O
A	A or AB (sometimes O)
B	B or AB
AB	AB

An O blood type donor can donate to any blood type recipient. A recipient with AB blood type can match any donor's blood type. In living kidney donation your positive or negative (Rh factor) is not important.

You will need to fax a copy of your blood type or Canadian Blood Services card to the donor coordinator at 613-738-8489. If you are not compatible with your recipient, you may want to look into the Living Donor Paired Exchange Registry.

The Evaluation process

We evaluate your health carefully to be sure that being a living kidney donor will not harm you. Sometimes during the testing we find health problems that the donor did not know about. If this happens to you, we will refer you to a specialist or back to your family doctor. If you are thinking about getting an insurance plan like life insurance, disability insurance, or critical illness insurance, you should do it before the evaluations start. If we find health problems that you did not know about during the evaluation, it might be hard to get insurance. This is a personal decision. You do not need to have insurance to be a donor.

The evaluation process is divided into two phases:

Phase I

This phase involves a visit to your family doctor, filling out a questionnaire and having a tissue typing test.

➤ **Visiting your family doctor**

Once you have told the transplant coordinator that you want to go ahead with the donation, you should make an appointment with your family doctor. Tell them about your plan to become a living kidney donor. Your family doctor will get a letter outlining the testing you need. Your doctor may have already done some of these tests in the past 12 months. The tests include blood and urine tests, and two 24-hour urine collections. Women will need a pap test, a breast exam, and possibly a mammogram. If you are over 50, you may need to give stool samples. You may also need a tuberculosis (TB) skin test.

➤ **Questionnaire**

The questionnaire will ask about your medical, social and travel history. You will get it in the mail. You can give it to the transplant coordinator.

➤ **Tissue Typing Test**

All the donor needs to do is give a blood sample. The lab will work hard all day with your sample to see whether or not you are compatible match with your recipient. The lab will look at antigens called human leukocyte antigens, or HLA. There are six HLA tested for each person. You get 3 from your mother and 3 from your father. Though it is better to have matching HLAs with the recipient, is not necessary for the transplant.

➤ **Cross match test**

This blood test is performed at the same time as the tissue typing test. It will find out if the recipient is likely to have a reaction to the donor kidney. The white blood cells from the donor are mixed with blood from the recipient. If the recipient's blood cells attack and kill the donor's blood cells, it is called a "positive cross match". This means the donor and recipient are **not** compatible and the recipient's body is likely to reject the kidney. If the donor's cells are not killed then the result is a "negative cross match" and the pair is compatible. A negative cross match means that the recipient's body is less likely to reject the kidney.

It is important that you arrive on time for this test. The lab needs to get your sample early so they have time to do all the tests while the blood is still fresh. The tests take a long time. The donor coordinator will schedule the tissue typing test and tell you the date.

If you find out you are not compatible with the recipient you had chosen, the transplant coordinator will discuss the Living Donor Paired Exchange Registry with you.

If you and the recipient are compatible, you will go on to Phase II of the evaluations.

Phase II

The rest of the tests will be booked at The Ottawa Hospital by the Living Donor Program. The tests will include:

Diagnostic Tests:

- An ECG to make sure your heart rhythm is normal
- A chest X-Ray to view the heart and lungs
- Blood tests to make sure there are no viruses in your blood that could harm the recipient.
- A renal Scan to show the percentage of kidney function in each of your kidneys. This is done using a nuclear isotope.
- A CT scan to show structures in the abdomen like the veins and arteries in your kidneys, ureter and bladder.

Consult Appointments:

➤ **Living Donor Coordinator**

This nurse specialist can give you information about living kidney donation. The coordinator also does the initial health questionnaire with you. The Living Donor Coordinator is the main contact person throughout the donor evaluation process and acts as your advocate.

➤ **Psychiatrist Consult**

A psychiatrist is a doctor who specializes in disorders of the mind, such as anxiety and depression. The psychiatrist would meet with you to make sure your decision to donate is not influenced by any mood or emotional disturbances and that you are not likely to be affected by an unforeseen emotional disorder following the surgery

➤ **Social Work**

The social worker meets with you to do a psychosocial assessment. The social worker will make sure that a potential donor has all the information to make an informed choice that is not influenced by guilt, obligation, coercion or money.

➤ **Transplant surgeon**

The surgeon will examine you and tell you about the surgical process and the risks involved.

➤ **Donor Nephrologist**

A donor nephrologist is a doctor who specializes in kidney donation. The nephrologist will tell you about the risks and benefits of being a kidney donor. They will act as your advocate and make sure that kidney donation does not put you at risk for serious health concerns. This appointment will involve a health history and physical exam.

This may seem like a lot of appointments. It is important that each donor has a full assessment of their health to be sure they are suitable for kidney donation. We will make every effort to minimize the number of trips you need to make to your appointments. Some donors may be declined for medical or psychological reasons. This can be upsetting for the donor. It means that they cannot donate. Sometimes, they might also have a newly diagnosed health problem to deal with too. If a medical problem is found during testing, the donor will be referred to a specialist or their family doctor. The donor can also get support through social work or psychological services if needed.

Once all of the evaluations are complete and you are approved as a kidney donor, your surgery date will be set. The surgery date will depend on the recipient's needs, your availability and the operating room (OR) schedule. Once the surgery date is set, the donor coordinator will book a few more appointments, including:

- Pre-operative assessment and final cross match blood test 10 days before surgery
- West Nile virus blood test and other blood tests 48 hours before surgery
- Appointment with the surgeon to sign the informed consent if not already done

The Surgery

The surgery to remove a kidney is called a **nephrectomy**. There are two types of nephrectomy; **laparoscopic nephrectomy** and **open nephrectomy**.

Laparoscopic nephrectomy

This surgery involves three or four small incisions in the abdomen. Through these incisions, surgeons insert special instruments to detach the kidney, as well as a tiny camera to show the surgery on a video screen. The kidney is removed through a small incision below the navel. Usually the left kidney is taken because it is often easier to remove than the right. The surgery usually takes three to four hours. It is done under general anesthetic so the patient is asleep during the surgery. The hospital stay is two to four days and recovery is four to six weeks.

Open nephrectomy

This surgery involves an incision about 10 inches on the side of the abdomen, along the bottom of the lower rib. The surgery takes two to four hours. The hospital stay is three to five days and recovery is six to eight weeks.

All of our donor nephrectomy surgeons at The Ottawa Hospital are trained to do Laparoscopic nephrectomy. There is a chance they might need to do an open nephrectomy in certain circumstances.

Recovery Period

- For the first 24 hours after surgery, you will be closely monitored by nurses. You will be under the care of the surgeon who did your surgery.
- A catheter, a soft rubber tube, is inserted into your bladder to drain urine.
- You will be encouraged to do leg exercises to prevent blood clots. You will also be encouraged to do deep breathing and coughing exercises to maintain good lung function.
- A Patient Controlled Analgesia (PCA) pump is used to control pain. This allows you to control when you get pain medication by pressing a button. The pump is programmed so you cannot give yourself too much. The PCA pump is usually stopped after one day and replaced with pain medication by mouth.
- Some patients may require oxygen by nasal tubing for a short period.
- For the first two days following surgery, you will have blood and urine tests. Your blood pressure, pulse, temperature, breathing and incision sites will be checked regularly.
- Your level of activity will progress from sitting in a chair to walking in the hall.
- Your diet will also progress from ice chips through to a light meal, usually by the end of the first post-operative day.
- Most donors who have laparoscopic nephrectomy will be discharged from hospital two to four days after surgery. Most donors will be able to bathe, dress and fully care for themselves by the time they leave the hospital.
- In general, you should avoid lifting anything heavier than 10 pounds for four to six weeks after surgery. This will let your muscles to heal properly.
- You should be fully recovered within four to six weeks.

Follow-up requirements

Follow-up care is important in maintaining health and kidney function after donation. It helps to catch complications early and treat them appropriately. Blood pressure, kidney function and urine will be monitored at each visit.

- Surgeon: four to eight weeks after surgery
- Nephrologist: four to five months after surgery.
- Nephrologist: twelve months after surgery.
- Nephrologist or family doctor: annually

Risks and benefits

Short-term risks to the donor

The short-term risks of kidney donation are directly related to the surgery. Any major surgery carries the following risks:

- **Allergic reactions** to the anesthetic: This risk is generally less than 2% of cases. It is usually avoided by careful screening for allergies before the surgery.
- **Collapsed lung**: Since the kidney is located near the lung, there is a risk of puncturing the lining of the lung during the surgery, causing collapse of the lung. The lung may re-inflate on its own. Sometimes a tube needs to be inserted into the chest to inflate the lung. The risk is generally less than 2%.
- **Blood clots**: After any surgery, blood clots can form in the veins of the legs and travel to the lungs. The risk of blood clots can be reduced by wearing compression stockings, taking blood thinners and getting out of bed and walking as soon as possible after surgery.
- **Bleeding**: There is a risk of bleeding associated with any surgery. The risk is relatively low with kidney donation. Bleeding can sometimes occur inside the abdomen. This can make the surgery take longer. If there is a lot of bleeding you might need a transfusion. The Ottawa Hospital has a blood conservation program. This allows you to bank your own blood before the surgery in case you need a transfusion. If you want more information, talk to the transplant coordinator.
- **Infections**: The surgical wound(s) may become infected, and there is a risk of infection in urinary tract infection or lung infection after the surgery. This risk is usually 5% or less. Infections can usually be treated with antibiotics. Coughing and breathing exercises can help prevent lung infection.
- **Pain and discomfort**: All patients experience some pain and discomfort after surgery. This can be treated effectively with pain medication. You will have a PCA pump connected to your IV while you are in hospital.
- **Risk of death**: There is always a risk of death with any major surgery. With living kidney donation, the risk of death is **very low** at 0.03%. That is only 3 persons out of every 10,000 living donor surgeries.

Long-term risks to the donor

There is good evidence that living with one kidney has little impact on your overall health, including lifespan. One healthy kidney provides more than enough filtering function clear your blood. Living with one kidney does not generally cause any serious health problems, although research is still needed to determine the long-term medical risks. There is good evidence for the following:

- **High blood pressure:** There is a slightly increased risk to develop high blood pressure. This can happen over several years. The risk is difficult to measure, but it is probably about 10%.
- **Protein in the urine:** In some donors small amounts of protein may be excreted into the urine from the remaining kidney. Protein would not normally be present in the urine. This can occur over several years. It is unclear if this finding is significant over the long term. If protein levels in the urine reach a certain level, a doctor will prescribe medication to control the amount and prevent any kidney damage. The risk is less than 10%.
- **Decreased kidney function:** There is an overall reduction in kidney function. This does not seem to increase the risk of developing kidney failure in healthy individuals. The remaining kidney grows with time. It is able to take over some of the work the donated kidney used to do.

Research suggests that kidney donation does not affect your ability to obtain life insurance. However, this is a consideration you may wish to discuss further with the health-care team.

Psychological benefits to the Donor

Donating a kidney to help another person live can be very rewarding. Most donors say that their overall psychological health stayed the same or even got better. Many report higher self-esteem. Most kidney donors describe unchanged or improved relationships with their recipients, spouses, family members and children.

Psychological risks to the donor

- Some donors might feel pressured to donate a kidney by family members or friends. Nobody should feel pressured to donate. It is important that family members, friends and the health-care team respect the wishes of both the donor and recipient at all times.

- There tends to be a lot of attention focused on the donor before the transplant surgery. After the surgery, the focus may shift and be directed more at the recipient. Some donors find it difficult to deal with this shift in focus.
- Donors may not be prepared for the small chance that the kidney might not work once it is transplanted. This can happen because of rejection, or other medical or surgical reasons. This could lead to feelings of anger or depression.
- Donors may notice a change in their body image after the surgery. This is usually because of the scars. This can cause some donors distress.

These risks can lead to depression or anxiety. They can affect social relationships, and potentially cause strain with your spouse, partner, family members, friends or the recipient. The psychological risk can be minimized by making sure you understand these possible outcomes. It can help to talk about them with your family, the recipient, or friends as appropriate. The Living Donor transplant team will support you. We will make sure you get regular follow-up after the surgery, where these issues can be discussed.

Benefits to the Recipient

The success rate of living kidney donation is high. One year after surgery, between 90-97% of transplanted kidneys are working at a level that makes dialysis unnecessary.

When a kidney transplant is working well, the recipient does not need dialysis. Their overall wellbeing tends to improve. Many recipients notice improvements in their energy level, appetite, sleep, mood, and sexual function.

A successful transplant can let the recipient resume normal daily activities. Things like work, exercise, travel, and other activities that were not possible while on dialysis are possible again. Overall, transplant patients seem to have a better quality of life and live longer compared to people who are on dialysis. Typically, a kidney from a living donor will work for 15-20 years.

Risks to the Recipient

- Most kidney transplant recipients need a combination of medications to prevent rejection. These medications can cause side effects like stomach upset, diarrhea, weight gain, easy bruising, and higher risk of developing diabetes, and a higher risk of serious infections. Some of the medications are also associated with a higher risk of developing certain cancers,

especially skin cancer, later on. These possible side effects are carefully reviewed with the recipient before the transplant.

- In some cases, the transplanted kidney can be damaged by the same condition that caused kidney failure in the first place. This will eventually lead to the need to go back on dialysis.
- Rarely, the transplanted kidney fails to ever function. This means the recipient will need dialysis. Surgical complications, rejection or damage to the kidney around the time of surgery can cause the transplanted kidney to fail.
- Death of the recipient is a rare complication of living donor kidney transplant surgery. As with any major surgery, it can happen.

When a kidney transplant does not go as well as hoped, it can be devastating for both the donor and recipient. This does not in any way minimize the generous gift that the donor has given to the recipient. The transplant team at TOH is committed to supporting patients and their families during these difficult times, regardless of the outcome.

Financial Considerations

Living kidney donation requires a time commitment. This can impact on your financial situation. You may need time away from work to attend the various tests and appointments for the evaluation process. The living donor is usually advised to stay off work for a period of four to six weeks after the surgery to allow for healing. There may also be expenses related to travel, accommodations, and childcare.

PRELOD

The Ministry of Health and Long-Term Care in Ontario has a program to reduce the cost of living kidney donation. The program, called **PRELOD** (Program for Reimbursing Expenses for Living Organ Donors) provides up to \$5,500 to cover expenses for people who donate a kidney to an **Ontario** resident who is covered by OHIP. Reimbursement is subject to the PRELOD policy. How much you are reimbursed depends on how far you live from the transplant hospital, and whether you have other sources of funding like employment insurance, Northern Health Travel Grant, or disability insurance. To learn more about PRELOD or to download an application package, visit the Trillium Gift of Life Network website at www.giftoflife.on.ca. You can also ask a transplant social worker or the transplant coordinator for more information.

Deciding to donate

It is important that you think about your decision carefully. Making the decision to donate can be difficult for some people. If you are having trouble with the decision, it might help to talk to friends or family members. You could also speak with the living donor coordinator. If you wanted more help or someone else to talk to, the living donor coordinator could refer you to the donor social worker.

Kidney donation is a sacrifice. It involves surgery that is not needed for your overall health. It is natural to have some concerns about becoming a kidney donor. Here are some reasons that donation may not be right for you:

- Lack of resources to take time off work for evaluations, surgery and recovery
- Responsibilities like young children, elderly parents, work
- Lack of family support
- Feeling pressure to donate
- Expecting payment

If you choose not to donate, do not forget that living kidney donation is voluntary. The fact that you took the time to learn about the process of living donation and carefully consider it is commendable. The donor team will support you in your decision. We will help you to communicate your decision to the potential recipient.

If you are having trouble making your decision, you may find The Ottawa Hospital Decision Aid helpful. There is a copy enclosed in the package we sent to you. You can also access it on the Ottawa Hospital Research Institute website at: <http://decisionaid.ohri.ca/decguide.html>.

Statistics

This table shows the number of living donor transplants that have been done in Canada, Ontario and Ottawa between 2002-2009. It shows how the numbers of living donor transplants have increased over the years.

	2002	2003	2004	2005	2006	2007	2008	2009
Canada	399	400	416	440	487	483	478	N/A
Ontario	161	162	174	201	222	207	220	231
Ottawa	15	22	23	35	40	38	39	40

This table below shows the patient and kidney survival of people who got transplants between 2000-2006. UNOS is the United Network of Organ Sharing, the regulatory body for organ procurement in the United States.

	Ottawa		UNOS	
	One-Year	Five-Year	One-Year	Five-Year
Patient Survival	97.7 %	88.5 %	97.9 %	90.2 %
Graft Survival	93.6 %	80.1 %	95.1 %	79.7 %

*UNOS data accessed from UNOS website (<http://www.unos.org/>) on June 22, 2007

*Ottawa data includes primary and repeat transplants together

* Graft survival includes patients who died with a functioning graft (n=32) as well as those who failed and returned to dialysis

* Includes data on all 395 patients transplanted from January 2000 until December 2006. Last date of follow-up was June 22, 2007

* Status of all patients verified on June 22, 2007 by Dr. Knoll

Frequently asked Questions

Who qualifies for laparoscopic nephrectomy?

More than 90% of donors can have laparoscopic nephrectomy. The procedure is offered at most transplant centers. This procedure will be reviewed with the donor during the evaluation process. The donor needs to be aware that during the operation, there is a small chance that the surgeon may need to convert the laparoscopic incision to an open nephrectomy to safely remove the kidney.

Why is the left kidney usually chosen?

For both types of nephrectomy, the left kidney is usually chosen. It tends to have longer blood vessels and is easier to access. The right kidney is sometimes obstructed by the liver, making it more difficult to remove. In some cases the surgical team may decide to remove the right kidney for transplant, if it is in the best interest of the donor and recipient.

Are the recipients old kidneys removed?

No, not unless it is necessary for the health of the recipient. The old kidneys are not easy to access. It would mean a longer surgery or even another surgery for the recipient. The new kidney is put in the lower abdomen on one side.

How long does the evaluation take?

The evaluation time varies. It depends on your availability, your family doctor and whether or not extra tests need to be performed. The average time for evaluation is three to six months.

What if I change my mind?

You may find that you get more anxious the closer you get to finishing the evaluations. These are normal feelings. If you are having doubts about donating, please tell your living donor coordinator. We will support you in your decision and may offer social work or psychiatric services if needed. If you decide not to donate, we will maintain your privacy at all times. The donor team will report that you cannot donate at this time for health reasons. It will be up to you if you wish to give more information. You can change your mind at any time, even the day of surgery.

What if I get pregnant after donating a kidney?

Women of child-bearing age who donate a kidney can have successful pregnancies. We recommend that you wait at least six months after donating before becoming pregnant. If you are planning a pregnancy after donation, please talk to your donor nephrologist.

When will the surgery take place?

The timing of the surgery will depend on the needs of the recipient. If the recipient is on dialysis, the surgery can take place as soon as the evaluations are complete. If the recipient is followed by the Progressive Renal Insufficiency (PRI) clinic, it will depend on how much kidney function they have. Sometimes their function deteriorates quickly, while other times it may take months or years for them to be ready for the transplant. We will try to give you as much notice as we can about the transplant date.

Thank you for your interest in living kidney donation. If you decide to go ahead with the evaluations you need to contact the donor coordinator. If we do not hear from you, we will assume that you have decided not to become a donor at this time.

Living Donor coordinator: 613-738-8400 ext. 82778

Meet the Team

Medical Director, Renal Transplantation - Dr. Gregory Knoll
Surgical Director - Dr. John Mahoney

The Living Kidney Donor Team

Donor Nephrologists

- Dr Ann Bugeja
- Dr Kevin Burns

Donor Surgeons

- Dr Brian Blew
- Dr John Mahoney
- Dr Jeff Warren

Donor Psychiatrists

- Dr Jean Yves Gosselin
- Dr Doug Green

Donor Social Worker

- Erin Ahearn

Donor Coordinator

- Mary Rada RN
The Ottawa Hospital Riverside Campus 5th floor
1967 Riverside Drive
Ottawa, Ontario
K1H 7W9
Phone: 613-738-8400 ext 82778
Fax: 613-738-8489

Additional resources

Trillium Gift of Life Network (TGLN) website
www.giftoflife.on.ca

The Kidney Foundation of Canada
www.kidney.ca

The Ottawa Hospital Website
www.ottawahospital.on.ca