

# Trinity Health Kidney Transplant

## Living Kidney Donor Information



The Trinity Health Kidney Transplant Center was established in 1973 and has celebrated over 50 years of performing kidney transplants in West Michigan. We have a long and successful history and have performed over 2,900 kidney transplants. We pride ourselves on being the only adult kidney transplant program serving West Michigan.

### Who Can Be a Living Kidney Donor?

Living kidney donors can be anyone who is medically and physiologically healthy, willing to donate, between the ages of 18 and 65, and in excellent health.

Specific donor situations are considered on a case-by-case basis. There are certain medical problems that would make you ineligible, such as cancer, diabetes, kidney, or heart disease.

A living kidney donor and their recipient do not need to be the same race or blood type thanks to paired exchange program options.

### Living Donor Criteria

The following criteria must be met to be a living kidney donor:

- Age 18-65
- Absence of kidney stones or kidney disease
- Stable cardiac and pulmonary status
- No uncontrolled hypertension, may be on one anti-hypertensive medication
- Complete smoking cessation
- No chronic pain requiring NSAID treatment (current or anticipated)
- BMI (Body Mass Index) less than 35, but less than 30 recommended
- No evidence of chronic or active infection (i.e., HIV)
- Donation is voluntary, free of coercion



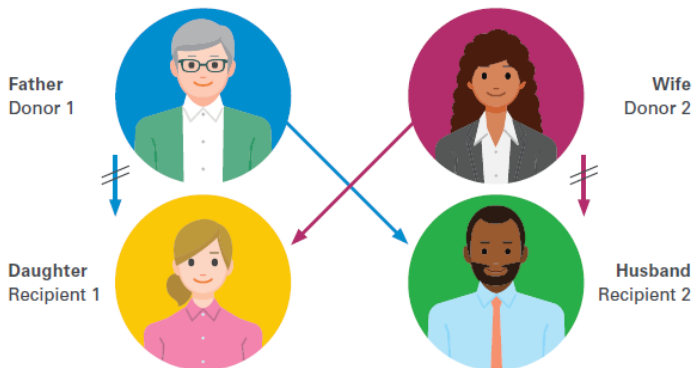
### Living Donor Criteria, *continued*

- Willingness to do follow-up testing at 6 months, 1 year, and 2 years after kidney donation
- Not pregnant
- Negative age and gender-appropriate health maintenance screening (PAP smear, mammogram, PSA, colonoscopy)
- Donor has adequate social and financial resources for recuperation
- Stable psychiatric and emotional status
- No chronic alcohol or substance abuse dependency
- Realistic expectations of respective recipient's health benefits
- No active or recent cancer
- Capable of making an informed decision
- No bleeding or thrombosis disorders
- Must be willing to accept a blood transfusion in the event of bleeding
- Normal glomerular filtration rate (GFR)
- Normal protein in urine/no chronic blood in urine
- No significant history of recurrent urinary tract infections
- Absence of significant vascular abnormalities
- Donated kidney can be removed without excessive surgical risks

## Paired Kidney Exchange Program

Paired kidney exchange is an exciting program where kidney donors can donate their kidney to a recipient they do not know in exchange for a compatible or better matched kidney for their original recipient. This allows the opportunity for incompatible pairs to still receive a living kidney transplant (see graphic below).

Trinity Health Kidney Transplant is proud to be the only adult kidney transplant program in Michigan to partner with the National Kidney Registry (NKR), the largest kidney exchange program in the world.



*Example of a paired exchange*

## Types of Donors

### Traditional Paired Donors:

The donor and recipient have surgery the same day. The donor's kidney is sent to someone in the US that they are a compatible match for, and the recipient will receive a kidney that they are a compatible match with.

### Remote Donors:

The donor evaluation and surgery take place in the donor's home state and the kidney is flown to their intended recipient in another state.

### Advanced/Voucher Donors:

The donor donates their kidney ahead of time but can provide up to 5 individuals as a voucher to redeem for a living donor kidney transplant. If a voucher holder needs a transplant, they are prioritized for a living kidney through NKR. Only 1 voucher can be redeemed.

### Non-Directed (Anonymous) Donors:

The donor is not related to and does not know a specific recipient. This donor can start a donation chain through NKR, leading to numerous transplants.

## What are the Advantages to Having a Living Donor Kidney Transplant?

Living donor transplantation provides some major benefits for recipients.

- **Patient outcomes** are better for those who receive a transplant from a living kidney donor than from a deceased donor.
- **Waiting time** before transplantation can be shortened.
- Using a living donor organ **free's up a precious deceased donor kidney** for someone else who does not have a living donor. The current waiting time in the US for a deceased donor kidney is 3-5 years. With a living donor, a transplant could occur in just a few months.
- **Surgery is planned** and scheduled in advance to meet the patients' needs, allowing them both to prepare physically and mentally for surgery.

## Living Kidney Donor Evaluation and Testing

A **Living Donor Nurse Coordinators** will guide you through the entire evaluation process. The nurse coordinators will work closely with the transplant nephrologist and transplant surgeon to provide consistent, high-quality care and education as a donor progresses through the evaluation process.

Trinity Health Kidney Transplant Center also has an **Independent Living Donor Advocate (ILDA)** who helps to ensure a safe and informed evaluation. The ILDA provides an additional resource for the donor, promotes the donor's best interest, and assists the donor in obtaining information and understanding of the donation process.

*(continued on next page)*

## Living Kidney Donor Evaluation and Testing, *continued*

After passing the initial screening, you will meet with other members of the transplant care team, which includes:

- **Transplant Nephrologist:** specializes in kidney disease and will provide a medical evaluation and counsel each donor about the risk of donating a kidney
- **Transplant Surgeon:** will discuss the donor surgery and surgical risks involved
- **Registered Dietician:** will perform a nutritional assessment and provide nutritional education
- **Social Worker**
- **Financial Coordinator**

A Clinical Pharmacist will review your medication list and medical history.

Some potential donors may be referred to another service for consultation, depending on their history or findings during evaluation.

### Donor Testing Process

Living donation is a process that is done at the pace of the living kidney donor. During every step of the process, there is a living donor nurse coordinator guiding the donor. The living donation process is divided into five phases:

- Submission of donor's personal health history form and initial phone call with Nurse/ILDA
- Blood work: including blood typing, tissue typing and crossmatching
- Initial screening tests
- Donor evaluation and transplant team approval
- Scheduling the donor surgery

### Initial Call About Living Kidney Donation

Individuals who wish to be considered to donate a kidney must personally contact the Living Kidney Donor Program to indicate their interest in donation.

*The office cannot initiate contact with potential donors until they declare their interest.* Potential donors may initiate interest in donation by:

- Calling the Donor Referral Line: **616-685-6899**
- Emailing: [donor@trinity-health.org](mailto:donor@trinity-health.org)
- Submit new donor paperwork found on the Trinity Health Kidney Transplant Center website: [www.TrinityHealthMichigan.org/KidneyTransplant](http://www.TrinityHealthMichigan.org/KidneyTransplant) or by scanning the QR code to the right.

Potential donors may contact our office to have the paperwork sent via mail or email. Once the transplant team receives your paperwork, you will speak to the ILDA to discuss your rights as a donor. You will also speak to a nurse coordinator to discuss your health history.

### Blood Typing, Tissue Typing, and Crossmatching

Blood will be drawn to see if you and your intended recipient have compatible blood types. This is followed with a tissue typing to check the degree of your genetic matching in what is called a Human Leukocyte Antigen (HLA) test. If your blood is not compatible with your recipient, it is still possible to donate your kidney through the paired exchange program through NKR.

Recipient blood type:	Donor blood type must be:
A	A, O
AB	A, AB, B, O
B	B, O
O	O

The HLA test and crossmatching are used to predict the likelihood of your kidney being accepted by the recipient. If there is no reaction when blood from the potential donor and blood from the recipient are mixed, it is called a negative crossmatch.

A positive crossmatch means that the recipient may have a higher likelihood for organ rejection. In most cases, a negative crossmatch is required for direct donation. If the crossmatch is positive, there would still be the option of paired exchange with NKR.

**Interested in becoming a living kidney donor?**  
Declare your interest by scanning this QR code.



[TrinityHealthMichigan.org/KidneyTransplant](http://TrinityHealthMichigan.org/KidneyTransplant)  
616-685-6899 | Email: [donor@trinity-health.org](mailto:donor@trinity-health.org)

# Living Kidney Donor Evaluation and Testing, continued

## Initial Screening Tests

Blood and urine tests will be ordered. You will complete a 2-hour glucose test that will show how well your body processes sugar. You will collect a 24-hour urine specimen that will show how well your kidneys are working. Your blood will be checked for viruses you may have been exposed to in the past. More tests may be added based on the results of the initial screening.

If you do not live close to the transplant center, these tests can be performed locally at approved facilities.

## Donor Evaluation

If problems are not discovered during the initial screening, the donor evaluation is scheduled. During the evaluation, you will meet with the living kidney donor team. You are encouraged to bring someone with you—this should be the person who will most likely help you during your surgical recovery.

During the evaluation, we will ask you to complete cardiac testing, a chest x-ray, an abdominal x-ray, and a CT scan of your kidneys. In addition, you will meet with the transplant team. The evaluation will take an entire day.

You will need current health maintenance testing. For women, this includes a pelvic exam, PAP smear (within the last 2 years) and mammogram (yearly). For men, a PSA blood test is needed (blood test to screen for prostate cancer). Donors over 45 years of age will also need to have a colonoscopy.

Sometimes additional testing is requested at your donor evaluation appointment. This information will be communicated to you and assistance will be provided in scheduling this testing.

Once all the testing is completed and reviewed, your case will be presented at the Transplant Review Team (TRT) meeting. TRT reviews the donor's evaluation and determines whether that person is a good candidate for kidney donation and if organ donation is a safe option for their future health.

## Scheduling Donor Surgery

When the TRT approves you as a kidney donor, and you still wish to proceed, a surgical date can be determined. For a direct donation, the recipient must be ready to have the transplant surgery as well.

Donors are usually in the hospital for 2-3 days after their surgery. A follow-up appointment will be scheduled 2-3 weeks after discharge with the transplant surgeon. Donors who travel long distances to our center should consider staying in Grand Rapids for one week after discharge.

We recommend that you do not drive until you are no longer taking narcotic pain medications and feel comfortable driving, typically about 2 weeks. Donors should not lift anything heavier than 10-15 pounds for the first 8 weeks after surgery. You are encouraged to walk several times a day. Many people can go back to work within 3-6 weeks of the surgery, depending on their type of work.

## Follow-Up

Follow-up is a requirement after kidney donation to make sure your kidneys are functioning well and to make sure we can address any questions that come up. You will receive information about lab work and survey at 6 months, 1 year, and 2 years after donation. The transplant team is available after that time as well to address any questions you may have about your kidney function.

## Financial Matters

Most bills related to the donor evaluation, surgery, and postoperative follow-up care are taken care of by the recipient's insurance as long as the testing is performed at approved testing locations. Health maintenance testing costs will be the responsibility of the donor. Some costs that are not covered by private insurance or Medicare include lost wages during recovery, travel costs, childcare, and daily living expenses.

Financial assistance is available through the National Living Donor Assistance Center (NLDAC) for those who want to donate an organ directly. If interested, you can speak with a donor social worker or financial coordinator for more information.

Donors who donate through NKR, financial assistance and other benefits are available through Donor Shield. You can speak to a nurse coordinator for more information.