

Can anyone donate?

In the United Kingdom a donor must be 16 years of age, however, in practice donors under 18 are unlikely to be considered. If a donor is unrelated to the recipient then the suitability of the donation must be assessed and a report submitted to the Human Tissue Authority (HTA). The submission of this report ensures that there has been a full informed consent, and that no coercion or payment has been made.

Anyone considering the donation of a kidney will need to undergo extensive medical tests and this may take a long time. Transplantation will not take place if the kidney is not a good genetic match to the recipient patient. Therefore a series of tests are required to ensure compatibility of the donor and recipient.

The donor will also need tests to check for viruses. This will ensure that diseases are not transmitted to the recipient (including HIV which leads to AIDS). A donor must be in excellent physical condition and have a clear medical history.

Find out more by phoning the
National Kidney Patients' Helpline

0845 601 02 09

Calls charged at a local rate.

Or

By visiting the Living Donor Information on the
NKF website:

www.kidney.org.uk

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Living Donor Information



*For Those in Need and for friends
or relatives who wish to help*



Kidney Matters
from the National Kidney Federation

What are the benefits of Live Donation?

Donor benefits include:

- Practical and psychological relief from living with, or caring for a patient on dialysis.
- Participating in the patient's return to a more normal lifestyle.
- A deep sense of satisfaction.

Recipient benefits include:

- Freedom from dialysis.
- Improved quality of life.
- Survival rates of Living Donor Kidneys are very good (can be 10 to 20 years).





Kidney Transplants from Living Donors

In recent years there has been a welcome increase in the number of organs transplanted from relatives and friends into patients in need of a transplant. Living Donors are necessary because there are not enough organs available from those who have died and for this reason Live Donation is becoming more commonplace in the United Kingdom. It has also been found that the long term success rate is better after transplantation from Living Donors than from deceased donors.

A healthy person can live a completely normal life with only one kidney. This is because if a kidney is removed (you have two) the remaining kidney increases in size and capacity to compensate.

Live Kidney Donation can be considered before a patient has been put onto dialysis (pre-emptive donation) or after a patient has begun dialysis. Pre-emptive donation can have advantages and is becoming more frequent.

The vast majority of Live Donations are kidneys and therefore this leaflet concentrates on Kidney Transplants from Living Donors. For information concerning other Living Donor Transplants: Heart (Domino) – Liver/ Liver Lobe – Lung Segment, please speak to a doctor, transplant unit or transplant coordinator.



Who should I discuss Live Donation with?

An early discussion about the possibilities of Live Donation should always take place with a member of medical staff.

There is no substitute for patients, friends and relatives talking through all these issues with medical staff at the renal unit. Do feel free to raise the issue yourself with a member of the transplant team as they will be happy to discuss it with you further.



What drawbacks should I consider?

Donor drawbacks include:

- The risk of the operation.
- Undergoing the operation itself and a period of recovery.
- The small possibility of a rise in blood pressure and increased protein in their urine.
- The possibility that the tests may disclose an unknown existing condition.
- Following the operation, a sense of anticlimax.
- Living with one kidney and the possibility of a serious accident or illness affecting it.
- The possibility that the transplanted kidney may fail.

Recipient drawbacks include:

- The risk of the surgery.
- The possibility that the transplant will fail.
- Psychological problems which can arise within the family.
- The need to take anti-rejection drugs (with possible side-effects).

Potential donors should be aware of expenses which may arise both before and after kidney donation.

The following list (which is not exhaustive) must be considered:

- Prior to the operation there will be a short period of between 3 and 9 months of numerous consultations, testing, health checks, tribunals (where applicable). Some overnight stays may be required.
- The operation will require one week in hospital (average).

- Following the operation there will be a recovery period of between 8 and 12 weeks.
- Where donor and recipient are from the same family unit, the financial implication to both persons must be considered.
- Hospital stays often give rise to expenses such as travel costs, accommodation where necessary, care for children and animals at home.
- Travel and accommodation costs may be doubled if donor wishes to be accompanied by his/her partner at different stages.
- During the period of home recuperation, home care may be necessary, particularly if donor and recipient come from the same family unit.
- Loss of income (income insurance may not be valid for these operations).
- Loss of bonus payments from work.
- Using up employment sick leave for a donor operation may leave an employee without sick leave for later normal illness periods.
- Unemployed donors must seek advice as to how state benefits might be affected.
- Potential donors who are self employed will need to take detailed advice.

The Health Authority concerned may or may not be willing to reimburse some of the expenses resulting from kidney donation.

These are complex issues and there is no better way to learn about them than by talking with the medical team caring for the patient.

The National Kidney Federation (NKF) is keen to save more lives by actively encouraging others to donate organs altruistically to friends and relatives in need.