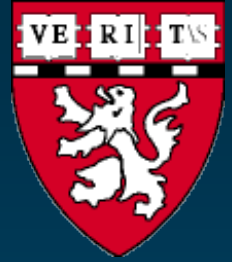




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Live Organ Donation: Learning the Facts and Debunking the Myths

Meet the donor team



Nahel Elias: surgical director
Eliot Heher: medical director



Karen Tanklow: social worker and donor advocate
Anne Seaward-Hersh and Elizabeth Gigliotti: nurse coordinators
Rachael Love: patient service coordinator

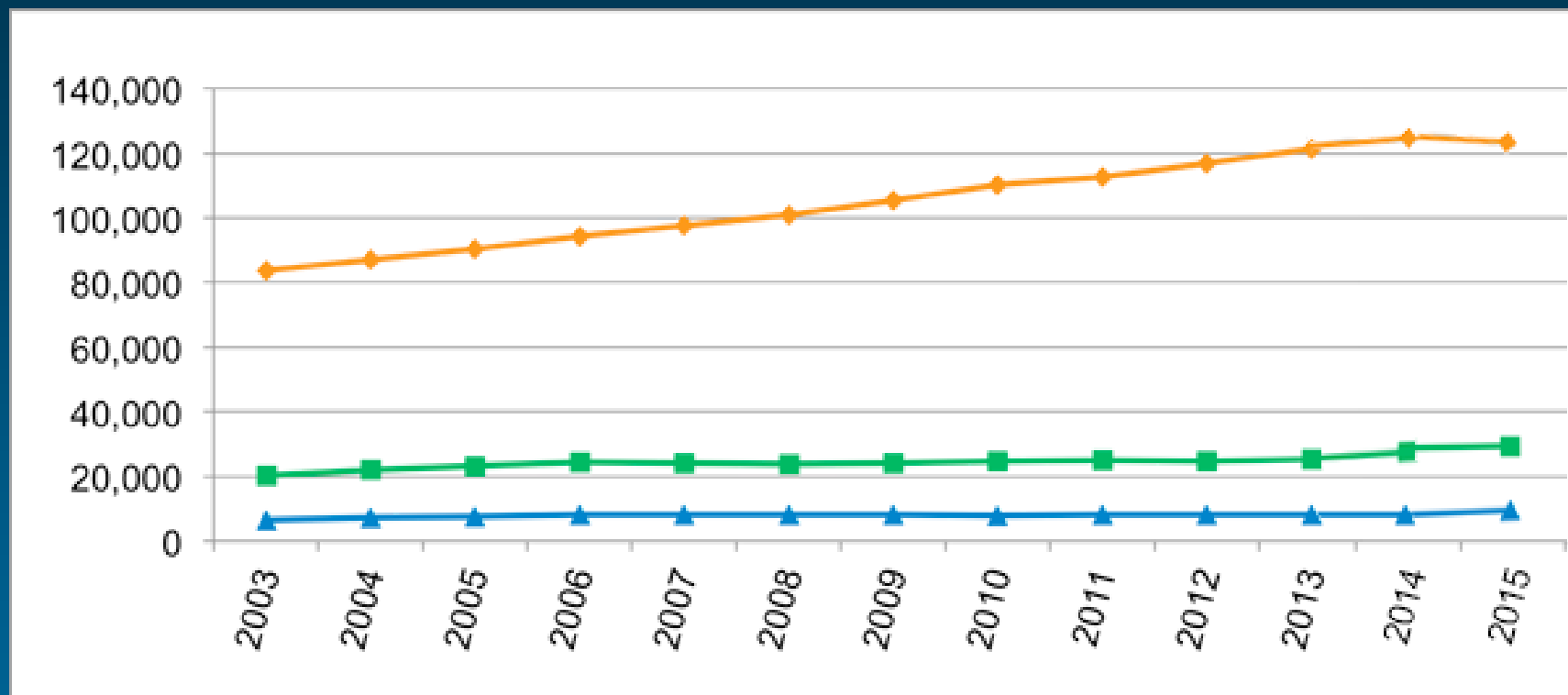


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Myth 1: Kidney disease is rare, so not many people are waiting for a transplant



- Patients Waiting at Year End
- Deceased Donor Organs Transplanted
- Deceased Donors Recovered

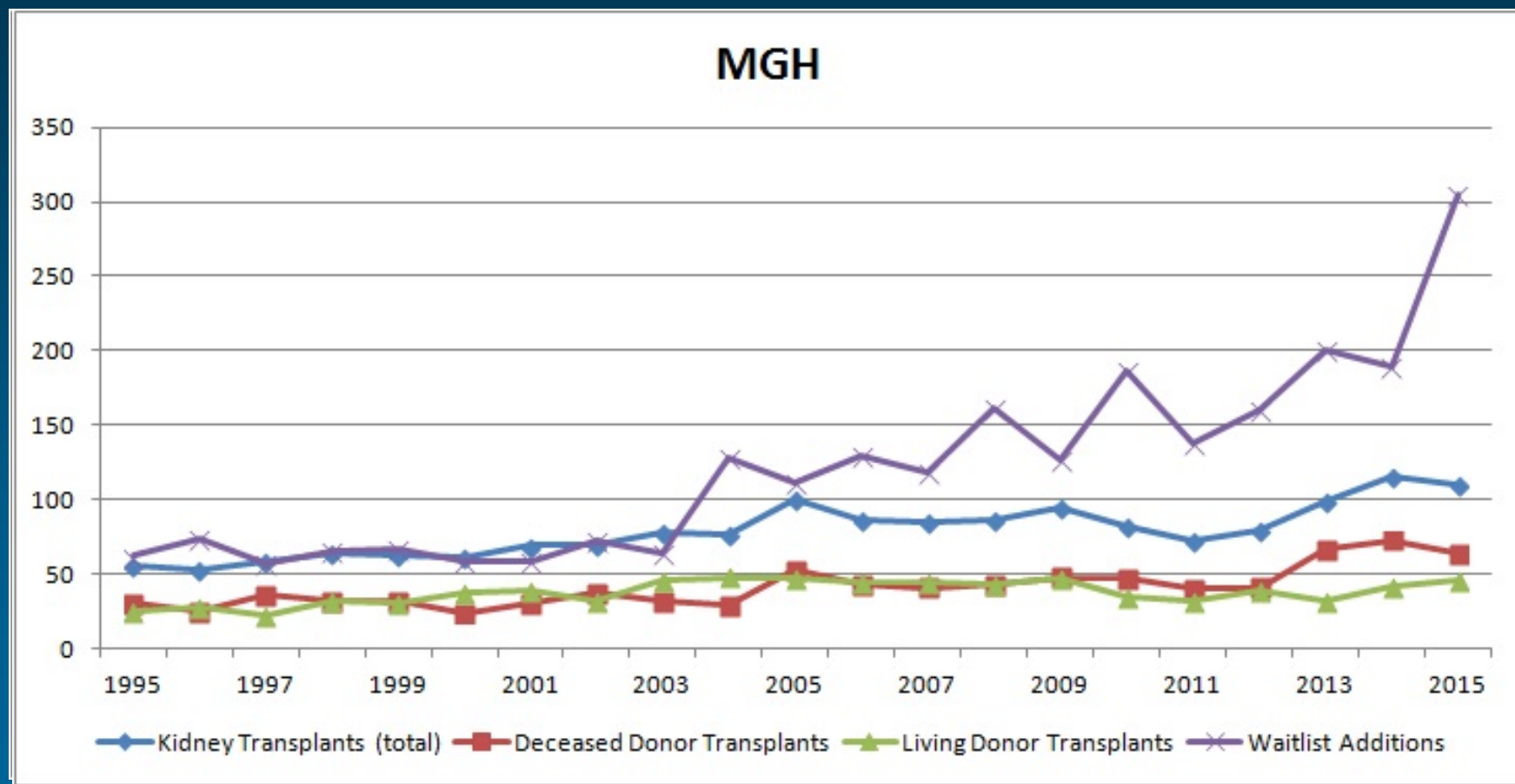


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Myth 1: Kidney disease is rare, so not many people are waiting for a transplant



Myth 2: The donor has to be related to a recipient to donate

- Today's advanced immunosuppressants (anti-rejection drugs) have made tissue typing less important when identifying a potential donor. "Matching" no longer matters! (in most cases).
- Unrelated living donation has increased dramatically over the last 10 years. Donors can be a spouse, family member, a friend, an acquaintance of the recipient, or an altruistic non-directed donor
- Social media requests have become a growing method for spreading the word about the need for a kidney



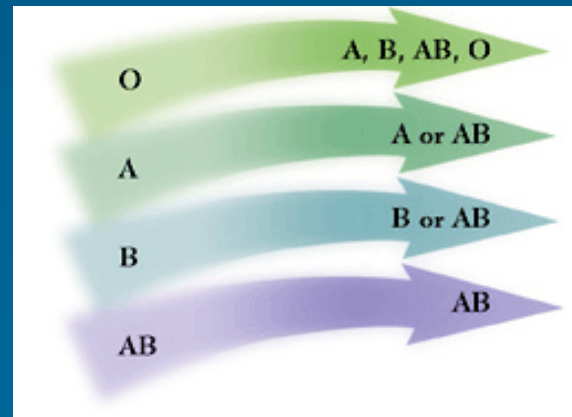
Myth 3: You can only donate to a person with the same blood type

- Even if a donor does not have the same blood type as their intended recipient, there are options:
 - Paired kidney exchange
 - ABO (blood group) incompatible donation
- In addition, anyone can receive a kidney from a blood group O donor, which is widely considered “the universal donor.”



Myth 3: You can only donate to a person with the same blood type

- There are 4 blood types (O, A, B, AB)
 - “O” – universal donor (can donate to all blood types)
 - “A” – can donate to A or AB
 - “B” – can donate to B or AB
 - “AB” – can donate give to AB
- Rh type (“positive” or “negative”) does not matter for kidney transplantation.



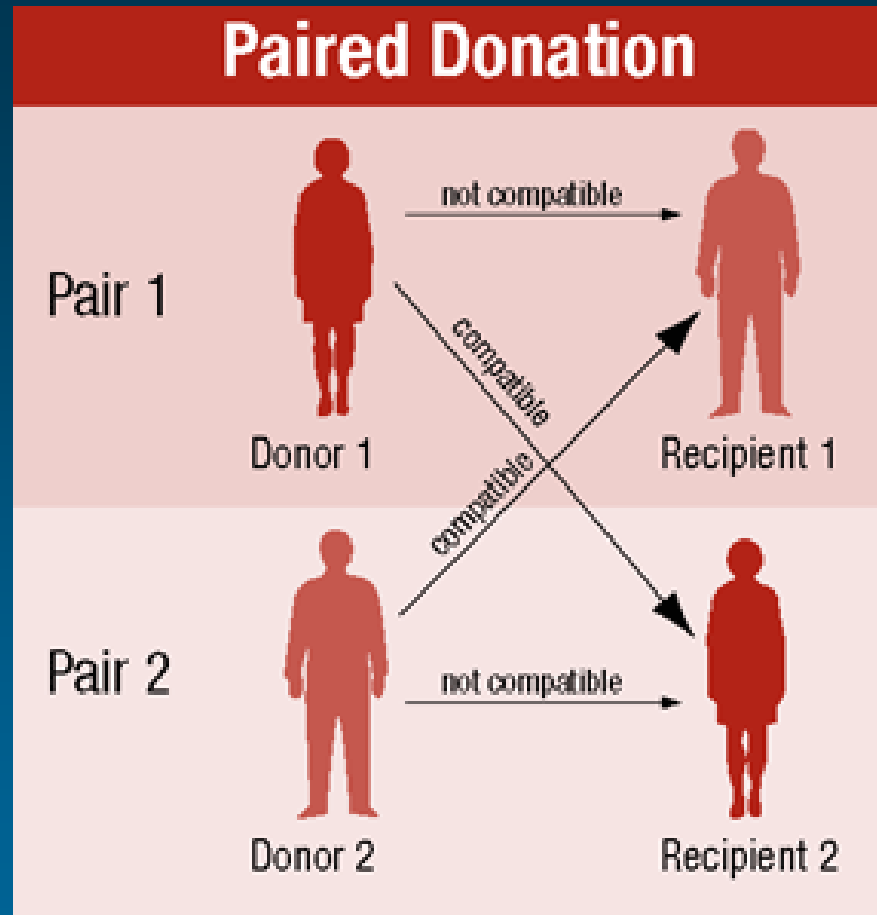
Myth 3: You can only donate to a person with the same blood type

Options for blood type incompatible pairs

- Kidney paired donation or exchange (swap)
 - Live donor donates to someone else
 - Recipient receives a live kidney from a donor who is compatible
- ABO incompatible transplant via “desensitization”
 - Removal of blood group antibodies from the recipient to allow the transplant to occur
 - More rigorous for recipient and associated with higher risk of rejection



Paired Donation



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Paired Donation "Chain"



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Myth 4: You only need one kidney, so anyone can be a kidney donor

What organs can be donated by living donors?

- 1 of 2 kidneys (donor can have healthy life with only one kidney)
- Part of their liver (liver will regenerate)
- Part of a lung
- Bone marrow



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Myth 4: You only need one kidney, so anyone can be a kidney donor

Living donors should be:

- Between the ages of 18 and 75 years old
- Free from diabetes
- Not obese (defined by BMI, which must be < 32-35)
- No active drug or alcohol abuse
- No significant medical conditions or recent cancer
- No significant psychiatric conditions
- Kidney stones and high blood pressure may also be exclusions
- Smoking and Oral Contraceptives will need to be stopped before surgery



Myth 4: You only need one kidney, so anyone can be a kidney donor

Evaluation Process

- The donor candidate receives a thorough medical and psychosocial evaluation
- Usual length of time to complete evaluation is 2-6 weeks
- Some testing can be performed locally
- Education occurs throughout donation process
- Donor candidates can “opt out” at any point in the process in a way that is protected and confidential with assistance from the Independent Donor Advocate
- The donor must commit to post operative follow-up testing after donation



Myth 5: Donating a kidney is costly (monetarily) to the donor

- Recipient insurance covers medical costs of evaluation and donation
- Recipient is permitted to raise funds to cover donor's lost wages, travel expenses and accommodations
- Living Donor Assistance Fund can help with travel and accommodation costs
- During evaluation, team will assess donor's ability to afford time off after surgery
- Many employers (including MGH) offer paid time off for donation – feel free to ask your employer!



Myth 5: Donating a kidney is costly (monetarily) to the donor

- Potential donors cannot knowingly acquire, obtain or transfer any human organ for valuable consideration (anything of value such as cash, property, vacations)



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Myth 6: There is a lengthy hospitalization and recovery after surgery

- Most donors are discharged post-op day 2
- Most kidney donors are able to donate a kidney laparoscopically, which is minimally invasive with a short hospitalization/recovery time



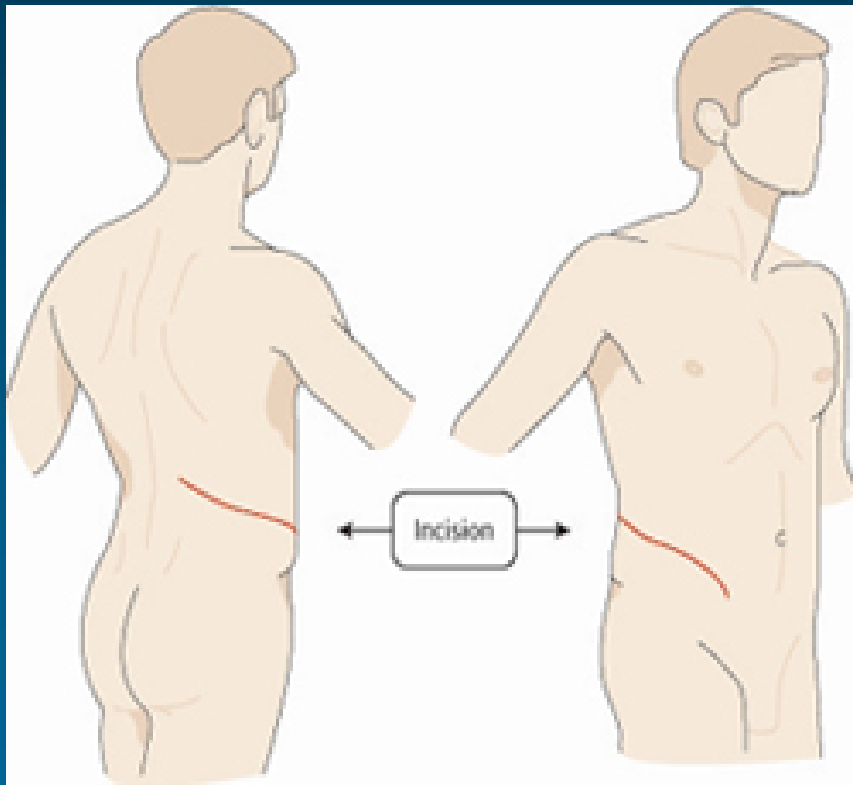
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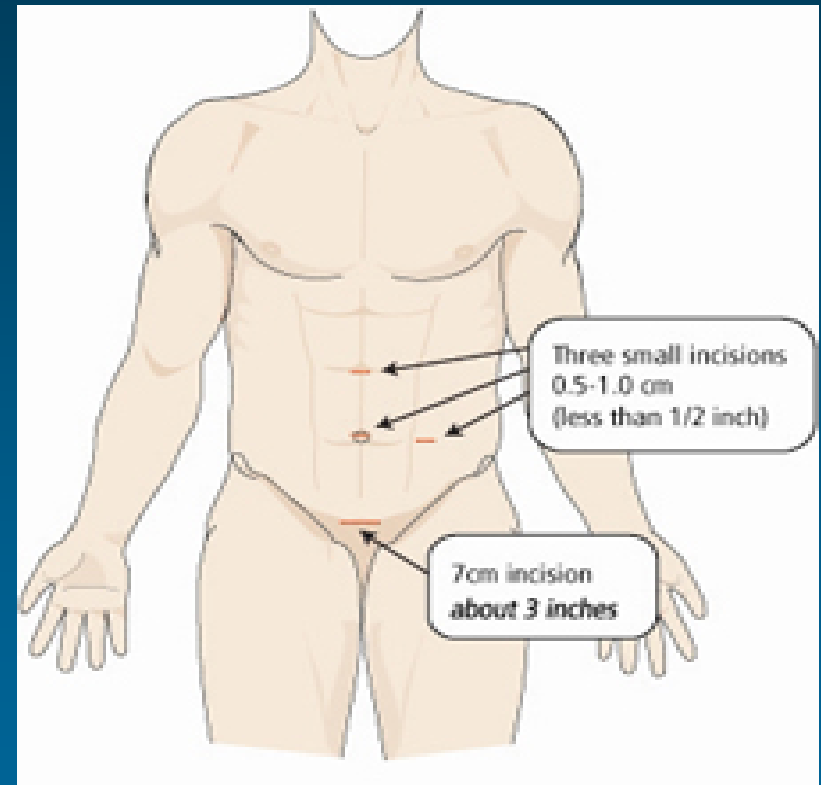


Myth 6: There is a lengthy hospitalization and recovery after surgery

Open Nephrectomy



Laparoscopic Nephrectomy



Myth 6: There is a lengthy hospitalization and recovery after surgery

- After discharge from the hospital, donors are able to walk (slowly), eat and drink and perform basic daily activities such as showering.
- Someone must be available to stay with donors after hospital discharge for at least 3 days
- Donors should not drive for 2-3 weeks and usually return to work after 2-6 weeks



Myth 7: Donors lead a limited lifestyle after donating

- After recovery, donors live a normal life without limitations on their activity.
 - MGH donors have returned to active duty military service!
- Donors have no long-term restrictions on exercise, though exercise should be resumed slowly after surgery
- Donors should receive routine care from their primary care physician, maintain a healthy weight and eat a healthy diet
- We recommend that donors who stopped smoking do not start again
- Pregnancy post-donation is usually normal though additional monitoring may be recommended



Myth 8: Living donors are more likely to get kidney disease after donating

- On average donors will have a 25-35% permanent loss of kidney function after donation.
- Donors are not at a higher risk of end-stage renal disease compared to the general population
- Previous living kidney donors who develop end stage renal disease get priority to receive a deceased donor kidney transplant.
- The health of a donor's one remaining kidney should be monitored.



Questions?



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Resources

Massachusetts General Hospital Transplant

www.massgeneral.org/living-donor-kidney

Donor Intake: (617) 643-7193

- United Network for Organ Sharing (UNOS)–www.unos.org
 - Patient Services Line – 1-888-894-6361
- New England Organ Bank (NEOB) – www.neob.org
- National Kidney Foundation (NKF) www.kidney.org/transplantation/living
- Scientific Registry Transplant Recipients (SRTR) – www.srtr.org
- National Living Donor Assistance Center – www.livingdonorassistance.org



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