

PATIENT GUIDE

After Living Kidney Donation



MASSACHUSETTS
GENERAL HOSPITAL

TRANSPLANT CENTER



Congratulations,
you're a kidney donor!

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Thank you for your generous gift.

This brochure will provide some information about what to expect in the future, both right away and further out.

If you have any additional questions or concerns, feel free to contact the living donor team.

Healthy Diet

Unless otherwise directed, you may resume your regular diet. Avoid high protein diets. Your appetite may be less than normal.

Eat when you are hungry. Concentrate on fluids. It is important to stay hydrated.

Activity/Exercise

You may drive once you are no longer taking narcotic pain medications and once cleared by your surgeon (usually at the 7-10 day follow-up appointment).

Do not lift anything greater than 5 lbs for 6 weeks after surgery. Do not perform any strenuous abdominal exercise (like ab workouts) for at least 8 weeks after surgery.

Care After Donation

What to Expect?



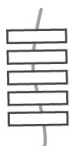
48 HOURS

You may have some discomfort in your shoulder and chest for up to 48 hours after surgery. This is caused by carbon dioxide (gas) used during surgery. The discomfort will go away as your body absorbs the carbon dioxide.



3 DAYS

If you see suture material (looks like fishing line) poking out above the skin, it can be cut to skin level with nail clippers 3 days after surgery.



2 WEEKS

Your incisions have been closed using an absorbable suture, which runs just underneath the skin and does not require removal.

Additionally, your incisions may be reinforced using pieces of special tape called Steri-Strip™. You can shower with the Steri-Strip™ in place and there is no need to cover them. Just let warm soapy water run through them. The strips can be removed after 2 weeks if they have not already come off on their own. Alternatively, skin glue will be used to cover the incisions rather than Steri-Strip™. This glue will dissolve and flake off over the next few weeks.



2-4 WEEKS

Do not soak your incisions in a pool or bathtub until they are completely healed, usually in 2-4 weeks.



It is normal to feel fatigued, have some pain/soreness around the incision, a change in bowel habits, or a loss of appetite. Most of these symptoms should resolve in 1-2 weeks, though the fatigue may require 4-6 weeks to fully resolve.

When to Contact Us

Call us if you experience any of the following:

- Fever > 101.5° F
- Burning during urination, or urine with an unusual, strong smell or cloudy appearance
- Significant swelling or bleeding at your incision site
- Sudden increase in wound drainage, especially if it is cloudy or has a foul odor
- Pain at your incision that does not resolve after two months
- Shortness of breath, difficulty breathing, or leg swelling



If you have any of the above signs and symptoms of infection or are experiencing any problems with worsening pain that is uncontrolled by pain medication, please contact us immediately.

- During business hours (Monday through Friday, 8am to 5pm), call your transplant coordinator or the donor office at 617-643-7193.
- For issues outside of business hours, please call the main transplant clinic phone number at 617-726-5277 and ask them to page the transplant surgeon on call.



If you are experiencing a medical emergency, call 9-1-1.

Medications

Pain Management

We will supply you with a prescription for a narcotic pain medication. Narcotic pain medications can lead to constipation. You are not required to take it. If you do take it, please do not drive or drink alcohol as these in combination may make you drowsy. Alternatively, you may take Tylenol® (acetaminophen) as directed. Acetaminophen is NOT an NSAID (See the next page for our recommendations about NSAID use).



If you no longer need narcotic pain medications but still have pills remaining that you'd like to dispose of, you can bring them to the drop box located in the lobby of the main MGH hospital building or check with your local pharmacy about proper disposal.

Home Medications & Supplements

Unless otherwise directed, allergy medications, antidepressants, baby (low dose) aspirin, cholesterol lowering agents, once-daily multivitamins, and thyroid medications are safe to resume immediately. If you are on blood pressure medications, you will receive specific instructions on when to resume them.



It is important to have regular bowel movements. You will be provided with stool softeners to help prevent constipation. These medications are available over the counter if you need any additional supply. Miralax® can be used if you are constipated despite using stool softeners.



Certain herbal supplements such as creatine, ephedra, and chromium can cause kidney injury. Please do not start or resume any herbal supplements without contacting the MGH Living Donor team.



If you take an estrogen-based oral contraceptive pill, we recommend waiting at least 30 days before resuming it.

Non-Steroidal Anti-Inflammatory Drugs, also known as NSAIDs, are over-the-counter and prescription medications that are commonly used to treat symptoms such as aches and pains, arthritis, flu, fever, headaches, or sore throat. Common generic NSAIDs include ibuprofen, naproxen, celecoxib, diclofenac, indomethacin, and many others. Common brand name NSAIDs include Motrin®, Advil®, Aleve®, Celebrex®, Voltaren®, Nuprin®, Naprosyn®, and others. Aspirin is an NSAID when used in a dose high enough to treat pain. There are many available NSAIDs and a pharmacist is the best person to ask whether or not a particular medication is considered an NSAID.

NSAIDs

NSAIDs and the Kidneys

Like all medications, NSAIDs have side effects. Sometimes NSAIDs can cause kidney problems. NSAIDs interfere with prostaglandin production, which can lead to reduced blood flow to the kidneys, particularly in patients who are dehydrated. Rarely, patients can develop an allergic reaction to NSAIDs within the kidneys, which can result in kidney inflammation and damage.

Can I Take NSAIDs?

We recommend avoiding NSAIDs early after donation.

We recommend you avoid daily/regular use of NSAIDs and avoid high dose (prescription strength) NSAIDs. We believe that NSAIDs used in an over-the-counter dose recommended on the package insert and administered for 1-2 days are likely to be safe and well-tolerated by most living kidney donors.



Do NOT use NSAIDs if you are older than 65, take blood pressure medications, you are sick with an illness causing dehydration, or you are not able to maintain adequate food and water intake.

There are no well-done scientific studies assessing the safety of NSAIDs in kidney donors. The recommendations above are of a general nature and in the long run, you should discuss NSAID use with your prescribing physician.

Donor Follow-Up

As we've mentioned before, it is incredibly important that you follow up with Mass General after donation, for two main reasons:

1. We want to make sure that you are healthy and your remaining kidney is functioning well!
2. UNOS (the organization that oversees all transplants) mandates that we follow up with all living donors at six months, one year, and two years post-donation
UNOS provides a 2-month buffer before and after these expected timeframes, to allow some flexibility to complete the labs and questionnaire at a time convenient for you.

We have provided the chart below to help you see when you will be due for follow-up, which consists of lab work (blood and urine) and a donor questionnaire (including weight and blood pressure).

Donation Date: ____/____/____

Six Month Follow-Up (complete 4-8 months post-donation):

Between ____/____/____ and ____/____/____

One Year Follow-Up (complete 10-14 months post-donation):

Between ____/____/____ and ____/____/____

Two Year Follow-Up (complete 22-26 months post-donation):

Between ____/____/____ and ____/____/____

- We also recommend that you follow up with your primary care doctor yearly after kidney donation. Donors often find it useful to schedule their PCP appointment during one of their follow-up timeframes.
- Outside your scheduled follow-up with us, we are glad to answer any questions you or your PCP have about the donation, and even see you if needed.

Follow-Up FAQs

Do I need to come to MGH for my follow-up?

You have **three options** for your donor follow-up:

1. Get follow-up labs at Quest and complete the donor questionnaire, with the option to have a virtual appointment with your surgeon and/or donor team
2. Come to MGH for labs and appointments with your surgeon and/or donor team
3. Visit your primary care doctor for labs/follow-up and complete the donor questionnaire



Please contact the donor team at (617) 643-7193 or MGHLivingDonors@partners.org if you would like to schedule a follow-up appointment (in-person or virtual). If you go to your primary care doctor for your donor follow-up labs, please contact the donor office beforehand so we can send you billing sheets to bring to the office.

What if I get billed for my follow-up labs?

Follow-up labs drawn at your local Quest lab should be billed directly to the MGH donor team. Sometimes PCP offices will accidentally bill you or your insurance – we are happy to help sort out the billing issues, but it might take some time to get reimbursed. We recommend going to Quest for your follow-up labs whenever possible. If you are having issues with bills related to the donation, please email us and we will help sort these out!

Frequently Asked Questions

My creatinine/eGFR results are not in the “normal” range. Do I have Chronic Kidney Disease? Should I worry?

You donated one of your two kidneys! This means that your total kidney function has decreased. On average, you will end up with about 30% less GFR (Glomerular Filtration Rate or simply kidney function) than your baseline before surgery. This may lead to a creatinine level and/or eGFR tested on your routine labs to be outside of the “normal” range. This does NOT mean you have “Chronic Kidney Disease”, and if the numbers remain stable (even outside the “normal” range) and in the absence of protein in the urine, your kidney function will remain stable and the risk of progression to having kidney disease is minimal. The donor team will monitor your creatinine and GFR values at your follow-up timeframes and contact you if your results are concerning. Donors and/or their primary doctors are welcome to contact the MGH Living Donor Team if there are any further questions or concerns about lab results.

When can I fly home after surgery?

If you need to fly home or drive a long distance, we recommend staying in the Boston area until after your 7-10 day follow-up appointment. Keep in mind that prolonged periods when you don't move a lot (for example, sitting in an airplane seat or driving for several hours straight) increases your risk of developing blood clot in your legs, so we want you to take frequent breaks to walk around.

When can I drive?

Sitting upright (especially with a seatbelt across your lap) can be uncomfortable after surgery. We recommend that donors wait until they receive clearance from the donor surgeon to resume driving. Donors should NOT drive while taking narcotic pain medication.

When can I return to work?

There's no one answer to this question – a lot will depend on what you do for work and how you feel during your recovery. If you can work from home or work shorter days initially, you may be able to return to work a few weeks after surgery. If your job involves heavy lifting or a lot of physical exertion, we want you to wait at least 6-8 weeks to allow your incisions to heal. If you have any questions during your recovery or need any paperwork completed for your job, please contact the donor team.

Notes

Thank you again!

MGH Living Donor Team

165 CAMBRIDGE STREET, SUITE 301
BOSTON, MA 02114

DONOR OFFICE: 617-643-7193
TRANSPLANT CLINIC: 617-726-5277
MGHLIVINGDONORS@PARTNERS.ORG

For urgent issues after-hours, call 617-726-5277.