

Living Kidney Donor Questionnaire
Potential Kidney Donors

Thank you for your interest in donating a kidney to your loved one or friend.

We would like to encourage you to ask questions and review the enclosed literature prior to starting the donor evaluation process.

The Surgery

There are two ways a kidney may be removed ("nephrectomy").

Laparoscopic donor nephrectomy is the **most common technique** utilized at our center. This usually limits the postoperative pain experienced by the donor and allows removal of the kidney through a few relatively small incisions. There is always a **small chance** of needing to **convert to an open donor nephrectomy** when laparoscopic surgery is undertaken. In such cases, a **larger** incision will then be made to remove the kidney.

Open Donor Nephrectomy

In some cases open donor nephrectomy will be recommended as the preferred procedure because of the donor's anatomy or other characteristics.

The Risks of Donating a Kidney

Although serious complications related to the kidney donor surgery are rare, it is important to understand that donating a kidney is a procedure that has some risk. As we go through the living donor evaluation process, we will discuss this in detail.

Serious risks:

- Risk of death.
- Bleeding requiring blood transfusion.
- Open surgical conversion for laparoscopic cases.

Other rare, but potentially serious complications:

- Infection
- Hernia at the incision site
- Injury to structures near the kidney including bowel, lung, blood vessels, pancreas, liver, spleen, or adrenal glands
- Weakened abdominal wall if open donor nephrectomy is needed
- Blood clot in the leg or lungs
- Bowel obstruction
- Depending on your overall health, there is also a very small risk that you will develop problems with your remaining kidney sometime in the future

The Costs of Donating your Kidney

The **medical costs** (this does not include hotel accommodations, travel, time lost from work, etc.) associated with your evaluation as an organ donor are **covered** by the recipient's primary insurance. However, **should a major medical condition be identified that excludes you from donating your kidney, it will be necessary to refer you back to your primary care doctor for further evaluation and treatment.** Once you are released from the donor evaluation process, the health care costs will revert to your own insurance carrier.

If you donate a kidney, you may be monitored for complications related to the surgery for a period of up to 2 years. **Routine health maintenance costs will revert to your private insurance carrier.**

If you receive any bills relating to your evaluation as an organ donor, please send them to: **Living Donor Coordinator, Abdominal Organ Transplant, Wake Forest Baptist Health, Medical Center Blvd., Winston-Salem, NC 27157.** If you have any questions, please call 855-886-6833.

The Donor Evaluation Process

The **optimal living donor** is close to their **ideal body weight**, has a **normal blood pressure without medication**, and has **no major medical illnesses.**

The **first step** in the donor evaluation is to **have your blood drawn to test for compatibility with the recipient.**

After the initial compatibility testing, **one donor candidate will be chosen to proceed with a more extensive medical evaluation which includes routine blood tests, including HIV, Hepatitis series, chest x-ray, EKG, CT Scan, consultation with the living donor coordinator and transplant social worker..**

Based on the medical history and review of the initial testing done, some donors will be asked to meet with an independent living donor advocate, nephrologist and a donor surgeon.

Recommended Follow-up Care after Donating a Kidney

All currently available long term studies show that kidney donation is safe to the donor, but most follow-up studies are only of 15 years duration. However, it is known that people with one kidney are **more susceptible to the negative health effects of smoking, obesity, and high blood pressure than those who have two kidneys.**

Overall, long term studies of donors have shown that donors do well over time, but the true lifetime risk following donation is unknown. For this reason, we recommend that people who have donated a kidney be seen by their doctor **annually, refrain from the use of any tobacco products, and maintain a normal weight.**

More information can be found on the internet at:

United Network for Organ Sharing (UNOS):

www.UNOS.org

Scientific Registry of Transplant Recipients:

www.ustransplant.org

National Kidney Foundation:

www.kidney.org

Organ Procurement and Transplantation Network (OPTN):

www.optn.transplant.hrsa.gov

National Foundation for Transplants:

www.transplants.org

Donate Life NC:

<http://www.donatelifenc.org>

If you have any questions please call:

Abdominal Organ Transplant Program

Colleen Sheehan, RN, BSN, CCTC

Living Donor Coordinator

Phone: (336) 713-5685 \ toll free (855) 886-6833

Gennifer Collins, RN, MSN

Living Donor Coordinator

Phone (336) 716-8647 \ toll free (855) 886-6833

Amanda Smith

Living Donor Scheduling Coordinator

Phone: (336) 713-5681 \ toll free (855) 886-6833

Fax: (336) 713-5677

MAILING ADDRESS: ATTN: Living Donor Coordinator
Baptist Medical Center
Medical Center Blvd, Janeway Tower, 8th floor
Winston-Salem, NC 27157

Email: LivingDonation@wakehealth.edu

Living Kidney Donor Questionnaire

Donor Name: _____ Date of Birth: _____ last 4 digits SSN: _____

Recipient Name: _____ Relationship to Recipient: _____

Recipient Date of Birth: _____ Do you know your blood type? Type (circle): A B O AB

Contact Information:

Personal Phones: (Home): _____ (Work): _____

(Cell): _____ (Email): _____

Emergency Contact Person: Name: _____ Relationship: _____

(Home): _____ (Work): _____ (Cell): _____

Primary Care Doctor:

Name: _____ Address: _____

Phone: _____

Do you have medical insurance coverage? Yes No

Are you a US Citizen? Yes No

Personal Information and Medical History:

Height: _____ Current Weight _____ Your Occupation: _____

If your intended recipient is already transplanted, are you willing to donate to another person on the wait list?

Yes No

Are you able to travel to NC for surgery and take needed time off for recovery? Yes No

Living Kidney Donor Questionnaire

Have you ever been diagnosed with any of the following?

- | | | | | |
|---|-----|----|--------------------|---------------------------------------|
| Heart problems | Yes | No | If yes, what type? | _____ |
| Diabetes (high blood sugar) | Yes | No | | |
| High blood pressure | Yes | No | | |
| Bleeding or clotting disorders | Yes | No | | |
| Willing to accept Blood Products | Yes | No | | |
| Autoimmune disease | Yes | No | If yes, what type? | _____ |
| Neurologic disease | Yes | No | | |
| Stomach, bowel, or liver problem | Yes | No | | |
| HIV/AIDS | Yes | No | | |
| Hepatitis B or C | Yes | No | | |
| Chronic pain | Yes | No | | |
| Kidney stones | Yes | No | If yes, how many | _____ Date of last kidney stone _____ |
| Kidney or bladder infection | Yes | No | If yes, how many | _____ Date of last infection _____ |
| Kidney disease, blood or protein in urine | Yes | No | | |
| Asthma or lung problems | Yes | No | If yes, what type? | _____ |
| Have you ever had cancer? | Yes | No | If yes, what type? | _____ |
| Have you ever had depression/anxiety or other mental health disorder? | Yes | No | If yes, what type? | _____ |
| Have you ever been hospitalized for depression/anxiety? | Yes | No | If yes, when? | _____ |

Please list any CURRENT or PAST MEDICAL PROBLEMS or if you have been admitted to the HOSPITAL for any reason:

Have you had a colonoscopy to look for colon cancer? Yes No If yes, result: _____

Please list any OPERATIONS you have had:

Women:

Last Pap smear: _____ Last Mammogram: _____ Number of pregnancies: _____

If prior pregnancy, any problems during the pregnancy, including:

High blood pressure during pregnancy? Yes No

Pre-eclampsia or protein in urine ? Yes No

Diabetes during pregnancy? Yes No

What year was your last pregnancy?

Living Kidney Donor Questionnaire

Family History: Please provide medical history including: high blood pressure, diabetes, heart problems, kidney disease, stroke, or cancer.

Medications: Please list medications (including over the counter) that you take on a regular basis.

Drug name

Dose

Frequency

Over the Counter Medications (Advil, Tylenol, Vitamins)

Drug Allergies:

Are you allergic to any drugs, foods, or x-ray dye? Yes No

If yes, please list drug and type of reaction:

Do you or have you ever smoked cigarettes? Yes No

If yes, how many packs per day? _____ How many years? _____ Date quit: _____

Do you or have you ever consumed alcohol on a regular basis? Yes No

If yes, please answer the following. Type: _____

Amount: _____ How often: _____ Date quit: _____

Have you ever used any of the following?

Cocaine/Crack Yes No Date began: _____ Date quit: _____
How Often: _____ Length of time you used Cocaine/Crack? _____

Heroin Yes No Date began: _____ Date quit: _____
How Often: _____ Length of time you used Heroin? _____

Living Kidney Donor Questionnaire

Is there anything else you would like to share with the donor team?
This information will not be shared with anyone, including the recipient.
All responses to this questionnaire are confidential.

I have personally filled out the Living Donor Questionnaire above to the best of my ability.

Printed Name

Signature

Date

**This questionnaire will be part of your permanent record*

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Email: LivingDonation@wakehealth.edu

ABDOMINAL ORGAN TRANSPLANT PROGRAM

Living Kidney Donor Questionnaire Registration form

*Instructions: Please fill in with **DONOR** information only!*

| | | | |
|--|--|------------------|--|
| Medical Record # | Daytime Phone # | Work Phone # | Mother's First Name (for security) |
| Date Completed | Cell Phone # | Home Phone # | |
| Last Name | First Name | Full Middle Name | Maiden Name: |
| Social Security # | | Sex: M F | DOB |
| Mailing Address: City, State, ZIP: County: Country: | Ethnicity: White ____ Asian ____ Black or African American ____ Hispanic/Latino ____ Native American Indian or Alaskan Native ____ Native Hawaiian ____ 2 or more races ____ Other _____ | | Marital Status: Preferred language: |
| Employer's Name | | | |
| Employer's Address | | City | State ZIP |

PERSON TO CONTACT IN CASE OF EMERGENCY

| | | | |
|-----------------|--------------|--------------|----------------|
| Name | Relationship | Home Phone # | Work or Cell # |
| Mailing Address | | City | State ZIP |

WHAT IF I AM NOT COMPATIBLE WITH MY RECIPIENT/DONOR??

Purpose of Kidney Paired Donation

There is a major shortage of organ donors. This shortage, along with increasing numbers of people needing transplantation, has caused longer waiting times for kidney transplantation. Kidney Paired Donation is an effort to help utilize otherwise acceptable living donors who are either incompatible or not well matched with their intended recipient. Wake Forest Baptist Medical Center participates in two such programs: The Alliance for Paired Donation and the Organ Procurement and Transplantation Network (OPTN) Kidney Paired Donation Programs, the latter of which is operated by UNOS (United Network for Organ Sharing).

- Information about the Alliance for Paired Donation transplant centers can be found at the website www.pairedonation.org or by calling 1-877-APD-4ALL.
- Information about the UNOS/OPTN Kidney Paired Donation Program can be found at <http://kpd.unos.org> or at <http://www.transplantliving.org/living-donation/types/paired-donation>.

There are occasions when a living person cannot donate a kidney to their intended recipient due to incompatible matching of blood type or tissue type. In the past, when there was no other willing or compatible living donors, the only other option was to wait for a deceased donor kidney. With paired exchange, an incompatible donor still has the option of donating on behalf of his/her intended recipient if there is another recipient and donor pair in the same situation.

There are also occasions when a donor and recipient who are compatible may benefit from participating in an exchange to allow the potential recipient the opportunity to receive a kidney from a donor whose characteristics more closely match. For example, a donor who is compatible may be significantly older than the intended recipient. The pair could decide to participate in the exchange to match the recipient with a donor closer in age. The older donor could then donate to another recipient closer in age to him or her.

The participating transplant centers will each maintain and share a list identifying potential living donor and recipient pairs who wish to participate in the program. When two or more pairs are identified as possible matches, they will be approached

with information regarding the possibility of a kidney paired exchange. After each pair is informed, each potential donor and recipient will be offered the opportunity to proceed with an evaluation toward a paired exchange transplant. If a paired exchange transplant is medically, surgically, and logistically feasible then the transplants will be arranged between the participating transplant centers.

Possible Benefits of Participating in Kidney Paired Donation

The primary benefit to participants is the opportunity to obtain all of the advantages associated with receiving a living donor kidney transplant, which would not have been otherwise possible without a paired exchange. This may include decreased waiting time to receive a transplant and superior long term results compared to deceased donor kidney transplantation.

Possible Risks of Participating in Kidney Paired Donation

The programs (The Alliance for Paired Donation and the OPTN Kidney Paired Donor Program) will have access to your name and contact information and to specific information concerning your health. You would be asked to sign a consent form authorizing us to share that information with other member transplant centers.

It is possible that, despite registering with these programs, a suitable donor/recipient pair may not be found to allow a paired exchange transplant to take place. An effort will be made to find a match at Wake Forest Baptist Medical Center. However, because there are relatively few pairs at each center, it is less likely that a match will be made within that center. If a match cannot be made at WFBMC, then the match may be made with a pair at another participating transplant center. In such cases, kidney recipients will be transplanted at the hospital where they were evaluated (WFBMC). In nearly all cases, the donor surgery will be performed at the center where the donor was evaluated. In rare circumstances, a donor could be asked if they would consider traveling to another center for the donor surgery.

The physicians and surgeons at WFBMC will carefully review any potential living donors evaluated at another center to be certain that the donor is appropriate for the transplant and medically suitable for donation. The physicians and surgeons will discuss the donor characteristics with you in advance of agreeing to the exchange. There are potential untoward events or problems that may occur before any of the donor or recipient surgeries begin or before any of the donor recoveries have occurred. In such instances, all the surgeries could be canceled or delayed.

If you are found to not be compatible and you wish to consider participation in a kidney paired donation program, a detailed consent form will be reviewed with you and all the potential benefits and risks will be discussed with you.

Cost of Participation in Kidney Paired Donation

There is no cost to you of being listed with either registry. If a donor is asked to travel to have the surgery (not very likely), there could be travel costs associated with that. The donor would have the right to refuse to travel if he/she did not wish to do so. Travel for the donor is very uncommon. There is no compensation of any kind for participation in Kidney Paired Donation. In fact, it is against federal laws to compensate donors in any way for offering this gift.

Alternative to Participating in the Alliance for Paired Donation and/or the OPTN Kidney Paired Donation Program

If you choose to not participate in Kidney Paired Donation, transplantation may still occur by 1) finding another suitable living donor by some means not involving Kidney Paired Donation, or 2) being offered a kidney from the deceased donor waiting list through the United States Organ Procurement and Transplantation Network (OPTN/UNOS). Participating in Kidney Paired Donation will not affect your status or position on the deceased donor waiting list.

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