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UC DAVIS TRANSPLANT CENTER
(916) 734-2111 or (800) 821-9912

UC DAVIS MEDICAL CENTER
2315 STOCKTON BOULEVARD
SACRAMENTO, CALIFORNIA 95817

Dear Prospective Donor,

It is an extraordinary act of kindness to consider offering the gift of live kidney donation. The decision to become a living donor should be made only after you know about all aspects of donation. The goal of this material is to ensure you are informed and confident about your decision.

When you decide to proceed, you will be working with a team of dedicated and exceptionally qualified professionals who are very committed to your well being. The UC Davis Transplant Program has excellent outcomes, and you can be confident that you and your recipient will be cared for by one of the top transplant centers in the country.

We look forward to working with you and your recipient on a successful kidney transplant. Our staff is available to support you every step of the way, and may be reached at (916)734-2111 or (800) 821-9912.

Sincerely,

A handwritten signature in cursive script that reads "Richard V. Perez".

Richard Perez, MD
Professor
Chief of Transplant Surgery
UC Davis Health System

THE ROLE OF THE KIDNEYS

The kidneys are two bean shaped-organs, each about the size of a fist. They are located deep in the abdomen on either side of the spine. The kidneys regulate the content of the blood by controlling the amount of salt and water in the body. The kidneys also get rid of waste products. The kidneys control blood pressure, calcium balance and play a role in the making of red blood cells.

KIDNEY FAILURE AND TREATMENT OPTIONS

Kidney disease can develop slowly and symptoms may not be seen until the disease is in late stages. Kidney *failure* occurs when the kidneys are no longer able to remove waste and control fluid balance in the body. Without treatment, kidney failure would be fatal. The two types of treatment for kidney failure are dialysis and transplantation.

There are two different kinds of dialysis: hemodialysis and peritoneal dialysis. During hemodialysis, tubes connect the patient to a machine that filters the blood. Hemodialysis is usually done three times a week for 3-4 hours each time. It is usually done at a dialysis center, although in some cases a care partner can be trained to do the treatment at home. People on hemodialysis are on a strict diet and must limit fluid intake.

Peritoneal dialysis uses the abdominal cavity membrane called the peritoneal membrane to filter the blood. During this type of dialysis, a tube is placed permanently into the abdomen (belly). During treatment, a fluid called dialysate is placed into the abdominal cavity. Waste products and extra fluid move into the abdominal cavity and after a few hours, the fluid is drained out. This is called an exchange. Patients can do 4-5 exchanges per day, or the exchanges may be done with the help of a machine that exchanges the fluid while the person sleeps.

Kidney transplantation is the third option for people with chronic kidney failure. With a kidney transplant, the donated kidney is surgically placed in the lower abdominal area and replaces the function of the natural kidneys. The patient's own kidneys are usually left in place. The recipient of a kidney transplant must take medicine to prevent rejection. Kidney transplant recipients must also follow strict schedules for lab testing and doctor visits.

WHERE DO DONOR KIDNEYS COME FROM?

Donor kidneys come from two sources: deceased donors or living donors. Patients who are on the transplant wait list are waiting for organs from deceased donors. It is not uncommon for patients to wait many years for a deceased donor kidney.

Kidneys can also come from living donors. Living donors can be relatives, spouses, friends, neighbors, coworkers, or members of a faith community. Donors must act voluntarily and it is *against federal law* for any donor to receive anything of monetary value in return for donating an organ.

Sometimes a person wants to donate a kidney to someone in need, but they do not know anyone who needs a transplant. With these non-directed donors, the transplant wait list can be used to select a recipient or a chain of live donor transplants can be started.

BENEFITS OF LIVING DONATION

There are important benefits of living donation:

- Avoid the 3-5 year waiting period on the deceased donor list.
- Plan the transplant before the recipient needs dialysis. Research shows that the less time a person is on dialysis, the longer a transplanted kidney will function.
- Live donor kidneys last about 15 - 20 years, while the average deceased donor kidney lasts 10 – 15 years.
- Live donor transplant can be planned for convenience and timed to ensure the best condition of the recipient.

MATCHING AND COMPATIBILITY

Three separate tests determine whether a recipient can accept a kidney from a particular donor. These are blood type, antibody testing and crossmatch testing.

Blood Type

There are four different blood types. The most common blood type in the population is type O. The next most common is blood type A, then B, and the least common type is AB. The blood type of the donor must be compatible with the recipient.

Blood type O is considered the universal donor. People with blood type O can give to any other blood type. Blood type AB is called the universal recipient because an AB person can receive an organ from any blood type. The chart below shows compatible blood types:

If your blood type is:	You can donate to these blood types:
Type O	Type O, A, B, AB
Type A	Type A, AB
Type B	Type B, AB
Type AB	Type AB

Subtypes

Blood type A has a subtype called A2. Donors with type A2 can “act like a type O” in *some* cases.

HLA Type and Antibody Testing

HLA typing is also called “tissue typing”. HLA stands for human leukocyte antigen. Antigens are proteins on the cells of the body. Over 100 different antigens have been identified, but there are six that have been shown to be the most important in organ transplantation. Of these six antigens, we inherit three from each parent.

Except in cases of identical twins and some siblings, it is rare to get a six-antigen match between two people, especially if they are unrelated. Kidneys are *very successfully* transplanted between two people with no matching antigens.

A person can make antibodies against another person’s HLA antigens. Antibodies can result from blood transfusions, pregnancy, infections or even a viral illness. Having one of these events does not mean a person *will* make antibodies but they could. If a recipient has strong

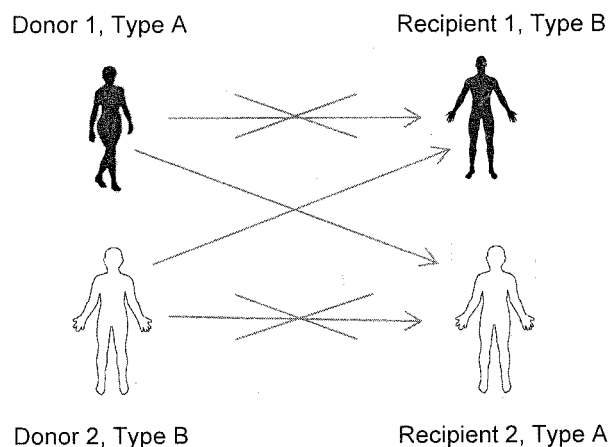
antibodies against a donor's HLA, the risk of rejection is high and a donor would be declined for that recipient.

Cross-Match Testing

The crossmatch test is a final test done just before the transplant surgery. Blood from the donor and recipient is mixed. If the recipient's cells attack and kill the donor cells, the crossmatch is considered positive and the transplant would be cancelled. If the crossmatch is negative, the pair is considered compatible.

PAIRED EXCHANGE

There are times when a living donor is not compatible with their intended recipient either because their blood types are not compatible or they have an antibody problem. These recipients can still enjoy the benefits of live donor transplant through paired exchange. In paired exchange, information about the incompatible donor and recipient are placed in a computer system that identifies other incompatible pairs who then swap donors. This allows two people to benefit from live donor transplant. Compatible pairs can also consider paired exchange if there is a large size or age difference between the donor and recipient, or if they just want to expand their gift to help more people enjoy the benefits of live donor transplant.



DONOR MEDICAL EVALUATION

The purpose of the donor medical evaluation is to make sure that donation will not pose any unusual risk during the procedure, or to the donor's future health.

The donation process begins with the completion of a donor interest form. It is very important that potential donors are completely honest in answering the questions. The information will be kept confidential. The information on the donor interest form will be reviewed and transplant center staff will contact the donor to discuss donation in more detail.

After the donor is cleared to begin the evaluation, blood typing and HLA testing will be done. When compatibility is confirmed, blood and urine tests will be done to evaluate general health and kidney function. If these results are normal, the donor will be scheduled for a visit to the transplant center for a series of appointments and medical tests. The evaluation testing at the

transplant center takes one to two days, depending on donor age. The evaluation for living donation includes:

History and Physical

The history and physical is like an annual visit to the doctor. The doctor will go over the donor's medical history and do a physical exam. The purpose of the exam is to determine whether the donor's general health is good and there are no unusual risks to donation.

Psychosocial Interview

During the psychosocial interview the donor talks with the transplant social worker. This visit is a very important part of the living donor evaluation. The goals of the psychosocial interview are:

1. To review the nature of the relationship between donor and recipient.
2. To explore the reason for donation and to be sure that the donor is free of undue pressure to donate.
3. To be sure there are no social or mental health issues that might make the recovery from living donation difficult.
4. To decide if the donor needs additional education or other treatment before making the final decision to donate.
5. To determine that the donor understands the short and long term risks of living donation for both the donor and the recipient.
6. To make sure the donor is capable of making the decision to donate and cope with the stress of a major surgery.
7. To make sure the donor knows that their evaluation is confidential and they may decline at any time.
8. To check for high risk behavior that might risk giving an infectious disease to the recipient.
9. To check for history of smoking, alcohol and drug use/ dependence.
10. To be sure the donor understands it is against federal law to receive anything of value in return for donating a kidney (money, gifts, etc.).
11. To discuss how donation might impact the donor's job or family relationships.
12. To explore current / past history of psychiatric disorders and treatments.
13. To review the donor's job and insurance status and financial impact of donation.
14. To review the donor's living arrangement, to determine that the support systems are in place and the donor has a realistic plan for recovery.
15. To explain the requirement for 6, 12 and 24 month follow up after donation, and to confirm the donor's commitment to participate in the follow up.

Nutrition Consultation

All donors will have a consultation with the dietician to evaluate for diabetes risk and discuss ways to maintain a healthy weight after donation.

Education

A class with the living donor nurse coordinator covers all aspects of live kidney donation. Any interested family or friends are welcome to come with the donor. This is an opportunity to ask questions in an informative and relaxed setting.

Blood Tests

Many blood tests will be done to give the team general information about the donor's overall health.

Urine Tests

A urine test will be done to check the urine for signs of kidney disease or infection. In addition, each donor will collect his/her urine at home for 24 hours. This collection will give the team much more information about the donor's kidney function. When the urine collection is turned in to the lab, blood will also be drawn.

Electrocardiogram

The EKG is done to evaluate whether the heart rhythm is normal and if there may be previous heart injury.

Cardiac Testing

If a donor is over the age of 50, more testing is done to rule out heart disease. This is usually done by monitoring the heart during a period of exercise on a treadmill.

Chest X-Ray

A chest x-ray will be done to rule out lung disease or lung tumors.

CT Angiogram

This test, also known as a "CAT" scan, is done to evaluate the anatomy of the blood vessels going to and from the kidneys and to look for kidney stones or tumors. This test helps the surgeons decide which kidney to remove.

During this test an IV line will be placed in a vein in the arm and a contrast solution will be injected into the IV to help show the kidney blood vessels clearly. The contrast solution will give you a "warm all over" feeling when it is injected. This procedure takes about an hour.

Colonoscopy

Donors over the age of 50 will need to have a colonoscopy or sigmoidoscopy to rule out colon cancer. This is a routine part of health maintenance and is recommended for all adults over the age of 50 years. This test is not covered by the recipient's insurance.

Pap Smear and Mammogram

Female patients will need a pap smear and mammogram as recommended by the American Cancer Society. These tests are routine parts of healthcare maintenance and are not covered by the recipient's insurance.

Aside from the exceptions above, the testing for living donors is covered by the recipient's medical insurance. If a medical problem is discovered that would need more testing or treatment, the donor would be sent to their primary care doctor for treatment. ****If a donor has no insurance, the Transplant Center cannot provide treatment for any disease, cancer or other major medical problem that could be discovered during a donor evaluation.*** This is one reason it is important for donors to have health insurance.

Test Results

Test results from the donor evaluation are subject to the same regulations as all health records. The Transplant Center may be required to report certain test results to local, state or federal public health authorities.

Some donors are declined after testing is complete. The primary concern of the living donor transplant team is the health and well-being of the donor. If a donor is declined, they could be evaluated at another transplant center that may have different selection criteria. Surgery dates are only discussed after the medical evaluation is completed and the team has approved both the donor and recipient for surgery. Some recipients may be high risk candidates and recipient risk factors are not disclosed to the donor.

Important Candidate Considerations

Each transplant candidate (recipient) is placed on the deceased donor transplant wait list even though a living donor may be identified. Transplant candidates may wish to remain eligible for organ offers even though a live donor has completed an evaluation. Sometimes a deceased donor kidney becomes available during the living donor evaluation and it is the decision of the candidate whether to accept the offer.

SELECTION CRITERIA

Each transplant program is required to have criteria for the selection of living donors. The following are the criteria for the selection of living donors.

1. **Age:** Our program will not consider donation from individuals under the age of 18 or any person mentally incapable of making an informed decision. Non-directed donors must be age 25 or older.
2. **Smoking:** There are many known health risks from smoking. Surrounding a surgical procedure, smoking can cause potentially life-threatening respiratory complications during or immediately after anesthesia. Smoking may also increase the risk of developing blood clots in the leg veins which can break loose, travel to the lungs and potentially cause death. Smoking causes increased mucus production and a decreased ability to clear the lungs which can lead to pneumonia. Smoking also causes heart and vascular disease. Smoking causes decreased wound healing. Candidates will not be considered for donation unless they have been tobacco free (including chewing tobacco or nicotine based products) for at least 4 weeks prior to donation and they are expected to remain tobacco free for 6 weeks after surgery (nicotine impairs wound healing). The donor may be tested for tobacco use before surgery. Smoking is *strongly discouraged* after donation to protect long term health.
3. **Health Problems:** Donors must be very healthy. If a donor has a past history of the following problems, or if these are discovered during the medical evaluation, a donor may be declined.
 - High blood pressure. If the donor is over 50 and on no more than 2 medication for high blood pressure they may still be considered.
 - Diabetes Mellitus. In some cases donors may be declined due to the risk of developing diabetes later in life.

- Gestational diabetes (diabetes during pregnancy). Donors are considered on a case by case basis.
- Systemic lupus erythematosus
- Polycystic kidney disease
- Psychiatric conditions: Donors with conditions requiring further treatment are not candidates for donation. Active substance abuse would be included in this category
- Heart / heart valve disease or peripheral vascular disease (disease of blood vessels in the legs)
- Lung disease
- History of melanoma
- Current cancer diagnosis, or a history of previous cancer that was not completely treated
- Low kidney function shown by creatinine clearance testing
- Active hepatitis B, hepatitis C, or HIV infection
- Chronic use of NSAIDs that cannot be stopped. Some common NSAIDs are Motrin, ibuprofen, Aleve, naproxen, and Indocin
- History of blood clots
- Concern that a donor is being pressured to donate or being paid to donate

4. **Obesity:** Obesity is a risk factor for kidney disease. Candidates with a body mass index of over 35 kg/m² will not be considered for donation. Candidates with BMI of less than 35 may be asked to lose weight depending on weight distribution.

5. **Psychosocial Issues:** The social worker will evaluate many psychosocial aspects of living donation with the potential donor. Donors may be declined if they have inadequate support for recovery, questionable donor-recipient relationship or motivation for donation, a history of poor coping or psychiatric illness, a history of not taking good care of their health, or other similar concerns.

THE INDEPENDENT LIVING DONOR ADVOCATE

Transplant programs are required to identify an independent advocate for living donors. This is a person with a good understanding of the live donor process and whose sole purpose is to:

1. Promote the best interest of the potential living donor.
2. Advocate for the rights of the potential living donor.
3. Assist the potential living donor in getting and understanding information regarding:
 - The consent process
 - The evaluation process
 - The surgical procedure
 - The benefit and need for follow-up in six months, one year and two years after donation

The ILDA will contact each donor at six months, one year and two years after donation to check on their well-being and to ask some basic questions about their health. The donor will be asked to get a blood test and urine test, paid for by the Transplant Center. All transplant centers are required to report this information. This is a very important because it will allow transplant programs to give donors very accurate information about the risks of donation in the future. Please cooperate with your ILDA as your health and well-being are the highest priority.

THE SURGICAL EXPERIENCE

Female Patients

Female patients must be off birth control pills, hormone releasing birth control methods, and all hormone replacement therapy (HRT) for a **minimum of 4 weeks before surgery**. Hormones have been shown to increase the risk of developing blood clots. An alternate birth control method should be used, and pregnancy testing will occur on the day of the pre-op visit.

Pre-op Day

A week before the scheduled transplant, the donor and recipient will be scheduled to come to UC Davis Medical Center for several appointments to prepare for surgery. Both patients will have blood drawn first thing in the morning. Both the donor and recipient will be seen in the Transplant Clinic by their surgeon and will sign surgical consents. If the recipient is on dialysis, he/she will require a dialysis treatment before the transplant. The transplant coordinator can assist with those arrangements.

If the donor and/or recipient live far from the transplant center, they may wish to stay in a hotel. There are two hotels within walking distance of the hospital; Courtyard by Marriott at (916) 455-6800 and Best Western 916-455-4000. They offer discounted rates for patients of UC Davis Medical Center if requested and if there is room availability. Reservations must be made directly by calling the hotel rather than online.

The Kiwanis Family House is another option that may have space available. This is a house on the hospital campus for families of patients in the hospital. It has individual rooms and a common kitchen. RV parking is also available at Kiwanis Family House. The rate is \$50 per night for a room or RV parking. The ILDA can assist you in making arrangements for the Kiwanis Family House.

Surgery Day

On the morning of surgery, the donor and recipient report to the pre-surgery admissions area in the Pavilion section of the hospital. Maps and instructions will be provided ahead of time.

The actual surgical procedure for the donor will take about three and a half hours. One kidney with its artery, vein, and ureter will be removed and prepared for transplant into the recipient.

The donor surgery is done using laparoscopic technique which results in a quicker recovery time.

After surgery the donor will be taken to the recovery room where they will be closely monitored for a period of time. When the donor is fully awake, he/she will be moved to the Transplant Unit. Non-directed donors will recover on a different unit than the recipient.

While the donor is in the operating room and recovery room, family can wait in the 3rd Floor Surgical Waiting Area in the Pavilion. Families of non-directed donors will be provided with an alternate waiting area away from the recipient family. After the surgery is completed, the surgeon will talk to the family and report on the surgery. Family may visit after the donor returns to his/her room.

*Please note: UC Davis Medical Center believes strongly in family centered care, however due to infection risk, the Transplant Unit does not allow visitors under the age of 14. There is a small lobby on the 8th floor where donors can visit with children.

Hospitalization

After returning from surgery, donors continue to be monitored closely. Vital signs will be checked frequently and deep breathing is encouraged to keep the lungs well inflated. The IV line placed in surgery will stay in until the donor is discharged. Clear liquids are offered early after surgery and a regular diet the morning after surgery. The catheter will be left in the bladder until the day of discharge. Blood tests will be done daily to check the donor's blood count and kidney function.

Donors will experience pain after surgery. Pain medication will be given to manage pain. Walking will help decrease pain and speed recovery. Donors and recipients can help one another by walking together! The donor hospital stay is typically 2 days.

The ILDA will see the donor in the hospital before discharge to provide written materials about care after donation and plans for follow-up.

POST DONATION KIDNEY FUNCTION

The most important question donors ask is how donation will impact their health. We know that kidney donors have a 25-35% permanent loss of kidney function at donation. The loss of function is not 50% because the remaining kidney increases in size and does some additional work to make up for the donated kidney. Kidney donors do not have a higher risk of developing end stage kidney disease than other members of the population with the same profile (same age, sex, and race).

When chronic kidney disease develops, it usually shows in mid-life (40-50years old). End stage kidney disease generally develops after age 60. Treatment for end stage kidney disease requires dialysis or transplantation. If a donor is young, it is difficult to predict whether they will develop kidney disease in their lifetime. If a donor were to develop end stage kidney disease, having one kidney would not change the risk, but that person may progress to end stage sooner with one kidney. Donors are at higher risk for kidney disease if they have some kind of damage to the remaining kidney such as a tumor or trauma.

If a living donor was to need a transplant later in life, current national practice is to give them priority in the transplant system.

Follow-Up Care

After discharge, donors may continue to have some abdominal pain for approximately one to two weeks, but each person may have a different pain experience. Donors **must not lift over 20 pounds** for six weeks after donation. Full recovery from the surgery takes approximately six weeks.

Donors are seen in the clinic by the transplant surgeon and the ILDA one week after discharge from the hospital. Donors should feel free to call the Transplant Center at any time to talk to the living donor nurse coordinator if any problems develop. Each donor will be contacted by the IDA at 6 months, 1 year and 2 years after donation to ask questions about the donor's health. Labwork will be done at these intervals at no cost to the donor. This information will be reported to the United Network for Organ Sharing (UNOS). Any infection or cancer that is discovered within two years of donation may need to be reported to the recipient transplant center, to local, state or federal authorities (as required) and to UNOS.

Living donors must avoid long-term use of a class of drugs called NSAIDS. The most common NSAIDs are Motrin, ibuprofen, Aleve, naproxen, Indocin. These drugs can cause kidney

damage over time. They can safely be taken for an injury for a period of two weeks but should *not* be taken long-term for treatment of problems such as arthritis.

Donors should always receive routine medical care and any treating doctor should know that one kidney has been removed. The transplant team recommends:

1. A yearly physical exam with height, weight, and blood pressure measurement
2. Yearly laboratory studies with urinalysis and blood test called creatinine
3. That donors maintain a normal weight and exercise at least 4 times a week for 30 minutes
4. That donors eat a balanced diet avoiding saturated and trans fats and avoid excessive salt
5. That donors talk to a doctor before taking any over the counter medications or supplements for more than a few weeks
6. That donors avoid extreme high impact sports such as cage fighting or kick boxing.

POTENTIAL RISKS AND COMPLICATIONS

Although living donor transplantation is highly successful, short and long-term complications can arise. Because donors are healthy, there is much less risk. However, anyone who has surgery is exposed to some risks. The risks associated with being a living donor include, but may not be limited to the following:

1. Risks associated with the evaluation such as:
 - Allergic reactions to contrast (as used in CAT scan)
 - Discovery of infections that are required to be reported
 - Discovery of serious medical conditions
 - Discovery of genetic findings unknown to the donor
 - Discovery of abnormalities that will require more testing at the donor's expense
2. Potential for surgical complications such as:
 - Death, scars, pain, fatigue and other consequences of any surgical procedure
 - Decreased kidney function
 - Abdominal or bowel symptoms such as bloating, nausea and possible bowel obstruction.
 - Kidney failure and the need for dialysis or kidney transplant in the donor
 - Impact of obesity, hypertension or other donor specific medical condition on risk during surgery
3. Increased risk of kidney disease with use of over the counter medications and supplements
4. Potential psychosocial risks associated with being a living donor include, but may not be limited to the following:
 - Potential for problems with body image;
 - Possibility of post-surgery adjustment problems such as depression or anxiety;
 - Possibility of emotional distress if recipient has rejection, recurrent disease or dies.
 - Potential impact of the donor's lifestyle.

5. The potential financial risks associated with being a living donor include, but may not be limited to:

- Personal expenses related to travel, housing, and lost wages may not be reimbursed. There may be resources available to help with some donation-related costs. Some recipient insurance plans offer donor travel benefits
- Child care costs
- Possible loss of employment or income
- Possible negative impact on the ability to obtain future employment
- Possible negative impact on the ability to obtain or afford health, disability and life insurance
- Health problems experienced by living donors following donation may not be covered by the recipient's insurance

FREQUENTLY ASKED QUESTIONS

Who pays for the donor testing?

All donation-related medical testing and the hospitalization are paid for by the recipients insurance. At any time, if a donor is having a problem they feel is related to the donation, they should *call the Transplant Center* and talk to the living donor nurse coordinator. We want to take care of any complications for donors. If a donor seeks care for a complication without contacting the Transplant Center, it will not be covered and the *donor could be responsible for paying the bill.*

Can I have children after I donate?

Yes. Having only one kidney does not interfere with having babies, however women should wait 6-12 months after donation to get pregnant. There is a 6% increased risk for pregnancy-related high blood pressure or pre-eclampsia. Some young parents are concerned that if they donate one of their kidneys and in the future their child needs a transplant, they could not donate to the child. This is a consideration that parents will have to discuss.

What if the kidney does not work?

There is no guarantee that any transplant will work. Recipients could have medical problems that impact the function of the kidney. Sometimes there are surgical factors that may impact the function of the kidney. Sometimes living donor kidney recipients have rejection or their disease returns. If a kidney from a living donor is lost, it is very sad and is a great loss to both the donor and the recipient. However, even in cases where the outcome is not what was hoped for, most donors feel that they have made every effort to help the recipient and feel a great sense of satisfaction from giving this gift.

How do kidney donors feel about the experience?

In a survey of living donors, 97% of them said they would make the same decision again without any reservation. These donors were also asked about their relationship with the recipient after the surgery. 41% said that they continued to have a close relationship, and 59% felt the relationship with the recipient had improved.

Even with successful transplants, some donors have a feeling of let down after the donation. There is usually a great sense of anticipation before the surgery. This can be compared to any

big life event such as a wedding, graduation, etc. The attention of relatives and friends is often shifted to the recipient and the close monitoring of their organ function. This is natural because the management of your gift is very important. If you experience these feelings, please talk to the ILDA who will assist you. Remember, we are with you every step of the way.

THE DECISION ABOUT DONATION

The decision to be a living donor involves careful consideration, and you can change your mind at any point in the process. If you decide not to donate, you will be provided with a letter indicating you are declined for donation. Your decision to donate must be voluntary and you should feel confident in the decision. Consider discussing your decision with family and friends. You may want to explore your answers to the following questions:

- Do I have enough information to make an informed decision?
- Am I being pressured to be a donor?
- What impact would donation have on my personal relationships?
- Do I have enough support to assist me during my recovery?
- How will potential expenses and/or lost wages impact me?
- Am I prepared to deal with the possibility of recipient complications or loss of the organ?

We hope the information has answered any questions you had about living donation. If you have additional questions or concerns, please do not hesitate to call the Transplant Center at 916-734-2307 or 1-800-821-9912 and speak with the living donor nurse coordinator.