

## Renal Department

# Live Kidney Donors – An Introduction

### Why do we need live kidney donors?

Kidney transplantation is now a well recognised treatment for end stage renal failure. However the decline in the number of kidneys donated from people who have died, has meant that more people are now putting themselves forward as potential live kidney donors. A successful transplant will transform the life of a person in kidney failure, bringing back some of the vitality and spontaneity of life which dialysis very often denies them. Transplants from live donors are generally considered more preferable than transplants from deceased donors, as the kidneys are in better condition and will only be without a blood supply for a short period of time between it being removed from the donor and transplanted into the recipient.

### Who can donate?

- Donors do not have to be blood relatives in order to donate.
- The boundaries within families stretch to cousins, aunts and uncles.
- Husbands and wives can donate to each other and friends, provided that they can prove a long-term friendship/relationship can also be considered.

Following a recovery period of up to three months, the donor can return to a normal lifestyle, and should be able to carry out all the duties and activities they enjoyed prior to their surgery. The added benefit of course, is seeing the recipient living a healthier and more fulfilled lifestyle, which has been made possible by their generosity.

Coventry has excellent statistics for both the numbers of transplants carried out per million population, as well as for graft survival.

Live kidney donors are assessed very carefully, they must be in good health with two healthy, equally functioning kidneys. They will have to go through a rigorous series of tests to demonstrate their suitability to donate. World-wide there is no evidence to suggest that there are any long term risks to the donor, and most donors find it an extremely positive experience, as they have done something exceptional to help their relative or friend. They also benefit from regular medical check-ups every year, for the rest of their life.



# Patient Information

## Expenses

There is a scheme available for re-imbusement of expenses for all live donors, to ensure that the financial impact on the living kidney donor is neutral. Re-imbusement of expenses must be proportionate and fair and administered in a consistent and timely manner. Information on this and the policy document can be obtained from the live donor co-ordinators.

## What are the benefits for the recipient?

The benefit of live transplantation for the recipient is primarily that they will receive a transplant, and will not remain indefinitely on the transplant waiting list. As the operation for a live transplant is planned, then the optimum time can be chosen when the recipient is at their fittest, and immunosuppressive drugs can be started several days prior to surgery. The transplant can quite often be done before dialysis becomes necessary. Whilst it is impossible to give guarantees that a kidney transplant will be successful, it is generally considered that kidneys from live donors work very well and graft survival may be as high as 15 – 20 years.

## What are antibody incompatible transplants?

Modern technology and drug regimes help us to transplant patients where medical barriers would have made this impossible several years ago. Plasma exchange enables us to get rid of unacceptable anti-bodies, which have been acquired by the recipient through either:

- Multiple blood transfusions
- Previous transplants
- Pregnancy.

This process, known as antibody incompatible transplantation, is becoming an accepted way of being able to transplant people with high antibody levels and it offers hope of a transplant to many who thought this may never be possible. This type of treatment can also be used if a donor and recipient are blood group incompatible.

The exact treatment schedule varies from case to case, but in the most common situation, antibodies are removed from the blood with a machine.

The process is called plasmapheresis, and the machine pumps blood through a special filter which sifts out the antibodies and gets rid of them. Most people require five sessions of the treatment which takes place over a ten day period before that transplant takes place.

In order to go onto the Antibody incompatible programme a live donor has first to be identified, this method cannot currently be used with deceased donor kidneys.

# Patient Information

## What is the paired exchange?

The paired exchange is another option for live donors and recipients. This means that a donor / recipient pair, who are not compatible with each other but may be compatible with another pair elsewhere in the country, are able to exchange kidneys. Removal of the donor kidneys are scheduled to take place on the same day and time so that kidneys can be exchanged.

## What about altruistic donation?

This is a process where a person volunteers to donate a kidney to an unknown person. The altruistic kidney donor is assessed exactly the same as any other live donor, and when they have been assessed as suitable their genetic data is entered into the national waiting list, and their kidney is donated to the best match. Anonymity is maintained between donor and recipient, but letters may be exchanged at a later date.

## Further Information

For further information contact:

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[www.uktransplant.org.uk](http://www.uktransplant.org.uk) "Could I be a living kidney donor?"

[www.kidney.org.uk/living-donor](http://www.kidney.org.uk/living-donor) Living kidney donor information

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