



OCHSNER MULTI-ORGAN TRANSPLANT CENTER

**LIVING KIDNEY DONOR
EDUCATION, INFORMATION, & COMMUNITY RESOURCE
HANDBOOK**

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Introduction

Welcome to the Ochsner Kidney Transplant Program!

Choosing to donate a kidney and give the “gift of life” is one of the most meaningful things anyone can do. Becoming a living donor offers a loved one or friend an alternative to remaining on the national transplant waiting list to receive an organ from a deceased donor. While living donation is not for everyone, it can be rewarding to know an opportunity for a better quality of life has been given to someone else.

This book explains certain issues and answers many common questions about living donation. We encourage you to share the information contained in this important handbook with any family members, friends, or caregivers who will be involved with your medical treatment and recovery. By knowing the facts, you and your family can make an educated decision, one that you can feel comfortable with, now and in the future.

You will meet several members of our team who will evaluate and educate you on living kidney donation as a treatment option for your family/friend’s disease process. In order to qualify as a living donor, you must be physically fit, in good general health, and free from high blood pressure, diabetes, cancer, kidney disease and heart disease.

You will be scheduled for several diagnostic tests to determine your level of physical and mental health. Once the results of all testing is available, the Transplant Committee will review your case and determine if you are a suitable kidney donor for the patient awaiting a transplant.

It is also important to know, that you may change your mind at any time during the process. Your decision and reasons are kept confidential.

We are dedicated to providing you with the most up to date and cutting edge care; however, we will need your assistance. Please make every effort to keep all appointments as scheduled. If you can not keep your appointments please call in advance to reschedule.

If there is anything we may do to help you through this process, please contact us at (504) 842-3925 or (800) 928-1635.

The members of your team include:

Living Donor Coordinator: Rebecca Guillera

Transplant Social Worker: Calleen Jones, Louise Landry, Ashlie Castro, Kristina Teran

Patient Service Associate: Brenda Broussard

Donor Advocate 504-842-3541

Treatment Options for Kidney Failure

Your kidneys are 2 bean-shaped organs located behind your stomach in the middle of your back, on either side of your spine. Kidneys perform some of the most important jobs in your body including:

- Filtering and removing waste by producing urine
- Helping to regulate blood pressure
- Cleaning and controlling the amount of blood in your body
- Keeping the body's balance of water, salt and acid constant
- Making hormones that help bone marrow produce red blood cells

If something happens to abnormally change the way the kidneys work it is usually because of a condition that has been attacking the kidneys for a long time. Some conditions which can injure the kidneys are diabetes, high blood pressure, infection, cysts, and kidney stones. These can lead to chronic kidney disease which affects both kidneys. Sometimes you can be born with a problem that affects the kidney or have a problem that runs in your family. There may be no symptoms of kidney disease until you have had it for a while.

When the kidneys are not working correctly, the body's waste and excess fluids build up, causing harm to your body. Some signs of kidney disease are:

- Fluid retention – puffiness in the face, swelling of hands and feet
- A change in urination – amount, frequency, painful or difficult
- Shortness of Breath
- Mental confusion
- Abnormal blood or urine test results
- Tiredness

If kidney disease has not been diagnosed or treated early enough, or if you have not responded to treatment, the disease may progress to end stage kidney failure (ESRD). At this point, the kidneys have stopped working and you will need treatment in order to survive. Treatment options for kidney failure include:

- Hemodialysis
- Peritoneal Dialysis
- Kidney Transplantation (from a living or deceased donor)

Kidney transplant is considered a treatment for kidney disease, it is not a cure. Transplant recipients may lead a more normal life, free from dialysis. However, they will have to take medications and have frequent follow-up care for the life of the transplant. There are side effects to both dialysis and transplant. Understand, if you choose not to become a kidney donor, your recipient has other options.

Benefits of Living Kidney Donation

- The gift of a kidney can save the life of a transplant candidate. There is about a 3 to 5 year wait for a deceased donor kidney. Data shows that approximately 1 out of 20 patients die each year from kidney disease as they wait for a donor kidney. Living donation may also help to avoid the potential health complications which occur when a recipient is on dialysis for a long period of time.
- The experience of providing this gift to a person in need can serve as a very positive aspect of donation. Many donors report that they feel good about improving another person's life.
- Transplant's can greatly improve recipients' health and quality of life, allowing them to return to normal activities.
- With living donation the transplant is scheduled at a convenient time for the donor and recipient, avoiding the stress and uncertainty of being on the waiting list. We can also assure the recipient and donor are prepared and in the best health, both physically and mentally.
- A kidney donated by a blood relative is usually a better genetic match which may result in a better chance for success. When well-matched to the donor organ, the recipient is often able to take lower doses of anti-rejection medication.
- The donor surgery and recipient transplant can happen almost simultaneously with very little damage to the organ, because it is not outside the body for long. Usually the donor kidney will begin to work immediately once transplanted.
- Kidneys from living donors usually have a longer life span
- A living donor removes the recipient from the national transplant waiting list, therefore, helping many others.

Living Donor Evaluation

Donors must be chosen carefully in order to avoid outcomes which are medically and psychologically unsatisfactory for both the donor and recipient. The evaluation is a 2 to 3 day process to help ensure that you will not be harmed by donating, and that you are healthy and will remain healthy after donation. We will ensure that you understand all aspects of the donation process, including the risks and benefits. Your consent to become a donor is completely voluntary. You should never feel pressured to become a donor. You have the right to delay or stop the donation process at any time.

It is important to fully consider how donation may affect your physical and emotional health, as well as your family life, financial situation, and current and future health and life insurance status. Speak with your transplant team, use the resources available, ask questions, and voice concerns.

If you do not live in the local New Orleans area, you may want to make arrangements to stay in the area for your evaluation. Refer to page 17 for several options which may meet your needs while you are undergoing your pre-donation evaluation, surgery, and recovery.

During your evaluation you will meet with all members of the transplant team.

- The Transplant Nephrologist/Physician Assistant will take a detailed medical history and perform a physical assessment.
- The Transplant Surgeon will also take a history but will be looking at your abdomen to see if there are any scars, masses, hernias or other abnormalities that would not allow for the donation to take place. He will also discuss the donor surgery with you.
- The Donor Advocate is an independent person, not affiliated with the transplant team. Their role is to represent and advise you. They ensure that the donor's decision is informed and free from coercion and that your rights are protected.
- The Clinical Transplant Nurse Coordinator serves as your primary contact by teaching about the process and answering questions related to donation. She will also organize your evaluation. This includes coordinating the tests and consultations needed for a complete evaluation.
- The Social Worker will meet with you alone and perhaps with your family members to complete a thorough assessment. This is an opportunity for the social worker to get to know you, identify any concerns or needs you may have, assess your support system, insurance, and financial situation, as well as link you to any necessary resources. The social worker will be asking you questions that may seem personal. Please recognize that there may be sensitive issues which need to be addressed. The social worker may arrange to meet with you alone without your family to ensure open communication between you and the social worker.
 - If you are experiencing feelings of pressure, coercion, or obligation to donate, please talk with your Transplant Social Worker immediately. This may be a reason not to donate. Receiving compensation for organ donation is illegal. Compliance with the law is required.

The following are tests which you will undergo during your medical evaluation. Additional tests may be required depending on your medical history and physical examination.

The following are risks that may be associated with the evaluation of a donor: allergic reaction to contrast, discovery of reportable infections, discovery of serious medical conditions, discovery of adverse genetic findings unknown to the donor, and discovery of certain abnormalities that will require more testing at the donor's expense.

Blood Typing: The donor and recipient must have compatible blood types, but do not need to be an exact blood type match.

Tissue Typing: This blood test checks the tissue (DNA) match between six codes on the donor and recipient cells. Tissue typing between the donor and recipient does not need to match in order to have a successful transplant.

Crossmatching: A blood test done to determine how the recipient will react to your organ.

Antibody is a protein substance made by the body's immune system in response to an antigen (a foreign substance; for example, a transplanted organ, blood transfusion, virus, or pregnancy). Antibodies can attack the transplanted organ. The white blood cells of the donor and the serum of the recipient are mixed to see if there are antibodies in the recipient that react with the antigens of the donor.

A "positive" crossmatch means that your kidney will not match with recipient. A "negative" crossmatch means that your kidney is compatible with the recipient and they may proceed with the medical evaluation.

This test is performed prior to the medical evaluation and again within 7 days of transplant.

Urine Tests: Urine is collected for 24 hours to look at your kidney function. A single sample is also obtained to check for protein and infection in the urine. Special 24 hour urine testing is done if you have a history of kidney stones.

Blood Tests: Blood tests are taken to check for infectious diseases, blood count, cholesterol, and basic chemistries, which give information on the functioning of the kidneys/ liver.

If you have a close blood relative with diabetes, you will also have a glucose tolerance test, which screens for diabetes.

Chest X-Rays: A chest X-Ray is performed to screen for lung disease.

Electrocardiogram (EKG): An EKG is performed to screen for heart disease. An exercise stress test will be performed if you are 40 years or older.

Nuclear Medicine Renal Scan: This test shows the percentage of work that each kidney is performing. Example: Right kidney is doing 52% of the work and the left kidney is doing 48% of the work. These results enable the physicians to determine which kidney will be donated.

CT Arteriogram: This test involves injecting a liquid that is visible under X-Ray into the blood vessels to view the organ to be donated. This enables the physicians to examine the kidney and its blood supply prior to surgery.

Psychiatric Evaluation: After meeting with the social worker, you may be referred for a psychiatric and/or neuropsych evaluation. If a person is donating to an unrelated person, who is not a spouse, they will undergo a psychiatric evaluation.

Female Examinations: For all female donors, a complete gynecological examination and Pap smear is required. This can be done with your physician or if you have had this completed in the last year, you can have the medical records sent to us. For females 40 years and older, a mammogram is also required. Again, if you have had this done in the last year, records can be sent to us for use.

Colonoscopy: A colonoscopy will be required on all donors age 50 or older. If this has been obtained with your own physician, please have the records sent to us.

The results of your testing will be kept confidential under the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

The recipient will not have access to your personal information or test results.

Review of Tests

Once the results of all tests are available, the Transplant Selection Committee, which consists of all members of the transplant team, will review your case. The committee, after reviewing all information, will determine if you are approved to donate.

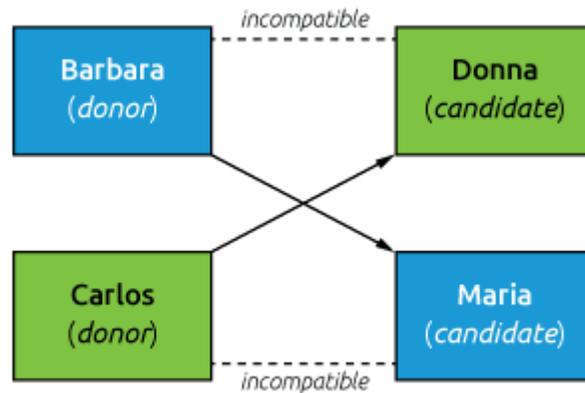
You will receive a phone call from the living donor coordinator once the review is complete and the committee has made their decision.

If you are not approved as a donor, you may choose to be evaluated by another transplant program that may have different selection criteria.

Kidney Paired Donation

The Kidney Paired Donation (KPD) Program may be an option if you are not a match for your family member/friend. It is part of the United Network for Organ Sharing (UNOS). This is a computerized system that allows transplant centers to search for other donor/recipient pairs who are compatible with you and your recipient.

For example, in figure 1, Barbara wants to donate to her sister Donna, but they do not have matching blood types. Carlos wants to donate to his wife Maria, but they are also not compatible. By “swapping” donors, two transplants are made possible.



- The Recipient must:
 - Be on the deceased donor waiting list
 - Have a willing donor
 - Sign an agreement to participate in the program
- The Donor must:
 - Be willing to participate in the program
 - Sign an agreement to participate
 - Complete the medical evaluation as previously discussed and be approved as a donor

How it works

- The transplant center will be notified if a match is found.
- Compatibility testing (crossmatch) is done on all individuals in the match.
- Both transplant centers and donor/recipient pairs must agree to the exchange.
- Your surgery will be performed at Ochsner and your kidney shipped to the transplant center where your matched recipient is located.
- Your recipient's kidney will be shipped to Ochsner from the matched donor's transplant center.
 - The donor's surgeries take place the same day. The recipient surgeries start once the kidneys have arrived.

LIVING KIDNEY DONOR SELECTION CRITERIA

Any person over 18 years of age meeting the following criteria may be considered a potential living kidney donor:

1. Overall good general health.
2. Able to understand the risks and benefits of donation.
3. Has acceptable kidney function and anatomy as determined during the living donor evaluation process.

Absolute Contraindications

1. Diabetes mellitus.
2. Evidence of kidney disease, for example:
 - a. GFR < 80 ml/min
 - b. Proteinuria > 150 mg/24 hours.
 - c. Small kidneys
3. Active infections.
4. Current pregnancy.
5. BMI >33

Relative Contraindications will be considered on a case-by-case basis, considering donor's age and other health concerns:

1. If the right kidney is going to be used for donation, then BMI must be <30.
2. Impaired glucose tolerance on 2-hour Glucose Tolerance Test
3. History of malignancy.
4. Current substance abuse.
5. Hypertension requiring more than one medication to control.
6. Kidney stones without treatable cause.
7. Any medical condition that, in the opinion of the transplant team, may increase the potential donor's risk of kidney failure.

Pre – op Testing and Hospital Admission

Preparing for Surgery (pre-op)

Once you are approved as a living kidney donor for your recipient, your Transplant Coordinator will discuss surgery dates with you. Keep in mind, this process moves at the pace in which you need. Surgery will be scheduled for the day you request and pre-operative appointments will be scheduled the week before the surgery date.

During pre-op you will have the following appointments:

- Blood testing to check kidney function and the final crossmatch will be obtained
- Transplant Nephrologist will provide medical clearance for surgery
- Transplant Surgeon will review surgical procedure and obtain consent for surgery
- Transplant Coordinator will provide instructions for the day of surgery
- Transplant Social Worker will discuss your understanding, your ability to choose not to donate, and assure caregivers, financial, and other plans are in place.
- Anesthesia physician will obtain information and review details of surgical anesthesia

Smoking must be stopped four to six weeks before surgery. Smokers have an increased risk of cardiovascular (heart) and pulmonary (lung) complications with any surgery. The transplant team recommends that all donors refrain from tobacco use after organ donation to prevent long term health problems related to smoking.

Females taking oral birth control pills will need to discontinue four to six weeks before surgery. Birth control pills can increase the risk of blood clots after surgery.

Keep in mind, a number of events could happen that may change the date of the transplant.

- The recipient's condition may decline to the point where they are too sick for transplant.
- Abnormal testing may be discovered with pre-op testing that requires further evaluation prior to transplant.
- The program may be busy transplanting organs from deceased donors and your surgery will need to be rescheduled.

The Surgery

The donor is admitted to the hospital on the morning of surgery. You should bring minimal belongings (medications, toiletries and clothing) to the hospital. Leave all jewelry or other valuables at home or give them to your family for safekeeping. You will be prepared for surgery, including having your temperature and blood pressure taken, and having an intravenous (IV) line started. In surgery the donor is given general anesthesia and “put to sleep.” An endotracheal tube (breathing tube) is placed to breathe for you and a catheter is placed in your bladder to monitor your urine.

A nephrectomy is the surgical removal of a kidney. Laparoscopic nephrectomy is a minimally invasive surgical procedure for obtaining a kidney from a living donor that can make the process easier.

In this procedure, the surgeon makes three small incisions, “ports”, around the abdomen. The kidney is removed through a 3 inch central incision below the belly button. Through one of the other openings, a special camera, called a laparoscope, is used to produce an inside view of the abdominal. Surgeons use the laparoscope, which transmits a real-life picture of the internal organs to a video monitor, to guide them through the surgical procedure.

The surgery lasts approximately 3 to 4 hours. During this time, family can wait in the surgery waiting room, located on the 2nd floor of the hospital. It is possible the surgery may be longer or shorter, so do not be alarmed. When the surgery is complete, the physician will speak to your family.

There is a slight possibility that due to problems with the recipient operation, the transplant might not be able to be completed after your kidney was already removed. If such a situation should occur, you will have the following options:

1. The kidney can be transplanted into a suitable recipient from the kidney waiting list.
2. The kidney can be discarded (thrown away).
3. The kidney can be transplanted back into you (autotransplantation). This option may not be feasible or medically advisable and the autotransplant surgery will not be done if the risks to the donor clearly outweigh potential benefit.

These options will be discussed during your pre-operative visit, so your wishes can be made clear.

Risks and Complications

Living donors should fully understand the risks involved in donating a kidney. Even though you are in good health, there is always risk any time someone undergoes surgery. Some of these may include:

- Allergic reaction to anesthesia
- Scaring, pain, fatigue
- Pneumonia and infections of the incision or urinary tract
- Blood clots in the lungs or veins
- Decreased kidney function or kidney failure
- Abdominal or bowel problems such as bloating, obstruction, nausea, vomiting

- Bleeding, requiring the need to return to surgery or blood transfusion
 - Although blood transfusions during this surgery are uncommon, it may be necessary. If you would like to donate your own blood before the surgery, please let the donor coordinator know in advance.
- Death – 0.03% (that is 3 out of every 10,000 surgeries)

After the Surgery

You will go to the recovery room immediately following the surgery. The breathing tube will be removed and you will be given pain medication. Once stabilized, donors are transferred to the transplant step-down unit on the 8th floor of the hospital (TSU). All rooms on TSU are private and are equipped with a small couch. If a family would like to stay with you, this is acceptable.

Discharge Planning

The average hospital stay for a donor is 24 hours. As with any operation or treatment, if there are any complications, this may delay your discharge. Every patient has an individualized treatment approach and recovers within different time frames. We encourage talking with other donors, however since everyone's recovery is different, please avoid comparing your circumstances to other patients that you meet.

Your social worker will begin discharge planning during your pre-op visit and in the hospital. This involves assessing your needs during your stay, as well as resources you may need upon discharge from the hospital.

If you live more than two to three hours away from Ochsner you may be asked to stay locally in the New Orleans area for the first 3 to 4 days of your recovery. This will be determined by your transplant surgeon.

Upon discharge from the hospital, you will be provided with a prescription for pain medication. This can be filled at any local pharmacy. **Prescriptions are not covered by the recipient's insurance.** If you have private insurance, this can be used or you will need to provide payment to the pharmacy. The Ochsner Outpatient Pharmacy is located on the 1st floor of the hospital. The phone number is (504) 842-3205.

Please let your family/caregiver know you will leave the hospital 24 hours after surgery so they are aware and prepared.

After Donation

Recovery

Average length of recovery after kidney donation can take 4 to 6 weeks. You will experience pain and discomfort after the surgery, medication will be prescribed. Over time, the pain will ease and become less severe, but it may linger for several weeks after the surgery. Some people may experience a temporary loss of appetite.

Donors can not lift, carry, push, or pull anything heavier than 10 pounds (a gallon of milk) or engage in physically demanding activities for 4 to 6 weeks. You will not be able to drive for up to 2 weeks. Driving can be resumed when pain medication is no longer required and you are able to comfortably move as required to drive safely. Your doctor will let you know when you are medically cleared to return to work and resume exercise and heavy lifting.

A donor will need to take off about 2 to 3 weeks from work if you have a desk job, and approximately 4 to 6 weeks if you perform physical labor. If there are disability or leave of absence forms which need to be completed, please let us know as soon as possible.

A lab appointment and physician appointment will be scheduled at 1 week and at 4 weeks after surgery to assure laboratory values are acceptable and that you are healing without any problems. At this time, you will be released from our care and can return to your normal activity.

- If you live out of the state, you will be seen within 3 to 4 days after being discharged from the hospital, before you return home. An appointment with your local physician should be scheduled for 4 weeks after your surgery.

Before the surgery, most of the focus is on the living donor. After the surgery, the focus changes to the kidney recipient, helping them recover and making sure the body doesn't reject the new kidney. This shift in attention may be hard for the donor and the donor's family, causing a feeling of abandonment.

It is important to have the proper emotional and physical support to help recover from surgery. A caregiver (family/close friend) for potential donors is required for post donation care. The availability of your support system to you after your donation could not be emphasized more! As with any major surgery or treatment, you will need help. You can not get through this recovery alone. (It is beneficial to have your support system available to you prior to the donation as well.)

What we mean by "SUPPORT" can take on several meanings... needing physical support when you are weak, needing emotional support when you are feeling discouraged, needing spiritual support, or needing assistance with concrete needs (grocery, meals, transportation). It can be anyone who is reliable and will assist you in coping better with your recovery from donation.

One person will need to be identified as your **primary caregiver**. This would be the main person that will be helping you, as well as interacting with the transplant team. Having one primary person provides continuity- they are aware of your needs, problems, medications, etc. Multiple family members and/or friends who would be able to alternate assisting you would also be appropriate.

Follow-up after Donation

Every transplant center is required to report living donor follow-up data at six months, one year, and 2 years after donation.

This information is reported to UNOS (United Network of Organ Sharing) in order to ensure the health of our donors and the health of future donors. Learning about donor outcomes can help future potential living donors make informed decisions.

It is important to attend all follow-up appointments to make sure that you are recovering appropriately. Information that will be reported includes the following:

- Patient status
- Working for income, and if not working, reason for not working
- Loss of medical (health, life) insurance due to donation
- Admissions to the hospital or need for diagnostic testing
- Kidney complications
- The need for dialysis
- Development of hypertension requiring medication
- Development of Diabetes
- Laboratory Data
 - Serum creatinine (blood)
 - Urine protein

A reminder letter will be sent to you a couple of months before your anniversary date.

This follow-up can be completed by your local physician and information faxed to the transplant coordinator. Lab orders can also be sent to you to obtain lab locally using your own health insurance.

If you do not have health insurance, we are happy to schedule the required testing at our facility, at no cost to you.

Life with One Kidney

There has been little national long-term data collection on the long-term risks associated with living kidney donation. Based upon limited information that is currently available, overall risks are considered to be low. Risks differ among donors depending on personal medical and family history.

Possible long-term risks of kidney donation may include:

- High blood pressure (hypertension)
- Reduced kidney function or protein in the urine.
 - On average, donors will have a 25-35% permanent loss of kidney function after donation.
- The risk of developing kidney failure after donation is similar to the general population
- Because kidney disease generally develops in mid-life (40-50 years old) and kidney failure after age 60, the medical evaluation of a young donor cannot predict lifetime risk of kidney disease or kidney failure.
- Donors may be at higher risk for kidney disease if they sustain damage to the remaining kidney.
- The progression to kidney failure may be more rapid with only one kidney.
- Incisional hernia
- Women may have increase risk of pre-eclampsia (elevated blood pressure and protein in the urine) during pregnancy. Donation does not affect your ability to become pregnant and have a normal pregnancy and childbirth.
- Depression or anxiety after the surgery and years after donation, requiring the use of prescription medication and/or mental health counseling due to:
 - Donated kidney may not function or may be lost
 - Medical problems from the surgery in the recipient and/or donor
 - Scarring
 - Feelings of regret, resentment or anger

Things to Think About

Financial Considerations

The recipient's insurance will cover the evaluation, surgery, hospitalization and post-operative follow-up tests and medical appointments. The recipient's insurance will not cover medical problems which may occur from the donation later in life. **If you receive a bill from Ochsner, for donation related charges, please notify the donor coordinator immediately, so this can be handled.**

The following are expenses to plan for which are not covered by the recipient's insurance:

- Lost wages from time off work
- Travel expenses: gas, airfare, lodging, meals
- Child care costs
- Prescriptions (pain medication after surgery)
- Need for life-long follow-up and potential future health problems
- Negative impact on the ability to obtain future employment

Donors need to make financial arrangements to ensure they have adequate funds to cover expenses. This is especially important if your employer does not offer compensation for time off. You may also want to look into whether your short-term disability covers kidney donation.

Talk to your employer about leave policies before committing to donation. Think carefully about the financial impact on your family, especially if you and/or your caregiver may face lost wages.

If you are a federal employee, there are laws that may assist you with organ donation. Some states have tax breaks which you can investigate prior to surgery.

National Living Donor Assistance Center (NLDAC)

Phone: 703.414.1600

Fax: 703.414.7874

Website: www.livingdonorassistance.org

The National Living Donor Assistance Center provides financial assistance to eligible living donors for their travel expenses to the transplant center for their evaluation, surgery, and medically necessary follow-up trips.

- Approved donors receive a special American Express controlled value card to pay for transportation, food, and lodging. NLDAC will also pay for the donor's support person to accompany them on trips.
- Eligibility is based on the income of the recipient and donor. Each must complete an application which is submitted to the transplant center along with income documentation. Priority will be given to those individuals who cannot otherwise afford the expenses. Approval for funding is not guaranteed.
- Applications must be approved and funded before the testing/surgery. NLDAC cannot reimburse for expenses already incurred.

Tax Deduction/Credits for Living Donors

If you live in Louisiana you may take a state tax credit up to \$10,000 to cover the costs of the donation, including unreimbursed cost of travel, lodging, and lost wages.

If you live in Mississippi you may receive a state tax deduction up to \$10,000 to cover the costs of the donation, including unreimbursed cost of travel, lodging, and lost wages.

Insurance after Living Donation

Obtaining and keeping health, disability or life insurance after donation has been reported. There is a chance your premiums may increase or coverage denied. It is important to talk to your insurance company before donation to assure your coverage will not be affected afterwards. Consider obtaining any forms of insurance you may need prior to surgery taking place.

Journal

Consider keeping a journal throughout your donation experience. This is a personal and private way to express your feelings about what you are going through and you will have these written memories forever. In addition, you may wish to share some of these thoughts with your family.

Pastoral Care Services

Ochsner has hospital chaplains that are available to you during your hospital stay to address your spiritual needs. In addition, there are also Eucharistic ministers that will bring Holy Communion to Roman Catholic patients daily. If you would like to see a chaplain, please ask your nurse to contact the Pastoral Care Department.

Making the Decision....Be Sure

The decision to become a living donor involves careful consideration. We realize that this can be a very stressful time for you and your family. Some of the information you have received may overwhelm you and provoke questions or concerns which need to be addressed. To help you through the process, consider reaching out to family members, close friends, someone who has gone through this process, or your social worker.

It may also be helpful to ask yourself these questions:

- How do I feel about organ donation?
- Can I afford being a kidney donor?
- What will my insurance cover?
- Do I know enough to make a logical and educated decision?
- Am I being psychologically pressured to be a living donor?
- Is there someone else who could possibly donate?
- Will donation have an impact on my relationship with the recipient?
- What are the medical risks involved?
- How does my religion view organ donation?
- Am I up to it physically? Are there current aspects of my health that I know should keep me from donating?
- Do I have a "support network" to help me through this process?
- How will I feel if I am rejected as a result of the screening process?
- Am I prepared to deal with the possible rejection of the organ?

Our goal is to make your donor experience positive. We hope this packet has provided you with a wealth of information for you and your family.

**Please contact your Transplant Team with any questions or concerns.
504-842-3925 or 800-928-6247**

Resources

On Donation

One of the quickest and easiest ways to find the answers to your questions about organ donation is by looking on the Internet. The web sites below are excellent resources available to you.

www.transplantliving.org

www.lopa.org

This is the site for Louisiana's Organ Procurement Agency.

www.kidney.org

This is the site for the National Kidney Foundation.

www.livingdonors.org

www.livingdonorassistance.org

This site is for the National Living Donor Assistance Center who provides financial assistance for living kidney donors.

www.ochsner.org

www.srtr.org

Transplant outcomes for all transplant centers

In the Area

If you are not from this area you may need some assistance locating some of the following resources.

Grocery Stores: Winn-Dixie Grocery Store - 3623 Jefferson Highway (831-1840).

Rousse's Grocery Store - 2701 Airline Dr. - corner of Airline Dr. & Labarre Blvd.
(828-4101)

Wal-Mart Superstore: Located on Jefferson Highway just past South Clearview Parkway (733-4923)

Legal Services: Your social worker can assist you in obtaining legal services.

Shopping Mall: Lakeside Mall located on Causeway Blvd. and Veterans Memorial Blvd.

Movie Theater: Palace Theater is located at 1200 Elmwood Park Blvd. behind the Elmwood Shopping Center on South Clearview Parkway (734-2020).

Restaurants: multiple restaurants on South Clearview Parkway & Veterans Memorial Blvd.

Laundromat: Your hotel may have laundry machines which require quarters.

**LODGING OPTIONS FOR
OCHSNER ORGAN DONOR PATIENTS:**

(ask for special rate if available for OCHSNER TRANSPLANT patients)

Housing:	
1.	Brent House Hotel Ochsner Main Campus 1512 Jefferson Highway New Orleans, LA 70121 (504) 835-5411 (800) 535-3986
2.	La Quinta Inn 3100 I-10 Service Road (I-10 & Causeway Blvd) Metairie, LA 70001 (504) 835-8511 (800) 531-5900
3.	Holiday Inn 3400 I-10 Service Road (I-10 & Causeway Blvd) Metairie, LA 70001 (504) 833-8201
4.	Hampton Inn & Suites (2 locations) -5150 Mounes St. (Off Clearview Pkwy) Harahan, LA 70123; (504) 733-5646 -2730 N. Causeway Blvd. Metairie, LA 70002; (504) 831-7676 -Any location: (800) HAMPTON
5.	Marriott Residence Inn 3 Galleria Boulevard Metairie, LA 70001 (504) 832-0888 (800) 331-3131
6.	Best Western Landmark Hotel 2601 Severn Ave. Metairie, LA 70002 (504) 888-9500 (800) 277-7575
7.	Country Inn & Suites 2713 N. Causeway Blvd Metairie, LA 70002 (504) 835-4141 (800) 228-2828
8.	Courtyard by Marriott 2 Galleria Blvd Metairie, LA 70001 (504) 838-3800

