

The living donor: courage, character and commitment

Recently, a close friend donated a kidney to her husband. As the surrogate family member, it was interesting to be on this side of the process. Helping with the preparations on the day of surgery was the easy part. Assisting the living donor with her discomfort after donation was the challenge I was not prepared for. Her kidney was removed laparoscopically, which usually results in less discomfort than an open nephrectomy.^{1,2} However, her migraines were somehow triggered in the process and she was clearly uncomfortable for the first 2 days.

The Decision to Be a Living Donor

My friend decided to donate a kidney to her husband shortly after he began dialysis. He was diagnosed with immunoglobulin A nephropathy several years ago, and last year his kidney function began to deteriorate. An arteriovenous fistula had been placed about 8 months earlier, indicating that dialysis may soon be required. As the time for dialysis drew near, my friend and her husband decided to do home hemodialysis. The machine and equipment were delivered to their home. For the first few weeks, a nurse assisted them with placing the needle in the vascular access, monitoring the equipment and supplies, and maintaining records of each treatment. In June they began home dialysis 6 days a week.

My friend and her husband had discussed living donation and they had gathered information about the process. After being tested, my friend learned she had not only the same blood type as her husband but also a 4 antigen match. This finding seemed to be the sign she needed to move forward with living donation. As a nurse educator she had searched the literature and Web sites such as the National Kidney Foundation, United Network for Organ Sharing, and the Scientific Registry for Transplant Recipients. The data showed that living unrelated donation from spouses has increased since 1998 and outcomes have been comparable to living related donors at 1 year.³⁻⁶

The evaluation process took several weeks; my friend was an outpatient with a living donor coordinator, social worker, advocate, surgeon, and nephrologist assigned to her case. She was worked up medically and a living donor advocacy committee consisting of 8 members reviewed her case and determined she was

a good candidate for living donation. Once the evaluation was complete, she notified friends and coworkers of her decision. She knew this was what she wanted to do. Because both my friend and her husband were going to be hospitalized, their son's godmother arrived to Washington DC to assume care for the child.

Meeting the Living Donor Coordinator and the Surgical Teams

Upon entering Georgetown University's surgical center, we were met by the living donor coordinator. Already I was impressed. My friends had told me of the wonderful treatment they had experienced thus far at Georgetown University and I was now seeing this for myself. The living donor coordinator remained with us until my friend was wheeled into the operating room. During the preparation for surgery, the living donor coordinator answered questions and explained each step to my friend as more and more clinicians entered the area to examine and interview her. A third-year medical student began completing the presurgical workup, followed by a resident and the attending. A nurse anesthetist started the intravenous lines. She was excellent. The ABO was checked by several of the physicians and nurses. They asked my friend about her blood type and then checked it on the report. This was done with the recipient as well.

It was interesting to watch the nurses and physicians as a spectator and "family" participant. They were very friendly and efficient, and seemed concerned about safety at all times. They asked about allergies and previous surgeries and ensured all forms were signed and witnessed. We thought the nurse assigned to my friend in the operating room holding area was particularly efficient.

As the recipient's workup began, the living donor coordinator escorted me to the surgical waiting area. I asked her about the time she spends with each living donor, and she explained that living donor care had been a gap identified by one of the surgeons. To fill this gap, a living donor coordinator has been assigned to follow the donor from admission to discharge. She visits the donor the morning after surgery and provides him or her with a living donor gift pack, which includes a pillow in the shape of a kidney or liver, a

diary with a small calculator, a water bottle that says "Donate Life," and a bumper sticker.

After discharge, the living donor is seen at the transplant clinic by the living donor coordinator and a nurse practitioner or physician within 2 weeks, 1 month, 6 months, and yearly thereafter. A data coordinator follows their laboratory test values and enters results in a database.

Outcomes of the Surgery

My friend went home on postoperative day 3. Her donated kidney worked immediately and her husband's serum creatinine dropped from 4.7 to 1.6 mg/dL by postoperative day 3. He was walking in the hall, visiting with other recipients, pushing his intravenous pole, and feeling very well. He described feelings of guilt knowing that his wife seemed to be having a more difficult time in the recovery period than he was. One of the nurses stated that this was not so unusual. A patient who has been ill for some time often feels much better after the transplant; however, living donors are healthy individuals before having surgery. Anesthesia and surgery are contributing factors for many donors who experience nausea, pain, and, in my friend's case, migraine headaches.

Through this experience of living donation, courage, character, and commitment were evident on many levels and in many individuals from the living donor herself to the transplant center and the dedication of the staff we met at Georgetown University. The emotionally related donor's courage and determination may grow from participating in the potential recipient's medical care and education about renal disease and long-term effects of dialysis.⁷

In my friend's case this was certainly true. She had watched her husband's health deteriorate over several years and had participated in his care for home dialysis. Her knowledge of health care through her

years of university education was now supplemented with focused education about renal disease, dialysis, and transplantation. Her commitment to her husband's life and quality of life affected her deeply as she made the decision to be a living donor.

As clinicians made rounds they consistently stated, "You have done a great thing by donating your kidney." Even the wonderful lady in the patient cafeteria voiced her admiration. After hours one night, I told her I was looking for chocolate pudding because it was the only thing my friend, who had just donated a kidney to her husband, wanted. The lady in the cafeteria immediately went to the kitchen to bring me the chocolate pudding. As she handed me the pudding she said, "What a great thing she has done. Bless her!" Agreed.

References

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