

Frequently Asked Questions



A kidney transplant is the preferred therapeutic option for the treatment of chronic kidney failure, yet most patients are unaware of the steps they need to take to secure a transplant. We hope you find this information helpful.

Q: I'd Like to Avoid Dialysis by Getting A Transplant Before I'd Need Dialysis. What Should I Be Doing to Increase My Odds?

A: Request a Referral to a Transplant Center for a Transplant Evaluation. Patients must be evaluated and approved for transplant eligibility before they can pursue a transplant. A transplant evaluation is triggered through a referral from the patient's nephrologist when their eGFR is approximately ≤ 25 . It should be noted, however, that some centers will allow a patient to request an evaluation without a formal referral. There are approximately 250 transplant centers in the U.S. [Learn more here](#)

Q: Why Do I Have to Be Evaluated?

A: To Determine If You Are Healthy Enough to Withstand the Surgery. A transplant evaluation is required to help the transplant team determine if the patient is healthy enough to withstand the transplant surgery. Most transplant centers have an initial screening process to collect basic health information. Patients may be asked to submit medical records and wellness screening results. Bring a hard copy of those records to their transplant evaluation appointments is also helpful.

When the patient receives the green light to proceed, they will be scheduled to meet with a team of transplant professionals to begin the evaluation and order tests. Some centers require at least one caregiver accompany the patient to ensure they have a committed partner who is willing to take on the responsibilities of post-transplant care-giving. The transplant center will also contact the patient's medical insurance provider to confirm that their plan is "in network" and that kidney transplants are covered.

Q: What Type of Tests Are Required for A Transplant Evaluation?

A: The transplant evaluation team can include interactions with a transplant surgeon, transplant nephrologist, transplant social worker, dietitian and a financial coordinator who will work together to assess the patient's physical, psycho-social and financial needs. While transplant center guidelines may vary, most patient evaluations include the following:

- **A medical and surgical history** to review illnesses, surgeries, treatments and family history.
- **A physical exam** to make sure the patient is healthy enough for transplant surgery, and that a transplant is in their best interest.
- **A psychosocial exam** to ensure that the patient is emotionally prepared and understands their responsibility in post-transplant care.
- **Blood tests** to check the heart, kidney, liver, thyroid, and immune system function. Blood sugar and electrolyte balance are also evaluated, along with special tests that look for certain viruses (CMV, EBV, hepatitis and HIV/AIDS).
- **Chest X-ray** to check for infection, lung disease and abnormalities—along with the size of the heart.
- **Echocardiogram** is an ultrasound of the heart which is performed to check heart chambers, valves, and pumping functions.
- **Electrocardiogram** is a test that looks at the heart's rhythm for abnormalities.
- **Cardiac stress tests** measure the heart's ability to respond to stress in a controlled environment and would be strong enough to withstand the transplant surgery.
- **Cancer screening** tests ensure the patient is cancer-free before undergoing surgery. Cancer screening tests may include a colonoscopy, skin cancer screening, prostate exam (men), a pap and mammography (women).
- **Dental evaluations** are required to make sure the patient does not have an active infection, untreated decay or gum disease.

It is not uncommon for additional tests to be requested after initial results have been obtained. Once all tests have been completed and reviewed, the patient's case will be presented to a "Patient Selection Committee" to decide if the patient is a suitable candidate for a kidney transplant. If the patient is deemed not to be transplant eligible, they will be informed of the decision, along with suggestions for future candidacy, if applicable. When a patient has been approved, they will be contacted and informed of their transplant candidacy status. The patient will also be placed on the kidney transplant wait list.

Q: What Should I Be Doing After I've Been Approved?

A: The best thing a patient can do after they have been approved is to stay healthy, share their story and keep their center updated. Transplant candidates get listed with an ACTIVE status *or* INACTIVE status, depending on their health, level of renal function and pending insurance approvals. While listed, candidates will be required to submit blood-draw labs on a periodic basis and keep the transplant center updated on any insurance, address, or phone number changes—as well as any changes in their medical status that may change their transplant candidacy. Once a patient status becomes ACTIVE, they could be called in for a transplant at any time, therefore it is important to always be prepared!

In the United States alone, there are approximately 100,000 people waiting for a kidney from a deceased donor for their life-saving transplant. The average wait for a kidney from a deceased donor can range from 5 – 10 years. For this reason, it is important for the candidates to share their story and need for a living kidney donor. It is equally important to invite family and friends to help them get their story out in social media to expand avenues for spreading the word.

Additional tests are run to determine patient to donor compatibility. These tests include, (1) **blood typing** to determine the A, B, AB, and O blood type compatibility, (2) **tissue typing** to compare the patient's tissue with a potential donor's tissue, and (3) **cross-matching** to assess antibodies. (The human body creates antibodies each time it fights an infection, with each pregnancy, each blood transfusion, or when undergoing a kidney transplant. Ideally, the goal is to have zero antibodies to the donor's kidney).

Q: What's Involved in Donor Testing?

A: When transplant candidates have potential living kidney donors, they should be directed to their transplant center's online health history questionnaire or call their transplant center's donor desk to ask for more information about the qualification process. After applications have been reviewed, applicants will be contacted by the donor team with the status of their eligibility to move forward with testing.

The evaluation helps determine if, as the donor, you match the recipient. In the first stage of evaluation, potential donors may undergo tissue typing and lab screenings to see how well the kidney will be accepted by their intended recipient (if known). Additionally, comprehensive lab tests may include, blood tests, urine tests, pap smear and mammography tests, colonoscopy, cancer screening and an antibody screening.

If these lab results are satisfactory, the patient will meet with a transplant physician to review their medical history and perform a physical exam. Physicians will also discuss the surgical procedure, recovery and risks. Additional applicable tests, such as x-rays, electrocardiograms or radiologic testing may be ordered. The potential donor will also be scheduled for an evaluation with a psychologist, a Donor Advocate and a pre-transplant nurse coordinator.

Note: The transplant center will not discuss donor status with the transplant candidate, therefore it is imperative for the transplant candidate to stay in direct communication with their potential donors whenever possible. It is equally important not to pressure potential donors about their status. The goal is simply to keep communication channels open, should there be a change of heart regarding their desire to be tested.

Q: Who Pays for Donor Testing?

A: Donor testing is paid for by their intended recipient's medical insurance. Though, travel, lodging and meals are not included and therefore need to be discussed with potential donors. There may be other federally-funded financial resources, like **NLDAC** that may be able to assist when both recipients and their donors are not able to afford the travel and lodging expenses associated with living organ donation.

Q: How Long is the Surgery

A: The transplant recipient's surgery typically takes about 3-5 hours and living donor's surgery typically takes about 3-5 hours. Once the transplant recipient is stable, they will be transferred to a room on a floor dedicated for kidney transplant recipients and cared for by specialized nurses and physicians. The transplant recipient may remain in the hospital for 2-5 days. The donor may only be in the hospital for 2-3 days, though both donor and recipient hospital stays can depend greatly on post-surgical observations and center protocols.

Q: How Often Do I Have to Follow-Up?

A: While the donor may only require one *initial* follow up visit after they've been discharged, the transplant recipient will be required to schedule blood-draw labs and physician visits at least two to three times a week for the first month following hospital discharge. This routine ensures their transplant medication levels and potential side effects are closely monitored and adjusted accordingly. Transplant centers recommend that living kidney donors commit to a lifetime of annual physicals, which include blood pressure tests and blood draw labs that monitor their kidney function. Transplant centers also like to follow up with their donors on an annual basis for the first two years.

Blood draw labs and patient visits may be cut back to once a week for the second month—and after the first eight weeks, they may be referred back to their outside nephrologist for routine care and follow up, providing they are stable. Traditionally, labs will then be taken and monitored every 2 to 3 months.

Q: How Long is Recovery?

A: Most kidney transplant recipients can return to work and other normal activities within **three to eight weeks** after transplant. However, there are restrictions, like no lifting of objects weighing more than 10 pounds or exercising other than walking until the wound has healed (usually **about six weeks** after surgery).

As previously mentioned, donors can typically leave the hospital within two to three days post-donation. However, everyone recovers at their own pace, so while donors can be discharged rather quickly, and feel like they can return to normal routines within the first 3 weeks, their true "pre-cautionary recovery time period" is a total of six weeks. That said, donors are to limit their activities and be certain not to lift anything heavier than 10 pounds for the first 6 weeks following their donation.

