

Living Kidney Donation

What it involves and what to expect

This handout is written for potential kidney transplant recipients and their potential living donor champions. It explains kidney disease and transplant, and what living kidney donors can expect. It also describes what a living kidney donor champion does and how to talk with people who may be willing to donate their kidney for transplant.

What do the kidneys do?

Kidneys clean (*filter*) wastes and toxins from your blood. They also control your body's salt (*electrolyte*) and water balance so that extra fluid does not build up in the tissues.

The human body usually has 2 kidneys. They are under the bottom part of the rib cage in back.

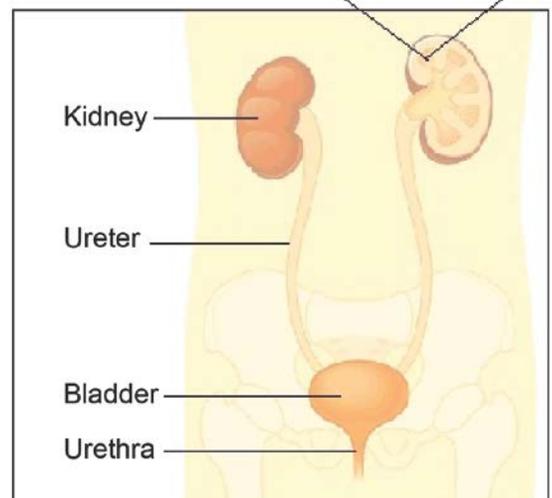
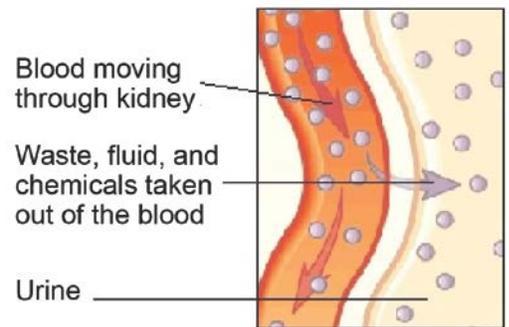
Kidneys also make hormones that help control blood pressure, make red blood cells, and keep bones healthy.

What is kidney disease?

When kidneys fail, wastes and toxins stay in the blood instead of leaving in the urine. This buildup is called *uremia*. It causes fatigue, nausea, and electrolyte imbalance. It can cause death unless it is treated by kidney dialysis or transplant.

Kidney failure can also cause:

- Anemia (low red blood cells)
- Bone disease
- Calcium buildup in the blood vessels



The waste and fluid the kidneys take out of the blood become urine. Urine is stored in the bladder until it can be passed out of the body.

What causes kidney disease and failure?

There are many causes of kidney disease. They include diabetes, high blood pressure, kidney stones, harmful medicines, genetic diseases, and autoimmune diseases. When the kidneys no longer support the body's needs, it is called *end-stage renal disease* (ESRD).

What is dialysis?

Dialysis uses a machine to clean wastes and excess fluids from the blood. This is done either at home or in a dialysis center.

Dialysis keeps people with ESRD alive. But, dialysis can cause:

- Higher risk of heart attack and stroke
- Diseased blood vessels causing poor blood flow
- Injury to the heart due to extra fluid
- Infection of the dialysis exchange site
- Electrolyte imbalance causing heart arrhythmia or death

Dialysis also affects a person's quality of life because of:

- Strict limits on food and fluids
- Less freedom with time spent in dialysis, traveling to the dialysis center, and the need to stay close to the dialysis center

How does a transplant help?

A transplant recipient may be able to get off dialysis sooner, or not need dialysis at all. This can lead to a longer and better life.

What is the wait list?

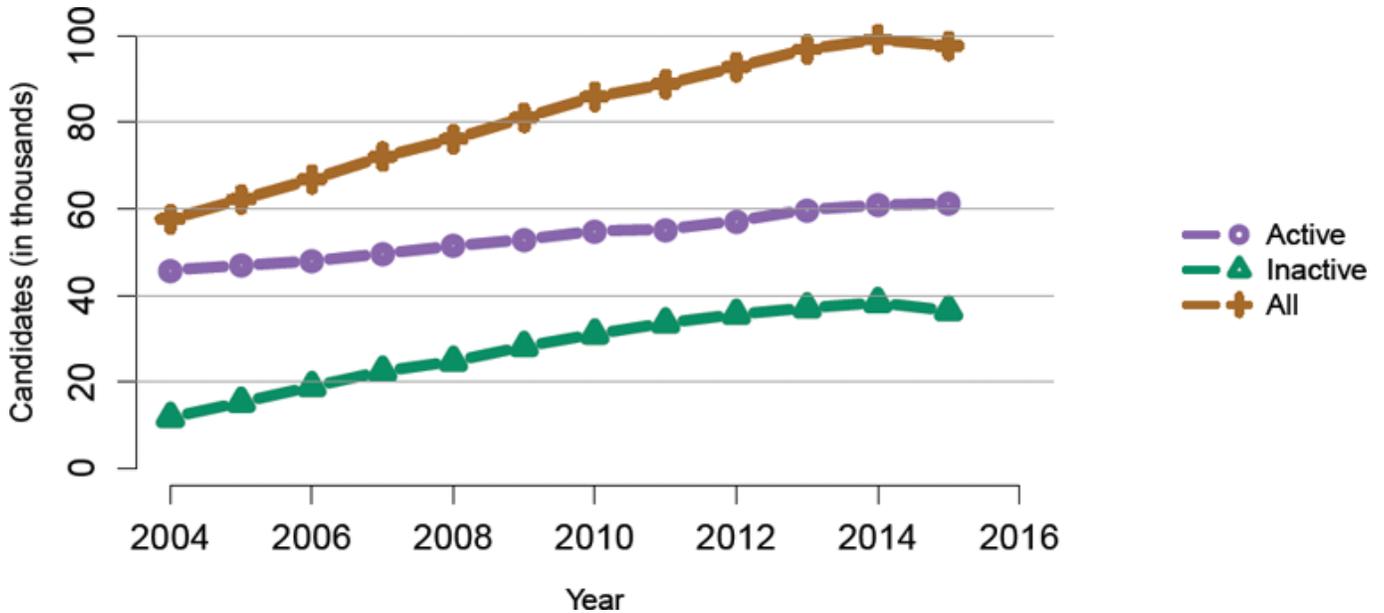
The wait list contains the name of everyone in the U.S. and Puerto Rico who is waiting for an organ transplant. The list is managed by the United Network for Organ Sharing (UNOS). UNOS is a nonprofit organization that is funded by the U.S. government.

Right now, there are about 100,000 people in the U.S. waiting for a kidney transplant. Although the number of people with ESRD has grown over the years, the number of deceased and living donors has stayed about the same. (See "By the Numbers" on page 3.)

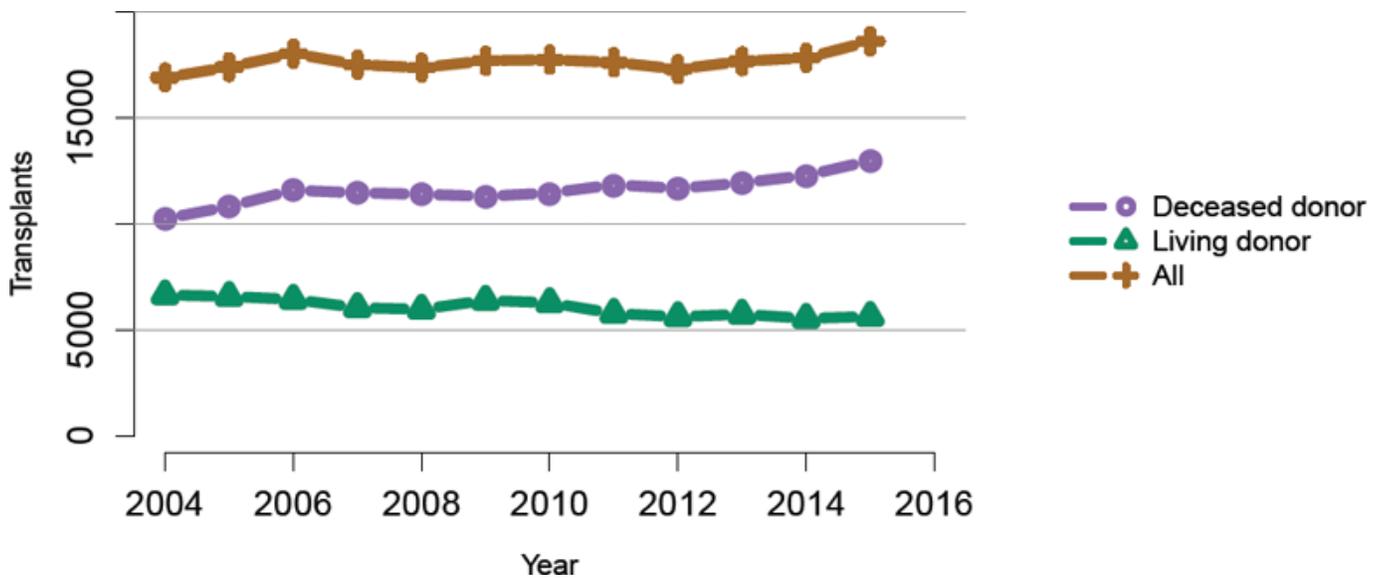
As the wait list grows, more and more people die before they can get a transplant. Right now the average wait time for a kidney transplant is about 3 to 5 years.

By the Numbers

This first graph shows the number of “candidates” (people on the kidney transplant wait list) from 2004 to 2016. “Active” candidates are on the list and currently eligible for transplant. “Inactive” candidates are on the list, but are not currently eligible for transplant. This may be due to a short-term medical, social, or financial situation.



This second graph shows the number of kidney donors during the same period, from 2004 to 2016.



Graphs taken from the Scientific Registry of Transplant Recipients website: www.srtr.org.

How can someone donate a kidney? Don't we need both kidneys to stay healthy?

The human body can actually survive and thrive with only 1 kidney. Some people are only born with 1 kidney. Other people lose 1 kidney in an accident and never need dialysis or transplant. Transplant recipients can lead full, healthy lives even though they only receive 1 kidney.

More than 99% of living kidney donors (99 out of 100 living kidney donors) never need dialysis or a transplant. If you are thinking about being a living kidney donor, we will do our best to make sure it is a safe option for you.

Is living donation better than deceased donation?

There are many benefits with a living kidney donation:

- **The recipient has a shorter wait time.** The sooner the transplant happens, the better the outcome:
 - Both the kidney and recipient live longer.
 - After someone gets a transplant, their risk of heart attack and stroke starts to go down.
- Most living donor kidneys work longer than deceased donor kidneys:
 - Median of 12 years for living donor
 - Median of 6 to 11 years for deceased donors (length depends on the donor's health)

How does donation benefit the living donor?

Donation does not provide a health benefit for the living donor. But, most donors say that they feel a psychological benefit after donating a kidney.

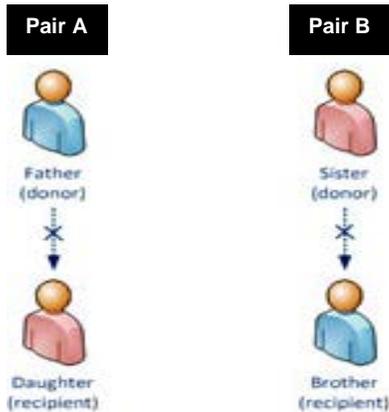
If you know your recipient, one of the benefits is that you will enjoy seeing them return to health. After transplant, they should have more time and energy to spend doing the things they love. If you are very close to your recipient, you should also benefit from easier travel, more free time, and a longer life together.

Who can be a living kidney donor?

- Any healthy person between age 21 and age 70 can donate a kidney.
- The donor does not need to be related to the recipient. A donor can be a family member, friend, coworker, acquaintance, or someone the recipient doesn't even know.
- Donors can be older, younger, a different race, different sex, and even live in a different state or country.

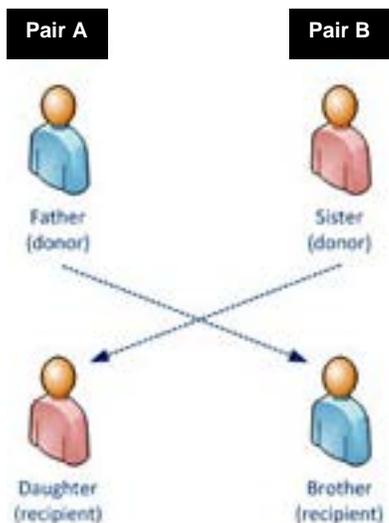
Traditional Matching

Traditional matching checks intended recipients and donors to see if they are a match:



Paired Exchange Program

With the Paired Exchange Program, donors may be matched with recipients they do not know:



- The blood types of the donor and the recipient do not need to match. If the donor cannot donate directly to the recipient, we can enter both people into our *Paired Exchange Program* (see below).
- Donors must be a healthy weight, with a *body mass index* (BMI) below 30. This is because obesity is linked to diabetes, high blood pressure, and kidney disease.

To find out your BMI, use the Adult BMI Calculator at this website: www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html.

- Donors must be willing to quit smoking for surgery.

Paired Exchange Program

If you are approved for transplant but are not compatible with your intended recipient, you can both enter the Paired Exchange Program.

The Paired Exchange Program is a private list of donors and recipients pairs who are not compatible with each other. A computer program matches these donors and recipients with other people on the list with whom they are compatible.

Being part of the Paired Exchange Program means:

- You, the donor, can give your kidney to another person in the program
- Your intended recipient can receive a kidney from another donor in the program

You may also be able to use the Paired Exchange Program to find another donor-recipient pair at UWMC that is compatible. This is not always possible, but it could make the timing of surgery easier to arrange.

To learn more about the Paired Exchange Program, visit www.uwmedicine.org/services/kidney/lkd-exchange. Also see “Entering the Paired Exchange Program” on page 9 of this handout.

Questions from Potential Living Kidney Donors

Who cannot be a living kidney donor?

It is **not** safe to donate a kidney if you:

- Have kidney disease
- Have kidney stones (more than 2)
- Have diabetes (type 1 or type 2)
- Are taking medicines to control high blood pressure (*hypertension*)
- Have certain types of cancer (past or present)
- Have other chronic illnesses

If you cannot donate a kidney, you may still be able to help the recipient. You can become a *living donor champion* and talk with friends, family, and acquaintances about living donation (see page 11).

Are there other reasons not to donate?

Even if you are healthy, you cannot donate a kidney if:

- You are abusing drugs or alcohol.
- Anyone is pressuring you to donate.
- Your recipient is paying you or offering you a reward to donate. This is illegal.
- You are not in stable mental health. The surgery and recovery are stressful.
- You do not have anyone to help care for you after surgery.
- Donating could cause you great financial stress. You will not pay for the surgery, but you will need to take time off work. You may also need to pay for travel to and from the hospital, and for lodging in the Seattle area if you do not live within short driving distance. There are some programs that can help with these costs. The social worker can talk with you about help with transportation and housing.

Can I change my mind after I decide to donate?

You can change your mind about donating a kidney *at any time* – even on the day of surgery. If this happens:

- You do not need to explain why you changed your mind.
- We will **not** tell your recipient that you changed your mind.
- Your personal health information will still be protected.

I am thinking about being a living kidney donor. What are my next steps?

Thank you for your interest! Here's what to do next:

- Call our Living Donor Line at 206.598.3627. You will talk with a Living Donor Advocate, a social worker who will advocate for you (put your best interest first) through the entire process. If English is not your first language, we can call you back with an interpreter.
- Visit our Kidney Care and Transplant Services website at www.uwmedicine.org/donor. In the paragraph under “Living Kidney Donor (LKD) Program, click on **Potential Living Kidney Donor Screening** and fill out the form.

What happens after I pass the screening?

Meet with Your Primary Care Provider

After you pass the screening, you may need to set up a visit with your primary care provider (PCP). At this visit, your PCP will:

- Give you a physical exam, check your blood pressure, and do some basic blood tests.
- Do all routine, age-based cancer screenings that have not already been done. These include:
 - Colonoscopy after age 50 for men and women
 - Pap smear after age 21 for women
 - Mammogram after age 45 for women

Find Out If You Can Be a Direct or Indirect Donor

The Living Donor Program will send you a blood draw kit. We will compare your blood with your recipient's blood. Based on those results, we will tell you whether you can donate **directly** to your donor or **indirectly** through the *Paired Exchange Program* (see page 4). You can say no to this kind of donation if you do not want to enter the program.

Meet with the Living Donor Team

After we have collected and reviewed your health information, you will meet with the Living Donor Team at UWMC. The team includes:

- Living Donor Advocate
- Nurse Coordinator
- Patient Care Coordinator
- Nephrologist
- Surgeon
- Social Worker
- Pharmacist
- Dietitian

Workup

The same week you meet the team, you will have tests done. This is called a "workup." There is no cost to you for these tests. They will include:

- Blood work
- *Electrocardiogram* (EKG)
- Chest X-ray
- *Computed tomography* (CT) scan of your abdomen using *contrast* (X-ray dye)

Your workup will look for heart disease, lung disease, kidney stones, cancer, and other health issues. If you have any of these health problems, it is not safe for you to donate a kidney.

Sometimes, the workup shows a health issue that the potential donor did not know about. If this happens to you, you and your own health insurance must cover any further tests or treatments you may need for these issues.

Receive the Outcome

After we receive your test results, the Living Donor Program Team will meet to talk. There are 3 possible outcomes of this meeting:

- You are approved as a donor, and we can schedule surgery if your recipient is ready. (Remember that you can change your mind about donating at any time.)
- You need more testing or medical evaluation before we can decide if donation is safe for you.
- We do not think donation is safe for you. You are free to go to another transplant center and ask for a second opinion.

How does having a living kidney donor help?

Here are some of the benefits of being a living kidney donor:

- Your recipient may **wait less time** for a kidney transplant. The shorter wait means they have a better chance of surviving and having a long life after their transplant surgery.
- The kidney may work **better** and **longer** than a deceased donor kidney.
- You will help someone else on the wait list for a deceased donor, since your recipient will be removed from the list.
- Most donors say that they feel good about being a donor. If they were part of the Paired Exchange Program, they also benefit from knowing they helped 2 people who needed a kidney transplant!

What are the risks of being a living kidney donor?

Here are some issues to think about:

Issues Related to the Donor Workup

- Cost of primary care visit and cancer screening. These must be covered by your own health insurance.
- Cost of travel to the hospital, parking, and staying in a hotel if you live outside of the Seattle area. You may qualify for help with travel costs. The social worker will talk with you about this.

- Pain or injury from blood draws.
- Allergic reaction to the contrast that is used in CT scans.
- Radiation exposure during the chest X-ray and CT scan.
- Learning of a new health issue that causes stress and cost.
- Stress in your relationship with your recipient.

Issues Related to Donor Surgery

- Risk of death from donating a kidney. This happens about 0.03% of the time, which means 3 out of 10,000 donors die from the surgery.
- Pain, infection, needing a second operation, blood clot, bleeding, and pneumonia.

Issues After Donation

- Reduced kidney function. The donor's remaining kidney will do about 65% to 85% of the work that both kidneys did before the donation.
- Long-term increased risk of kidney disease, *proteinuria* (protein in the urine), *hypertension* (high blood pressure), and *cardiovascular* events like heart attack or stroke.
- Women may have higher risk of:
 - Hypertension and preeclampsia during pregnancy. There is **no** increase in the risk of death for mother or baby.
 - Diabetes and proteinuria during pregnancy.
 - Premature birth for the baby.

Risk of Kidney Disease

The risk of end-stage renal disease (ESRD) for healthy donors is less than 1%. This means that out of 1,000 donors, about 5 to 9 end up with ESRD. This is higher than the risk of ESRD for healthy non-donors. In the U.S., less than 2 people out of 1,000 healthy people who did not donate a kidney get ESRD.

These are some reasons for the increased risk of ESRD for healthy donors:

- If you are related to the recipient, there may be a genetic risk of having the same kidney disease.
- If you injure your remaining kidney, you do not have a backup.

But, the risk of ESRD for healthy donors is lower than it is for people in general. Over 3% (more than 3 out of 100 people) get ESRD in the U.S.

Donors are very healthy people. This may be one reason their risk of ESRD is lower than the average person, even after they donate a kidney.

African Americans and Latino Americans

If you are African American or Latino American, your risk of kidney disease, hypertension, and diabetes after donating a kidney may be higher than it is for donors from other ancestries.

For African Americans, this increased risk is sometimes related to a gene mutation in the APOL1 gene. If you are African American, your workup may include a test for this gene.

To find out your risk, use the “ESRD Risk Tool for Kidney Donor Candidates” at www.transplantmodels.com/esdrisk.

What else do I need to think about before I donate a kidney?

Possible Lifestyle Changes after Living Donation

After donating a kidney, you should:

- Stay hydrated
- Stay active
- Have yearly primary care visits and labs
- Maintain a healthy weight
- Quit smoking, if you smoke

Non-Directed Donors

If you want to donate a kidney but you don't know anyone who needs a kidney transplant, you can become a *non-directed donor*. You can donate to someone at UWMC, Seattle Children's Hospital, or through the *Paired Exchange Program*.

- Your donation will be *anonymous* (no one will know your name) unless you and your recipient agree otherwise after the donation.
- Your workup will include a psychological assessment.

Anonymous donation may lead to psychological benefits for the donor. Altruism is considered an ethical, legitimate reason to donate.

Entering the Paired Exchange Program

To enter the program, talk with the Living Donor Program staff. When you are in the program:

- You may exchange kidneys with anyone around the country.
- The match is based on blood type and how well the donor matches the recipient.
- The donation will be anonymous unless both parties agree otherwise after the donation.

- It may be a 2-way exchange (only 2 pairs), or may be a chain of many pairs. One chain in 2014 included 35 donors and 35 recipients!
- You can ask for an *internal swap*, which means you will trade only with another UWMC donor and recipient. If you have an internal swap:
 - It may be easier to plan the surgery date.
 - Depending on the donor and recipient, the transplant may happen much faster.

What can the living donor expect after surgery?

Recovery

- You will stay in the hospital for 2 to 4 days.
- You will be on pain medicine and cannot drive right after surgery.
- You must have a responsible adult who can help take care of you when you leave the hospital.
- For about 3 months after surgery, do not lift anything that weighs more than 10 pounds. Lifting heavy objects can cause a hernia or injury to the incision. (A gallon of water weighs a little more than 8 pounds.)
- Plan to return to work after about 4 to 6 weeks. If your job requires a lot of activity, you may need “light duty” until you are fully recovered.

Follow-up

There are at least 4 clinic visits after surgery. Most times, these visits are at 12 days, 6 months, 1 year, and 2 years after surgery. At these visits:

- We will check for hernia, emotional issues, blood pressure, weight, and other health issues.
- You will have a blood draw to check your electrolytes and blood count, and a urine test.
- We will check how your remaining kidney is working:
 - Right after donation, your kidney function drops down to 50% because you have only half of the kidney function you used to have.
 - Your remaining kidney will grow and get more blood flow. After this happens, most donors have about 65% to 85% of the kidney function that they had before surgery.
- We will send a note to your PCP about your test results.

After 2 years, you do not need more clinic visits. But please keep in touch if you have any health issues related to donation.

Contacting the Recipient

If you are an altruistic donor or part of the Paired Exchange Program, you may not know your recipient. If you want to write to your recipient:

- You can write a letter after 90 days.
- Give your letter to the social worker on the Living Donor team.
- Be aware that your recipient may or may not respond.

Outcomes

Most times, both recipient and donor go on to live healthy lives and their kidneys work very well. But be prepared -- sometimes the kidney transplant doesn't work, or stops working.

If You Need a Kidney Transplant

The fear of asking someone to donate a kidney is one of the biggest hurdles to overcome. You might also feel embarrassed, not know how to ask, or not know enough about the living donation process.

To get started in the process of finding a living kidney donor:

- **Ask someone to be your “champion.”** Ask a friend, family member, or someone in your community, to help you talk with others about your need for a kidney. This can ease some of the pressure you may feel about asking people directly. (See “Our Living Kidney Donor Champion Program” on page 13.)
- **Learn as much as you can about what it takes to be a living kidney donor.** You and your champion should both start by learning as much as you can about living kidney donation and transplant. Most people feel more at ease talking about subjects they know well. And, learning about living kidney donation will build your confidence and make it easier for you to talk about it.
- **Share your story.** Instead of asking for the kidney donation right away, start by sharing your story. If you clearly tell your story, others will know that you need a kidney for transplant. Some living donors say they decided to donate after hearing their family member's or friend's story. About 25 out of 100 people (25%) say they would be willing to donate a kidney if they knew someone they loved was in need. (See “How to Share Your Story” starting on page 13.)

Our Living Kidney Donor Champion Program

It can be hard to find potential living donors. Patients who need a kidney transplant may be afraid to reach out or might feel uneasy about sharing their need for a kidney. A Living Donor Champion may help a patient overcome these obstacles.

What is a Living Kidney Donor Champion?

A Living Kidney Donor Champion is someone who helps spread the word about the patient's kidney disease and your need for transplant.

The Living Kidney Donor Champion may be:

- A close friend or family member who wants to help but may not be able to donate
- A child or parent who is too young or old to donate
- Someone who has already donated or received a kidney transplant, or their family members
- Anyone who is willing to help

How does the Champion help find a donor?

The Champion:

- Tells your story and why you need help
- Reaches out to friends, family members, co-workers, and the public to help educate and encourage living donation
- Writes letters, sends emails, and may hosts events on your behalf
- May use social media such as Facebook, Instagram, Twitter, and other sites to reach possible donors

Do living donor champions make a difference?

In 2012, Dr. Dorry Segev and others at Johns Hopkins Medicine did a small study about living donor champions. They asked 15 patients on their wait list to choose a living donor champion. They then taught both the champions and the wait list patients about kidney transplant and living donation.

After 6 months, 7 out of the 15 wait list patients who had a living donor champion and received teaching either had a living donor transplant or had a living donor in evaluation. In other words, about 50% of the wait list patients had a potential living donor by the end.

They compared this with 15 similar patients on their wait list who did not have a living donor champion. None of those people had a potential living donor in evaluation at the end of 6 months.

Yes, living donor champions can make a big difference!

How to Share Your Story

Use these tips to help you share your story with others:

- Speak from your heart.
- Share your story (or your friend's story) in a relaxed, calm way.
- Give your listener time to take in the story and to think about ways they could help.

- Share as many details as you can. Talk about:
 - Why the transplant is needed
 - How the transplant will help
 - Problems that occur with kidney disease
 - What weekly dialysis treatments involve (if the person is on dialysis)
- Keep your tone positive. Even if the story is difficult, share the hopeful side of receiving a transplant.
- Keep people updated. You might want to send weekly emails to those who are interested telling how the person needing transplant is doing.

How to Talk with Others

Practice and Planning

- Practice telling your story. This will help you feel more at relaxed so that the words flow more easily. Try practicing in front of a mirror. The more you tell the story, the easier it gets.
- Write out what you want to say. This will help you put your thoughts in order.
- Decide how you want to spread the word. You may talk with people one on one, send out an email, or host a gathering.

Know Your “Talking Points”

- The transplant patient’s current physical state
- How the need for a transplant arose, why it is needed, how it will help
- The waiting list times
- Benefits of a transplant and living donation
- Explain that most healthy people can donate
- If someone shows interest, make it clear that you are not asking for an answer right away
- If someone offers to be a donor, or to be tested, tell them that they can change their mind at any time, and will not need to explain why

Share the Bigger Story

When you share the bigger picture with others, you help spread the word of the need for kidney donors. When you share your story about your search for a donor:

- Include the numbers about the nation’s kidney shortage
- Explain that about 100,000 people are on the wait list for a deceased donor kidney

Talk About Common Myths

Myth: Dialysis must come before transplant.

People who receive a kidney transplant before going on dialysis can have better outcomes than those who were on dialysis before transplant. Both the patient and the organ are stronger and healthier when patients have *pre-emptive* transplants, before dialysis begins.

Myth: Transplant is a last resort.

Transplant should be the first choice when possible. The healthier someone is at the time of transplant, the better they do after surgery.

Myth: Only a close relative can donate a kidney.

Almost anyone can donate a kidney, as long they are healthy. With the medicines used today, the genetic match between the donor and the patient is not as important as it used to be. Even if your potential donor is not compatible with you, you may be able to “swap” donors with other patients who have a similar problem.

Myth: Living donation is new.

The first successful kidney donation was in 1954, over 60 years ago! Living donation has been around for a long time, and new surgery methods have greatly improved outcomes for both the patient and the donor.

Myth: Living donors face a long recovery time.

Today’s surgery methods are much less invasive than they used to be. Most kidney donors are in the hospital for only 2 to 4 days. And, most can return to work 4 to 6 weeks after the donor surgery.

Myth: There is no financial aid for living kidney donors.

It is true that it is illegal for anyone to be paid for their kidney. But, there are some aid programs that may be able to help with the costs of travel, lodging, meals, and even lost wages.

Write an “Elevator Speech”

An “elevator speech” is a brief speech that sparks interest in a subject. It is used when you only have a very short time to share your story, as if you were riding in an elevator with someone who would soon be getting off.

With your short elevator speech, you give just the basic information, and hope that you will be able to share more later. Your goal is to make 2 or 3 quick points that the listener will find interesting. Sometimes an elevator speech becomes a full conversation, but it is OK if it does not.

Example Elevator Speech

“My friend Risa inherited a genetic kidney disease called *polycystic kidney disease* (PKD). It’s rapidly damaging her remaining kidney function. PKD has no treatment or cure, so Risa has only 2 options: She can get a kidney transplant or spend the rest of her life on dialysis.

Transplant provides the best quality of life, but the average wait on this list can be 5 years – or longer. I thought I was already doing my part by declaring that I am an organ donor on my driver’s license. Now that I know about our nation’s organ shortage, I realize we can’t rely on only deceased donors.

“By being a living donor, a healthy person can donate one of their kidneys while they are still alive! Living donor kidneys also offer greater benefits. There’s a higher success rate and a kidney from a living donor works almost twice as long as a kidney from a deceased donor.

“Living donors not only help those in need get a healthy kidney, they also prevent those in need from getting sicker or dying while they wait. This means people with kidney disease can avoid dialysis, which is very hard on the body. I think living donors are the Energizer bunnies of human kindness. Their donation keeps on giving a daily dose of life!

“I wish I was (younger/healthier/a different blood type) so that I could donate one of my kidneys. If you were healthy enough, would you ever consider donating a kidney?”

To create your elevator speech:

- Start with some of the talking points you have already created. Simplify them so that you can share them quickly and clearly.
- Write out a script. Read through it many times until it feels natural. Practice, practice, practice.
- Make your speech personal to you.
- Remember that the point of this speech is not to ask for a kidney. Its main purpose is to spread the word about the person’s need for a kidney.

If someone listening to your speech is ready to learn more, or wants to become a living donor:

- Refer them to reliable websites. These include the National Kidney Foundation and UWMC transplant center sites.
- Encourage them to talk with their loved ones. Suggest that they make sure their families are OK with the decision before they start the evaluation process.

At left is an example of an elevator speech. It was written by Kidney Kinships, an organization that teaches about becoming a living kidney donor.

Ways to Spread the News

- **Think about all of your social circles.** Schools, churches, community centers, nonprofits, and other groups have newsletters. They might be willing to write a story about you for their publication.
- **Get creative.** Create a Facebook page, website, t-shirts, business cards, flyers – anything that will get people’s attention and start them talking.

Writing a Letter

Some champions choose to write a letter that they can send to many people. If you write a letter, include background on the situation and the need for a kidney donor. Also include an invitation to ask for more information and your email or phone number.

On the next page is a letter form you can use to help you put your own ideas down on paper.

Letter Form

Dear family and friends,

Did you know that _____ (*name*) has kidney failure and (*needs/will need*) dialysis or a kidney transplant? Most times, people do better with a kidney transplant compared to staying on dialysis. Transplant recipients live longer and have a better quality of life.

Right now, there are about 100,000 people on the waiting list to receive a kidney from someone who has passed away. But because there are not enough organ donors, less than 20,000 kidney transplants are done each year. And, the number of people waiting for a kidney transplant is just a fraction of the number of people on dialysis – more than 500,000 people!

Many people do not know that a kidney transplant from a living donor is the best option for people who need a transplant. I wish I could donate a kidney to _____ (*name*), but I cannot because _____ (*my health issues, financial reasons, already donated, have a transplant myself, other*).

Since I cannot donate one of my own kidneys, I decided to do the next best thing – I am _____'s (*name*) Kidney Champion, the person who will advocate for _____ (*name*) and teach others about kidney failure and living donation. I hope to help find others who might be willing to consider living kidney donation.

Please contact me at _____ (*phone or email address*) if you want to learn more about kidney failure and living donation.

Thank you,

_____ (*your name*)

How to Create a Facebook Page

- Go to www.facebook.com/pages/create.
- Click on the “Cause or Community” category.
- Enter the name you want to use for this cause. Keep your cause name broad to help attract the most supporters.
- Add an image to your page by clicking “Upload an Image” at the top of your new page. An image can attract supporters to read your page.
- Click “Info” beneath the profile picture. Fill in more details about the cause, the purpose of the page, and how supporters can help.
- Use 2 ways to spread the word about your cause and gain supporters:
 - Use “Suggest to Friends” to spread the word to your Facebook friends list.
 - Use “Tell Your Fans” to import the contact information of fans from your other pages.

Tips from Other Living Donor Champions

- **Tell as many people as you can.** You never know who will be willing to donate. It may be a co-worker, a barista, a cab driver – anyone!
- **Keep talking with potential donors until the transplant surgery has actually occurred.** It's good to have several potential donors. Even if someone has offered a kidney, keep asking other people. Testing can take about 3 to 6 months, and the first person who offers to donate may not end up being the donor. Don't lose time counting on just one person, in case they don't work out.
- **Keep your options open.**
- **Keep sharing your story.**

Helpful Resources

Success Stories

- Teacher uses business card to find kidney: www.lkdn.org/retired-teacher-uses-biz-cards/Retiredteacherusesbusinesscards.pdf
- Barista donates kidney to one of her regular customers: www.seattlepi.com/local/article/starbucks-barista-donates-kidney-to-one-of-her-1266963.php
- Co-worker donates kidney to colleague: www.lkdn.org/success_stories/lawyer_finds_no_objection.pdf
- Taxi driver donates kidney to customer: www.lkdn.org/success_stories/taxi_driver_donates.pdf

National Kidney Foundation

- Website: www.kidney.org
- NKF Cares Hotline: 855.653.2273 – a free, confidential hotline with trained professionals ready to answer your questions or concerns.
- NKF PEERS is a peer mentoring program. It connects anyone affected by kidney disease with an informed and supportive mentor who has already been through the process.

Other Websites

- Living Kidney Donors Network, www.lkdn.org/lkdn_workshop.html
- Kidney Link, www.kidneylink.org/AskingForAKidney.aspx
- Kidney Kinships, <http://kidneykinships.org>
- This blog was put out by a former donor, George Taniwaki: <https://realnumeracy.wordpress.com/kidney-patient-guide>

References

- Garonzik-Wang JM, Berger JC, Ros RL, et al. Live donor champion: Finding living kidney donors by separating the advocate from the patient. *Transplantation*. 2012;93(11)1147-1150

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Transplant Services:
206.598.3882

To Learn More

- Visit UW Medicine's Kidney Care and Transplant Services website at www.uwmedicine.org/donor.
- To talk with the Living Donor Team at UWMC, call 206.598.3627.