



# Getting Ready for a Kidney Transplant

**SANFORD**<sup>®</sup>  
HEALTH



# Welcome

Thank you for your interest in kidney transplant. There are many things to think about. This will help explain the process. You will be able to refer to this guide as needed.

## Your Team

You will see many doctors and other specialists. You will meet with members of the transplant team. These may include:

- Nephrologist (a kidney doctor)
- Transplant Surgeon
- Advance Practice Provider (APP) such as a Nurse Practitioner (NP) or a Physician's Assistant (PA)
- Social Worker
- Nurses/Transplant Coordinator
- Transplant Pharmacist
- Registered Dietitian (nutrition)
- HLA Lab Staff
- Financial Coordinator

## Why Should I Read This Booklet?

This booklet will answer some of the questions you may have.

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# What is Kidney Transplant?

A kidney transplant is a surgery. A healthy kidney is given to someone whose kidneys have stopped working. Caring for your new kidney and health are required for the rest of your life.

## What Are the Other Treatment Options For Kidney Failure?

There is no cure for kidney failure. Treatment options may include:

- Kidney transplant
- Dialysis – this is a treatment that filters your blood to remove wastes and extra fluid.
- Some patients may choose neither. It is important to talk with your nephrologist about what is best for you.

## How Can a Kidney Transplant Affect Your Life?

A kidney transplant can give you a better quality of life:

- Freedom from dialysis
- More energy
- Less dietary restrictions
- Increased life expectancy
- Return to work

## Concerns About Kidney Transplant

- Financial
- Emotional
- Surgery risks
- Lifelong medicines

## Transplant Options

**People who have died** (deceased) can give their organs for transplant. You will be placed on a nation-wide waiting list to receive a deceased donor kidney. The United Network of Organ Sharing (UNOS) manages the national waiting list and organ matching.

A national “point system” is designed to make organ sharing as fair as possible. Points include time on the waiting list and tissue match. This is used to decide how a kidney is matched.

Deceased donors are often healthy and have died of an accident or stroke. Many of these donors help more than 1 person. The heart, lungs, liver, kidneys, and pancreas can be donated.

The donor kidney will be given a score (0-100) that predicts how it will work. The score is based on the health status and history of the donor. This score is called the Kidney Donor Profile Index (KDPI).

- A lower score = longer kidney life
- A higher score = shorter kidney life

Your transplant team will discuss this in detail with you. You have a choice on which kidney you are willing to accept.

**Increased risk donors** are those that could have a higher risk of viruses or infection based on history or exam. All donors are tested for these diseases before donation. These diseases could include:

- HIV (Human Immunodeficiency Virus)
- Hepatitis B
- Hepatitis C

Organ offers will be discussed with you. There is a chance of getting a virus or infection that was not found during the first testing of the donor organ.

**Multiple listing** means you can be listed at more than 1 transplant center. This may increase your chance to receive an organ offer. Some studies suggest multiple listing in different regions can shorten the average waiting times by several months.

Sanford is in Region 7, which includes centers in Illinois, Minnesota, North Dakota, South Dakota, and Wisconsin. The average wait time on the UNOS waitlist in Region 7 is 3 to 5 years, depending on blood type.



*Image used with permission of the United Network for Organ Sharing*

**Living donors** give 1 of their kidneys to a recipient. Most people are born with 2 kidneys. Donors are tested to make sure it is safe to give their kidney.

Advantages of living organ donation include:

- Better results for the recipient
- Shorter wait time (3 to 5 years for a deceased donor)
- Donor and recipient are well prepared and in the best health

A person can donate 1 kidney and still have a healthy life. The donor must:

- Be over the age of 18
- Be in good health
- Be mentally stable and not have substance abuse problems
- Agree to testing for physical and mental health
- Volunteer to donate and not be pressured
- Understand no money or goods can be given for donating a kidney
  - Buying and selling human organs is against the law
- Be willing to donate and accept possible risks

**Living relatives** who donate a kidney may be the best match. Living related donors can be:

- Parents
- Siblings
- Adult children of recipient
- Aunts or uncles
- Cousins

**Living unrelated** kidney donors are not related by blood but have a compatible blood type. These people could be:

- Spouses or partners
- Friends
- Co-workers
- Others

Sometimes, donors do not know the recipient. They may have heard about the need for a kidney and wish to donate to that person. This is known as a directed donation.

Non-directed donors may also be called anonymous (altruistic) donors. A kidney is donated but the match is made with someone on the national transplant list at the local center. A system is in place to make sure the kidneys are matched and given fairly.

The donor and recipient may or may not meet. A meeting would not occur before the actual donation. A special plan and consent form is used to exchange information if both parties agree.

## Who Cannot Be a Kidney Donor?

Rules can vary between transplant programs. In general, living kidney donors may not be accepted if they have:

- Diabetes
- Kidney disease
- Heart disease
- Active mental health or substance abuse issues
- Infectious disease
  - HIV may be considered by some centers
- Uncontrolled high blood pressure
- Obesity (high body mass index)
- A history of cancer (this can be reviewed on a case-by-case basis)



## Kidney Paired Donation (KPD) or Paired Exchange

This is a transplant option that helps living donor and recipient pairs exchange kidneys to find a match. By exchanging kidneys 2 or more transplants are made possible. All medically eligible donor recipient pairs could consider this program. Participation is voluntary. More than one transplant center may be involved in KPD.

### Types of Kidney Paired Donation:

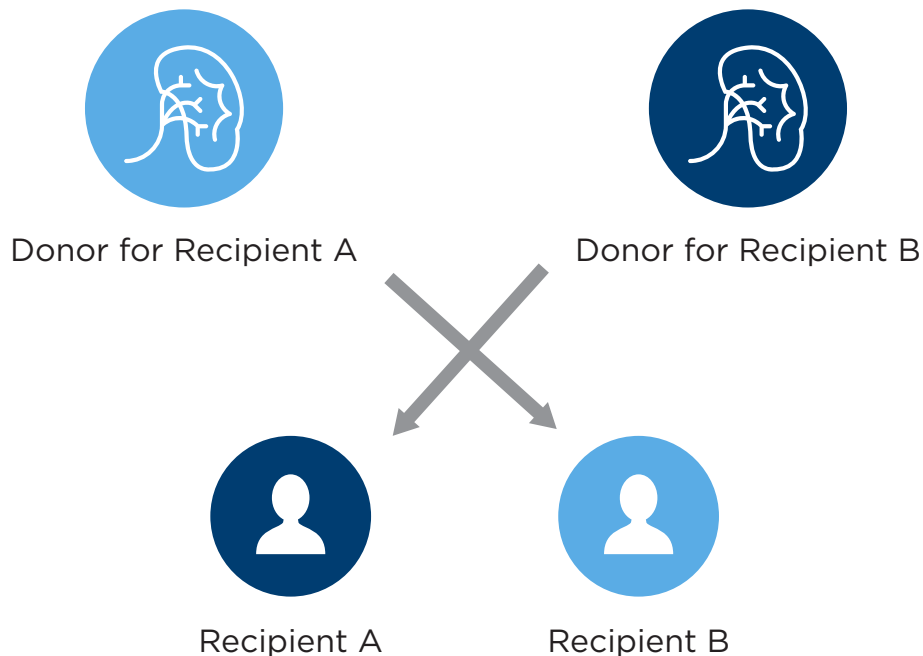
**Incompatible pairs** will most often take part in this program. Reasons are:

- Incompatible blood type
- Incompatible tissue type

**Compatible pairs** may also take part in this program. Reasons are:

- To find a younger donor
- To find a better matched donor
- To help the incompatible pairs on the KPD waiting list

You may see more information at: <https://www.unos.org/donation/kidney-paired-donation/>





# How Will You Be Tested to Receive a Kidney?

The pre-transplant evaluation is a detailed health check. It is used to decide if your body can cope with transplant and the problems that may happen.

**You may stop the process at any point during the testing.**

During a full day of appointments, you will:

- Meet with members of the Transplant Team
- Have a physical exam done by the surgeon and the nephrologist
- Have blood drawn

The pre-transplant evaluation is designed to answer only one question: **are you healthy enough to have a transplant?** Sometimes the process can be overwhelming. You may find out you have other diseases that you did not know about. This can cause added stress for you.

## Other Testing

Testing by a heart doctor or other specialists (for example, lung doctor, diabetes doctor, and mental health provider) may be ordered. If you are already seeing a specialist, they may be contacted to help with the transplant process.

## Taking Care of Your Health

Cancer screening, immunizations, and a dental exam may also be required. This will depend on your age and health status.

## Cancer Screenings May Include

- Colon screening
- Mammogram
- Pap smears
- Prostate exams

Once your testing is complete, your case will be reviewed by the transplant selection committee.

## Transplant Selection Committee

The decision to approve you for transplant is **not** done by one person.

A transplant committee reviews all of the tests, procedures, and recommendations from the transplant team members. This group of people is made up of:

- Surgeon
- Nephrologist
- Nurses/Transplant Coordinator
- Social worker
- Pharmacist
- Dietitian
- HLA Lab Staff
- Transplant Manager
- Financial Coordinator

The committee may:

- Approve transplant
- Recommend more testing
- Decide against transplant

The decision will be shared with the following people in a letter:

- You
- Nephrologist
- Your dialysis unit

You may ask for a copy of the selection criteria used by the Transplant Selection Committee.

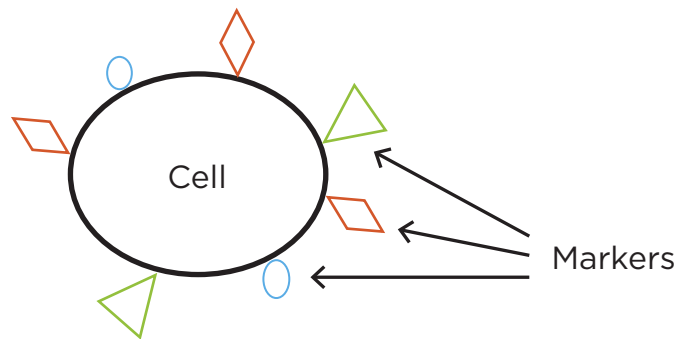
# How Is a Kidney Matched?

## What Is HLA?

One of the blood tests you will have is called HLA typing, also known as tissue typing. The test looks at various markers found on the surface of your cells. These markers are important because your body uses them to separate self from non-self. They are called **H**uman **L**eucocyte **A**ntigens (HLA) and make every person unique. The antigens are inherited from your parents.

HLA match is the number of markers that 2 people have in common. A perfect match has 6.

People not related can also match some of the markers. HLA matching is important but not critical. Some patients transplanted with kidneys with no markers in common have successful transplants and do very well.



## The Crossmatch

The crossmatch test is a final part of the transplant process. It is done before the transplant surgery. Blood from you and the donor are tested together. The result helps to predict how you will react to the transplanted kidney.

A positive test shows that there is a high chance your body will reject the transplanted kidney. A transplant would not be done.

If the crossmatch is negative, the transplant can proceed.

## HLA Antibodies

A positive or negative crossmatch is determined by the presence or absence of HLA antibodies. The body forms antibodies to protect against infections. A person can develop HLA antibodies from a blood transfusion, a previous organ transplant, or pregnancy.

It is necessary to know if you have HLA antibodies. A PRA (panel reactive antibody) test is done because HLA antibody levels can change. While you are waiting for a transplant, you will be tested for HLA antibodies regularly.

## ABO Typing

A person can have a blood type of A, B, AB, or O. You and a potential kidney donor must be tested for ABO blood type.

The following ABO types are compatible:	
Your blood type O	Donor blood type O
Your blood type A	Donor blood type either A or O
Your blood type B	Donor blood type either B or O
Your blood type AB	Donor blood type A, B, AB, or O

Some blood types can receive an intended not compatible kidney. This depends on blood type and treatment center.

## What Happens While You Wait?

Waiting for a kidney transplant can be a very stressful time. There is no way to know how long it will take. It is normal to feel a variety of emotions.

You may also have questions, wondering what life will be like after you receive your transplant. These feelings are normal. Any change can be hard, even a change for the better! Being prepared and learning the facts will help you feel more comfortable about your upcoming transplant.

## While You Are on the Waiting List

**Call anytime you have updates or questions.**

- Maintain your best health
  - Eat healthy foods
  - Exercise
  - Keep your normal well checks with your doctor
- Make regular visits with your transplant team
- Have testing needed to stay active on the waiting list
- Tell your transplant team about:
  - Health changes, surgeries, use of antibiotics, or blood transfusions
  - Travel plans
  - Phone or address changes
  - Changes in your insurance or support plan
- To relieve stress and anxiety, try these activities:
  - Learn as much as you can about organ transplants
    - Ask your Transplant Coordinator to put you in touch with others who have already had a transplant. They can tell you what to expect.
  - Stay involved in routine activities
- Seek professional help, if needed
  - This is a very challenging time. Many people want to help you. Do not be afraid to reach out to the transplant team.

## Let Us Know How to Get in Touch With You

When a kidney becomes available, you will be notified immediately by a Transplant Coordinator. It is important that the transplant team knows how to reach you. There is only a short period of time to call you and let UNOS know that you will accept the offer. If you cannot be reached within this period of time, the kidney will be offered to the next available recipient.

- Always update phone numbers where you may be reached
- Set up voice mail and check often
- Provide other phone numbers where you can be reached. Give phone numbers if you will be at a friend or relative's home.

## Preparing for the Call

Once you get the call to come to the hospital, things will happen quickly. It is best to prepare well ahead of time. Unless instructed, do not eat or drink on the way to the hospital (this includes smoking and chewing gum). You may be asked to stay in the same town as your transplant for up to 6 weeks. Here are some things you will want to gather and keep handy:

- Phone numbers of family and friends
- Phone numbers of the Transplant Team and hospital in case you have questions
- Have a small bag packed and ready to go. The call may come at any time of the day or night. Include such items as:
  - Pajamas
  - Toiletries
  - Slippers with grips
  - Family photos
  - Favorite book or magazine
- Bring self-care equipment to the hospital with you:
  - Thermometer
  - Blood pressure cuff
  - Transplant Handbook
  - Current list of medicines
  - Diabetes supplies
  - Scale
- Pack phone, personal electronic device, and chargers
- Bring current insurance card and planned payment for medicines

# What Can You Expect With the Surgery?

## Before the Transplant (Pre-Transplant)

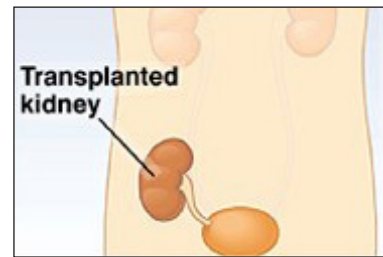
A surgery guide will be given to help you get ready. Some final tests will be done before the transplant. Depending on these results, there is a small chance that the transplant could be postponed or canceled.

You may also need a dialysis treatment before your transplant surgery. The kidney transplant surgeon will talk with you about the surgery. One of the transplant team members will keep you up-to-date while you and your family wait.

## During the Transplant (Peri-Transplant)

You will be given general anesthesia.

The new kidney will be placed low in your groin area. Your own kidneys will **not** be removed unless your doctor feels it is needed. This may be a separate operation before the transplant.



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## Possible Complications of Surgery

Surgical risks may be for a short time or may be permanent. Some complications might require a second surgery. Risks could include:

**Bleeding** can occur during or after surgery. This may require blood transfusions. Even though blood products are tested, they could contain bacteria and viruses that could cause infection. Although rare, these infections include, but are not limited to:

- Human Immunodeficiency Virus (HIV)
- Hepatitis B Virus (HBV)
- Hepatitis C Virus (HCV)

**Blood clots may develop.** They can break free and move. This can cause serious problems. It can lead to death. If blood clots occur, you will be treated with medicines that may need to be taken for a period of time.

**Infections can occur** at the incision sites, where any tubes were placed, or your new kidney. Infection can occur in your lungs (pneumonia), urinary tract, or in your bloodstream.

**Damage** to nerves may occur during surgery. Nerve damage can cause numbness, weakness, paralysis, or pain. In rare cases, damage can last for long periods of time or become permanent.

**Other possible complications may include heart attack, stroke, or death.**



# What About Your Medicines?

After transplant, you can plan to start at least 4 new medicines.

- Anti-rejection / Immunosuppressant medicines
  - Your body sees the new kidney as foreign, so your body will try to attack (reject) it
  - 2 or 3 medicines are used so your body will not attack the new kidney by slowing down (suppressing) your immune system.
  - It is important these medicines are taken on time every day. The level of the medicine needs to stay very steady in your body. If levels get too high, side effects could happen. If levels get too low, rejection could happen.
  - **You will take these medicines as long as the new kidney is working in your body.**
- Infection-fighting medicines
  - The anti-rejection medicine will slow down your body's ability to respond, so it cannot fight illness as well.
  - 2 or 3 medicines are used to help protect your body against certain illnesses during the first few months after transplant.
  - A very important medicine to know is valgancyclovir:
    - It is used to prevent/treat a virus called CMV(cytomegalovirus)
    - More than half of people have had CMV in the past – it would look like a bad cold or flu
    - In patients with a kidney transplant, it can cause bigger problems that could lead to a hospital stay
    - If you or the kidney donor had CMV in the past – you will take valgancyclovir
    - It costs a lot. You will get help with your insurance to get it paid for as much as possible.
- Other medicines
  - To protect your stomach – You will receive a medicine in the hospital to protect your stomach from ulcers. You may need to continue it when you leave the hospital.
  - To lower cholesterol – If your cholesterol levels are too high, you may need a medicine to lower it.
  - Vitamin / Mineral pills – It will take some time for your body to get used to the new medicines. You may need pills to help keep the right levels of vitamins or minerals in your body. Your lab tests will be monitored to see if any of these are needed.
  - Herbals – Do **not** take these unless approved by the transplant team.
  - IV Contrast dye – Do **not** take this unless approved by the transplant team.
  - NSAIDS – Do **not** take Non-Steroidal Anti-inflammatory Drugs such as Motrin (ibuprofen) and Aleve (naproxen).
  - Live Vaccines – Do **not** take live vaccines. Ask the transplant team before receiving a shot.

While you are in the hospital after transplant, the bedside nurses and the transplant pharmacist will teach you about the new medicines each day. When you are discharged, you will be given a list that explains all of your medicines and when to take them. Some of your old medicines may be stopped. Ask the transplant pharmacist if you would like more information on your medicines.

## **Leaving the Hospital**

You will be discharged from the hospital when the transplant team feels you are ready. Before you leave, a member of the transplant team will go over the things you need to know.

### **Things to Know**

- You will not be on your own.
- The Transplant Team will continue to be a resource for you.
- It is important you stay in close contact with the Transplant Team.
- You should plan on staying in the area for several weeks after discharge. Close monitoring and follow up care are important for success after transplant.
- You should wear a medic alert bracelet at all times.
- Appointments for follow-up visits and lab tests will be scheduled before you go home. The Transplant Coordinator will give you a schedule for these appointments and explain where you need to go for each appointment.

### **Some Normal Feelings You May Have Are:**

- Excited
- Worried
- Overwhelmed
- Frustrated
- Impatient

Be sure to share these feelings with your family, friends, and transplant team. They are there to help and provide the caring support you need.

# How Can You Take the Best Care of Yourself?

To help you have good results after your kidney transplant:

- See your doctors as scheduled
- Have your blood checked as scheduled
- Take all of your medicine on time and as prescribed

**Call the Transplant Center if anything seems different or concerns you.**

## Nutrition

Diet is very important both before and after transplant. Good nutrition is important during the healing process and for good health afterward. A dietitian will meet with you in the hospital. You will also meet with a dietitian as an outpatient to help plan a nutrition program to fit your needs.

## How Can Diet Help Me?

Keeping your body strong with good nutrition will protect you and your new kidney. Be sure to eat well-balanced meals and follow the diet that has been recommended for you.

Your diet may be different after transplant, especially if you had many food restrictions when you were on dialysis. You will find that you can eat a variety of food as long as your labs are within range. In some cases, you may have to eat more or less of certain foods to maintain your labs. You may also gain unwanted weight from the medicines and less diet restrictions. Follow a heart healthy diet and include exercise into your daily routine.

## Here Are Some Guidelines to Keep in Mind After Getting a Transplant:

- Limit the amount of sugar you eat. The body cannot use sugar correctly with some medicines. This can cause the blood sugar to increase in the body.
- Limit or avoid concentrated sugar foods and simple sugars. This includes sugar, desserts, pie, pudding, regular soft drinks, cookies, candy, ice cream, fruit ice, honey, syrup, donuts, sweet rolls, jams, sherbet, Jell-O.
- Limiting these items will also help with weight control and triglyceride levels.
- Limit sodium (salt) in your diet. Sodium can cause fluid retention with some medicines and make it difficult to control blood pressure.
- Avoid grapefruit as it interferes with some medicines you may be taking.

- Eat or drink 2 to 3 servings of dairy each day, unless your dietitian or doctor has told you not to do that. This will help keep your bones strong and healthy.
- Talk with your dietitian or pharmacist about any herbs or herbal remedies you are taking or are thinking about taking. Some of these can interact with medicines or cause harm to your new kidney.
- Practice food safety for the rest of your life after transplant. Because your immune system is not as strong, you have an increased risk of getting a food-borne illness.

**Keep all lab and doctor appointments.  
Your new kidney depends on it.**

## Physical Activity

You can go back to your normal physical activity slowly.

## Self-Cares

There are self-cares you will do each day to monitor your health. You will review and practice these with nurses during your hospital stay.

- Take your temperature
- Weigh yourself
- Measure intake and output
- Take your blood pressure

## Lab Schedules and Doctor Visits

You will be monitored very closely after your transplant. Lab tests and doctor visits should be less often as time goes on.

Report any problems to the Transplant Team

It is very important that you report any changes in your condition, no matter how small, to the Transplant Team.

# How Can Kidney Disease or Transplant Affect Your Health in the Future?

## Physical Problems

Problems with the kidney or infection are possible. This does not mean you will lose your kidney.

- Your immune system fights harmful germs that cause disease.
- Your body may think that your new kidney is a harmful germ and try to get rid of it. This is called rejection.

You will take anti-rejection immunosuppressant (im yu-no-su-pres ant) medicines for the rest of your life or as long as the kidney is working. You must take all of your medicines on time and as prescribed.

Even with the best plan of care, your new kidney can stop working. If this happens, you may need to return to dialysis or have another kidney transplant.

## Diabetes

Some of your prescribed immunosuppressant medicines may cause diabetes. Diabetes is an increased level of glucose in your blood. Glucose is a simple sugar and is the main source of energy in the body's cells. Your body may not use glucose properly and/or not make enough insulin.

The onset of diabetes post-transplant is usually mild. Finding these warning signs early can help reverse or reduce high blood sugar.

Call your Transplant Team if you have **any** of these signs:

- Increased thirst
- Urinating (peeing) more often
- Blurred vision
- Confusion
- Weight loss

You will be monitored for diabetes by regular blood and/or urine tests. In some cases, blood sugar can be lowered by:

- Weight loss
- Diet
- Exercise
- Lowering the dose of your immunosuppressant medicine
- Changing to a different immunosuppressant medicine
- Oral diabetic medicine
- Insulin shots

If you had diabetes before your transplant, you may have problems with blood sugar control after your surgery. This will be discussed with you on an individual basis.

## Coronary Artery Disease and High Blood Pressure

Other problems you may experience after transplant:

- Coronary artery disease
  - Atherosclerosis (ath e ro skle-ro sis) – This is defined as a buildup of fats, cholesterol, and other substances in and on the artery walls. This hardens and narrows the arteries.
- High blood pressure

## Atherosclerosis

These are ways to prevent and/or reduce atherosclerosis:

- Regular exercise
- Proper diet
- Prescribed cholesterol lowering medicine
- Prescribed anti-clotting medicine

## Blood Pressure

High blood pressure can be a side effect of your medicines after transplant. It is important to check your blood pressure each day at home. The hospital nursing staff will show you how to do this before you leave the hospital. If medicine is needed to control your blood pressure, your transplant doctor will prescribe it.

## Emotional Problems

Kidney disease and transplant can put a lot of stress on you and your family. You may have one or more of these after transplant surgery. These may include but are not limited to:

- Depression (sadness)
- Generalized anxiety (worried)
- Post-traumatic stress (traumatized)
- Anxiety regarding dependence on others (worried about relying on others)
- Feelings of guilt

The immunosuppressant medicines may also impact your emotions, especially during the early days after transplant.

Services are available to help you adjust to life at home and to your return to work or school. Ask your Transplant Social Worker for more information.

# What Do You Need to Consider for Social Support and Costs of Transplant?

It is important to think about who might be able to help you and provide support as you go through the transplant process. There is a lot involved and you will need help along the way.

You may need help with:

- Driving to appointments (you may not be allowed to drive for a while after surgery)
- Preparing meals and housework
- Setting up medicines and making sure you take them the right way
- Coping with emotions that come with a transplant
- Child or pet care
- Costs and bills

Who can help?

- Family members
- Friends
- Church members/pastor
- Community organizations (like home health or volunteer agencies)

The cost for care before, during, and after a kidney transplant can be overwhelming and scary. This is a normal feeling. It is important for you to plan ahead. This will help you as you move along in the process.

There are different ways to pay for your kidney transplant. You may need more than one payment source. Types of coverage for your transplant may include:

- Private insurance
- Insurance from your employer or your spouse's employer
- Medicare
- Medical Assistance or Medicaid
- Federal or state health exchanges
- Indian Health Services



The social worker or financial coordinator will talk to you about the insurance you have, and what you may be able to get to help cover transplant costs.

Many insurance plans do not pay all of your medical costs. Insurance may not pay for some other expenses (like lodging and travel costs, food, and child care). You should be prepared to pay for some transplant costs.

Talk to the social worker about possible ways to get help with these costs including:

- Fundraising (raising money for costs)
- Grants

**Call the Transplant Office anytime there are changes in your finances or insurance. That way, it can be assured everything is in place at the time of your transplant.**

# What Are Helpful Resources For Kidney Transplant?

## National and Sanford Transplant Center-Specific Outcomes

Recent statistics from the Scientific Registry of Transplant Recipients (SRTR) (<http://www.srtr.org/default.aspx>) explains national and our transplant center's patient and graft (transplanted kidney) survival rates.

For more information, check the public data available at <http://www.srtr.org/default.aspx>. A most recent copy will be provided to you.

## What Facts Do You Need to Know?

Sanford Kidney Services are Medicare and Medicaid approved centers for kidney transplant. Information must be given about all organ transplants to the United Network for Organ Sharing (UNOS). This includes your name, birthdate, sex, social security number, blood type, and some blood test results. This is kept private and not given to the public or used by researchers. Knowledge gained will be used to teach future transplant donors and recipients. Data is kept to track:

- How many living donor kidney transplants are done
- Success rates
- Complications

The transplant team does all it can to preserve your confidentiality. Information cannot be shared without your permission.

It is your decision if you want to share your information and results with your donor. The donor also has the right to privacy.

## Concerns or Grievances

The United Network for Organ Sharing (UNOS) provides a toll-free patient services line at 1-888-894-6361 to help transplant candidates, recipients, living donors, and family members understand organ donation. A handout will be provided to you. If you have questions regarding your own medical care you should talk to your transplant center first.

## Notice of Medicare Outcome Requirements Not Being Met by Center

Certain outcome requirements need to be met by transplant centers. We are required to notify you if we do not meet those requirements. This information would include how many transplants are done, transplant recipient survival rates, and graft (kidney) survival.

Currently, Sanford Kidney Services meets all of the requirements as a transplant center under the Centers for Medicare and Medicaid Services (CMS) policies. If you donate your kidney to a recipient having a transplant at a facility that is not approved by CMS (Medicare) for transplantation, the recipient's ability to have immunosuppressive (anti-rejection) drugs paid for under Medicare Part B could be affected.

## Websites

[www.kidney.org](http://www.kidney.org)

The National Kidney Foundation is a voluntary health organization focused on the prevention of kidney disease and improving the health of anyone affected by the disease.

[www.unos.org](http://www.unos.org)

The United Network for Organ Sharing (UNOS) is the nonprofit organization that maintains the nation's organ transplant waiting list for the fair distribution of cadaveric/deceased organs. The "Transplant Living" section of the website contains living donor profiles, updated statistics on living donation, information about the donation process and answers to frequently asked questions.

If you have any concerns regarding something you see or hear about kidney donation, please contact the Transplant office. Remember that each center may approach the donor evaluation process a little differently, but all have the same goal, the best possible outcome for the donor and recipient.

[www.transplantliving.org](http://www.transplantliving.org)

Transplant Living is an information and resource website for both donors and recipients. This website provides information on many aspects of living donation including state tax deductions.





