



## Living Kidney Donor Surgery Guide

### In this Guide

As a living kidney donor, we encourage you to ask questions about the donation process. Our guide offers the answers you're looking for, and helps you prepare for your operation.

### About the Operation

Once your [kidney donor evaluation](#) is complete and the donor team clears you to donate, the operations for you and the recipient will be scheduled. You will have an appointment with the surgeon usually **one week** before your operation. During this appointment, you and the surgeon will talk about the type of kidney operation you will have.

There are two types of operations:

#### 1. **Modified Traditional Mini-Incision**

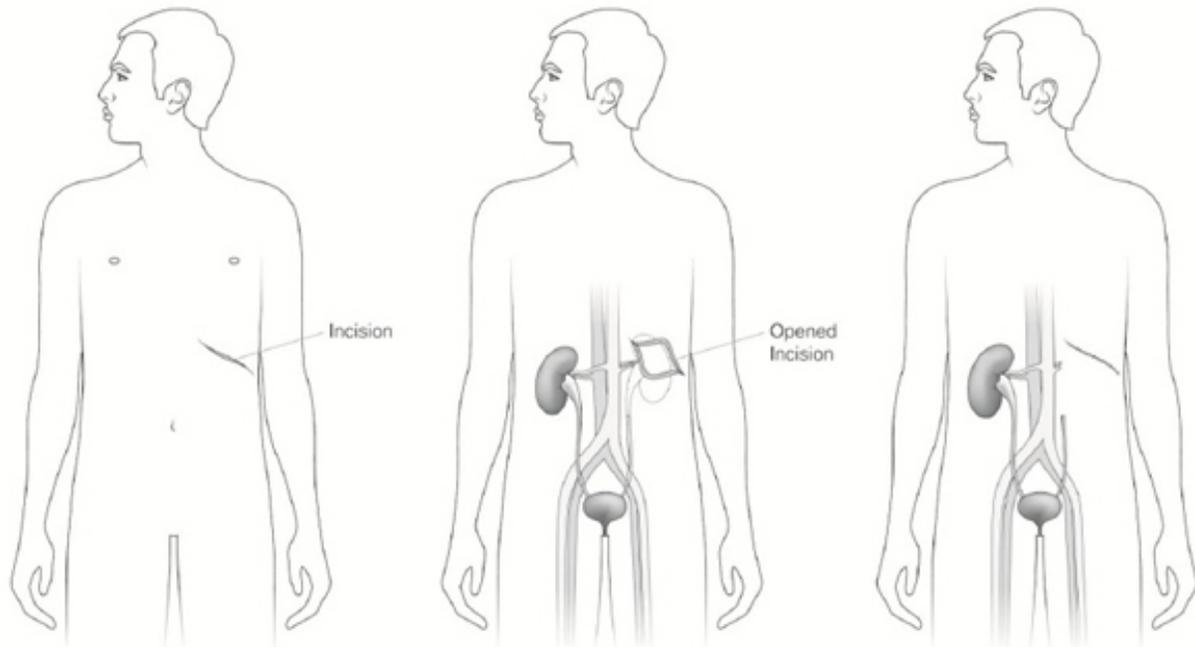
A 4-inch incision (cut) is made on your side, about 2 inches back from the tip of the 11th rib and extending 2 inches forward, toward the front of the abdomen.

Depending on the blood supply of your kidneys, either the right or left kidney is removed along with all its blood vessels and its ureter (the tube that carries urine from the kidney to the bladder).

Your remaining kidney will then begin to take on some of the work that was previously performed by both kidneys.

Staples are used to close the incision; they will be removed 7 to 10 days after the surgery and we suggest that your family doctor removes these staples.

This operation lasts about 1 1/2 hours and the hospital stay is usually 3 to 5 days.

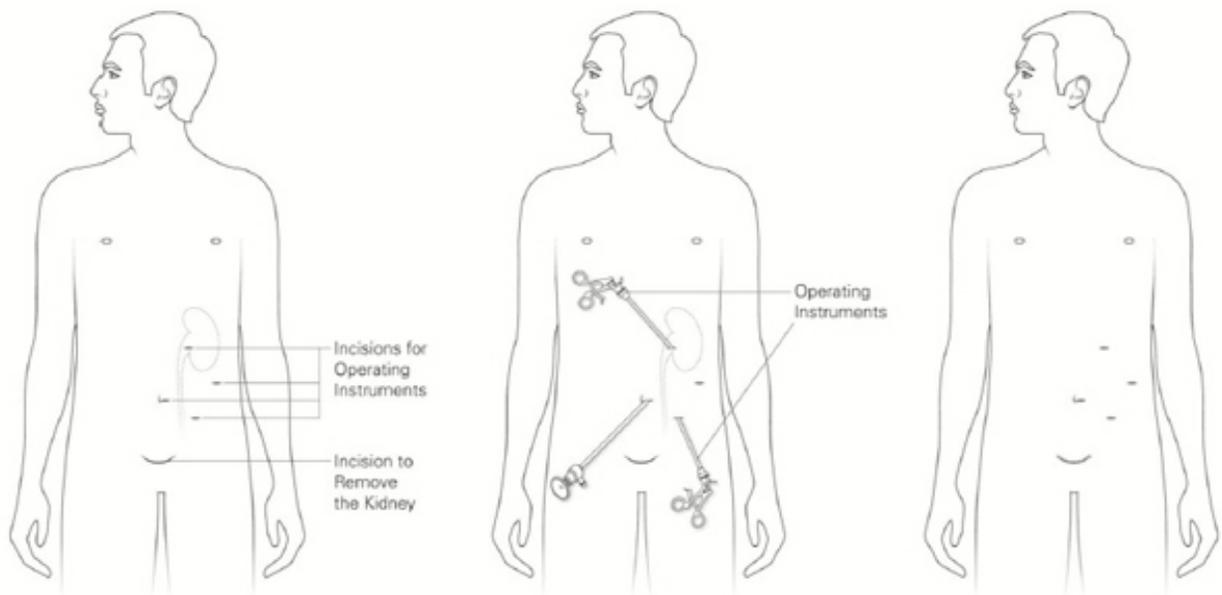


## 2. Laparoscopic Nephrectomy

Three or four small, 1/2 inch incisions are made in the upper left part of the abdomen, to allow access for a small camera and operating instruments.

An incision about 4 inches in length is made in the lower abdomen, and the kidney is carefully removed. A television screen is used to monitor the surgery.

Sutures are used to close the incisions and the skin is closed with Steri-Strips. This operation takes about 3 1/2 hours to complete and the hospital stay is usually 3 – 5 days.



Read our guide below to learn more about your kidney donor surgery, or click on the topic that matters most to you. If you have questions or need more information, talk to our transplant assessment coordinator.

### [What happens when I arrive at the hospital?](#)

You will be admitted to the hospital the morning of your operation (usually at 6:00 am).

### [What will happen before my operation?](#)

- Nurses and doctors will examine and prepare you for the operation.
- An intravenous (IV) line (a needle into a vein in your arm) will be started, to give you fluids.
- Our transplant team will perform a final assessment to ensure you are fit for your operation.

### [Is there a chance my operation will be cancelled?](#)

Every effort will be made to arrange a date and time for your operation that is best for you. However, operations may be cancelled if medical issues exist



with the donor or the recipient. Sometimes, there are circumstances beyond our control that may require the operation to be cancelled or postponed.

You and your family may feel shock, disappointment, and sadness when this happens. All of these feelings are normal. You should call your transplant assessment coordinator to talk about any concerns you have about a cancellation.

### What will happen right after my operation?

- Following your donor operation, you will be in the Post Anesthetic Care Unit (PACU) or recovery room for about 2 to 4 hours. You will then be moved to either the 6th floor (Urology Inpatient Unit) or 7th floor ([Transplant Inpatient Unit](#)) for recovery.
- You will have a catheter in your bladder to drain your urine and you will receive IV fluids until you are able to take in enough food and fluids. Your diet will be gradually changed from liquids to more solid foods, as tolerated.

### How will I feel after my operation?

- Once you have recovered from the anesthetic, you may feel some pain at your incision. The incision will become less painful over the first couple of weeks, but it will take several weeks for the muscles and nerves to heal completely.
- Our pain management team will work with you during and after surgery to make sure your pain is well managed. Your pain will be managed by Patient Controlled Analgesia (PCA). This lets you control the number of doses as well as the timing of the pain medication. The medication will be given to you intravenously (IV).

### How can I take care of myself after my operation?

- Start some deep breathing and coughing exercises. We'll show you an exercise called [Incentive Spirometry](#)

- Wiggle your toes and move your feet. This helps the blood in your legs to circulate.
- Sitting up in a chair, performing self-care, and walking in the hallway are excellent ways to improve your strength and stamina.
- You will shower while you are in the hospital

### How long will I stay in the hospital?

- You can expect to be in the hospital for up to 3 to 5 days.

### How can I take care of myself when I go home?



- Eating a healthy diet by following Canada's Food Guide will help give you a balance of protein, fats, and carbohydrates and help you to maintain a healthy body weight.



- You might get tired easily. Listen to your body and don't do more than you can handle.
- We recommend that patients take 4 to 6 weeks off work regardless of the surgical procedure.
- Some patients, particularly those who are self-employed, return to work as early as 3 weeks after surgery regardless of whether the kidney was removed laparoscopically or using the mini-incision method.
- Patients who work for a company and who are given time off usually take off 6-8 weeks, regardless of the method of kidney removal.



- Don't lift heavy things for 3 months after your operation. Anything over 5 kilograms or 10 lbs. is too heavy.

- You can use small weights of 1 to 2 pounds to increase arm strength but be careful not to strain your shoulder joints.
- Lifting larger amounts may result in stress to your incision and can affect your healing.
- Walking is the best exercise. Try to increase the distance and speed you walk.
- In winter, many people walk in malls to avoid icy surfaces and cold conditions or they use a treadmill if they have access to one.



- Do not to take anti-inflammatory medication such as Advil® or Ibuprofen following a kidney donation.



- Discuss readiness for driving at your clinic appointment.
- You must not drive while taking narcotic pain medication. You need to be sufficiently strong, and flexible enough to move your leg and foot on the pedals, and be able to check your blind spot.
- Always wear your seatbelt when you are driving or riding in a vehicle. If the belt causes discomfort where it crosses your incision, place a towel under the belt.
- We will not provide letters to excuse you from wearing your seatbelt.

Who do I call if I have any general post-operative questions or experience complications?

Call your living donor coordinator at 416 340 4800 ext. 4577



## **Follow-up Appointments**

Before you leave the hospital we will arrange your follow-up clinic appointments. A detailed plan will be given to you, based on your progress and your doctor's recommendations.

### **Your first appointment**

#### **When**

About 4 to 6 weeks after your operation

#### **Where**

Toronto General Hospital

Please check your appointment card for location.

#### **What to Expect**

The surgeon will determine how your incision is healing and how well you are recovering.

### **Your second appointment**

#### **When**

Three months after your surgery, you will see the nephrologist (kidney doctor) who assessed you pre-operatively for a check-up.

#### **Where**

[Multi-Care Kidney Clinic](#)

Toronto General Hospital

Norman Urquhart Building – 12<sup>th</sup> Floor

#### **How to Prepare**

You will be sent requisitions to do blood and urine tests 1 week before the scheduled appointment.

Following your 3-month check-up appointment, you will be discharged back to the care of your family doctor. It is suggested that you see your family doctor for a yearly blood pressure check, serum (blood) creatinine level, and a urinalysis.



The donor team will be on hand to talk about any concerns or answer any questions that you might have throughout the donation process.

To change an appointment, call the living donor coordinator at 416 340 4577.

### **Contact Us**

Your primary contact will be your living donor coordinator at 416 340 4577.

#### [Who Do I Call In An Emergency?](#)

If you have an emergency, please go to the closest emergency room or call 911.

#### [Who do I call if I have general post-operative questions or experience complications?](#)

Call our living donor coordinator at 416 340 4577.

#### [Can I email my transplant assessment coordinator?](#)

Talk to your living donor coordinator about email options. A consent form is required.