Friend considers organ donation [1]

Dear Alice,

I just found out that a friend requires a kidney transplant. I've heard that we are all equipped with two kidneys and can live with just one. How do I find out if I can donate a kidney? What's involved in a kidney donation? Thanks!

Answer

Dear Reader,

What an admirable friend you are to consider helping in this way. Not nearly enough organs are donated. Every day in the United States, 22 people on organ donation waiting lists die waiting for a way to prolong their lives. There are two ways to be an organ donor. More commonly, organs come from people who have expressed a wish to donate their organs after their death. These deceased donors notify their family and friends of their decision and register as an organ donor [2] so that after they die, their organs can prolong the life of others. Kidneys can be donated, but hearts and heart valves, livers, lungs, pancreas, intestines, corneas, skin, hands, face, veins, cartilage, connective tissue, and bone marrow can all be donated as well. While the majority of organ and tissue donations come from deceased donors, living donations are also an alternative for some transplant needs. Keep reading for more details on how to become a living organ donor and what’s involved in the living organ donor process.

Living organ donors are able to give a single kidney, lobe of their liver (it will mostly regenerate on its own!), or lung; living donors may also give partial lung, pancreas, or intestine donations as well. Because people can live a normal life with only one kidney, healthy adults may choose to donate one of their two kidneys to a family member or friend. Some living donors may choose to donate to someone unknown to them as well. Potential kidney donors undergo several screenings and consultations, including:

- **Compatibility testing**: Blood and tissue typing is also done to make sure that the potential donor is a good match for the recipient. This matching process minimizes the risk that the organ will later be rejected by the recipient. Close blood relatives (such as parents or siblings) are more likely to be a close tissue match than people who are not related by blood (such as spouses or friends).
- **Complete physical and psychological examinations**: A medical history and general physical exam are typically administered in the first phase of the donation screening.
process. In addition, blood tests, urine samples, health screenings (including gynecological exams and mammography for potential donors who are female), X-rays, CT scans [3], and an electrocardiogram (EKG) to assess heart function may be used to make sure that both kidneys function normally and that there are no underlying health problems that could stress the remaining kidney, if the donation takes place.

- **Financial consultation:** Depending upon the donor’s relationship with the recipient, there may be a need to consider the cost of the donation and procedure. For those receiving a kidney from a blood relative or friend, the recipient’s insurance is likely to cover the cost of the testing and procedure. The donor, however, may be responsible for travel expenses, follow up care, and lost wages.

Risks of donating a kidney include the hazards posed by any surgery, such as potential blood loss, infection, and allergy to the anesthesia, or other complications. Kidney donors also run the chance of experiencing pain, developing a hernia, or having damage to the kidney, nerves, or intestines. Following the procedure, living donors that give a kidney may be at a higher risk for hypertension, impaired functioning of the remaining kidney, and proteinuria (a condition that results in an atypical amount of protein in the urine). For female donors, it’s recommended that pregnancy be put off for at least six months following the procedure. Though many female donors are able to become pregnant successfully, there is some evidence that they may be at an increased risk for some pregnancy complications, such as gestational diabetes, pregnancy-related high blood pressure, and pre-eclampsia. All living donors are advised to seek out follow up care and to consult their health care providers after the procedure regarding their ongoing health needs.

On the plus side, according to the National Kidney Foundation [4], live kidney donation typically offers the recipient:

- A better match and less chance of rejection, and the possibility of taking fewer anti-rejection medications (if the donor is a close blood relative)
- The ability to plan the surgery on an elective basis, rather than as an emergency procedure whenever a kidney becomes available
- A kidney that usually starts working immediately after the transplant (kidneys from non-living donors may not function normally for several days or even weeks)

Once the potential donor has been approved, surgery can be scheduled. One of the donor’s kidneys is removed either through several small incisions under the rib cage (laparoscopic surgery), or through a larger incision on either the left or right side below the rib cage (traditional surgery. The surgery itself takes about three to five hours total. Donors typically stay in the hospital for several days to a week and are able to return to normal activity in about six weeks. After the surgery, the donor’s remaining kidney will likely increase in size to assume the function of its donated partner.

Decisions about any major surgery need to be made thoughtfully in partnership with medical experts you know and trust. If you decide to pursue becoming a living kidney donor, start by talking with your friend and your health care provider. Even if you are not a good match for your friend, or if your friend decides to explore other options, you can still register as an organ donor so that others can benefit from your generous spirit after your death. Check out the U.S. Department of Health and Human Services Organ Donation [5] website to learn more about becoming an organ donor.

Hope this helps you continue to consider organ donation. You’re clearly a special and
dedicated friend!

Alice!
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