



## 活体肾脏捐赠者

### 益处、风险及须知

捐赠肾脏可从遗体或活体来捐赠。这章节是解释活体捐赠。

### 谁可以活体捐赠？

有两种不同的活体肾脏捐赠者：

- **活体同血缘捐赠者 (LRD)** 是有血缘的亲属愿意捐赠给一位家人
- **活体非血缘捐赠者 (LURD)** 可能是配偶、姻亲、朋友、同事、或任何人愿意捐赠一个肾脏给一位需要的受赠者。

华大医学中心 **UWMC** 移植科、有活体捐赠项目。教导、及评估可能的活体肾脏捐赠者。

希望成为活体捐赠者必须：

- 年满 21 岁、除非是一级亲属（父母、兄弟姐妹或子女）
- 70 岁以下
- 健康良好
- 体重指数（BMI）为 30 或更低
- 无糖尿病
- 肾功能正常

### 接受活体捐赠的肾脏有何益处？

活体捐献者、可以在接受者最有利的时间做手术。大多数情况下、等待时间比遗体捐赠者的等待时间短。如此、病者在移植时可能更健康。



活体捐赠者可以是亲属或非亲属。

**一位公众活体捐赠者曾这样说：**

我姐姐在接受肾透析治疗。我眼看着她身体一天比一天差。我很高兴现在在我能够为她使她好起来”

## 活体肾脏捐赠的成功率如何？

- 患者接受来自活体捐献者的肾移植 1 年后的成功率超过 **97%**（**100** 例移植患者中有 **97** 例在移植后 1 年存活）。
- 患者接受来自遗体捐献者肾脏 1 年后成功率约为 **94%**（移植后 1 年，**100** 名移植患者中约有 **94** 名存活）。
- 我们预计来自活体捐赠者的肾脏在移植后可持续约 **15 至 20 年**。

## 我可以与谁讨论捐赠的事？

- 您可与您的家人、配偶或伴侣、朋友、同事、或其他可能捐赠的人讨论捐赠肾脏的事。您可以从为家人及朋友提供最基本的资讯网站 ([www.uwmedicine.org/donor](http://www.uwmedicine.org/donor))、或活体捐赠电话号码 (**206.598.3627**)；如此他们可以获得更多的资讯。
- 您自己或认识的人可以将您的故事告诉可能捐赠的其他人。如您很难谈论活体肾脏捐赠的事、可以请密友或家人做您的代言人。
- 您来做门诊评估时、也请您的家人及朋友一起来参加、如此我们可以向他们解释活体捐赠。虽然他们不一定可以捐赠给您、但他们可以向可能捐赠的人解说活体捐赠。

## 谈论活体捐赠肾脏的一些建议

- **选一个合适的地点及时间。**您的家人或朋友需要一个感觉舒适的地方、也安排充裕的时间、您们能悠闲地谈论。
- **说出您的心声也用心地听。**花时间听他们的感受及顾虑。
- **要谨慎不要给他人压力。**捐赠是大手术。是重大的决定。被勉强的捐赠可能会不合格。
- **要有耐心。**不要指望即刻就有答案。人们需要资讯、时间、及支持才能做决定。他们可能需要时间和自己的家人、单位、或参与他们的日常生活的人讨论。

## 对可能的捐赠者还有什麼其他需要注意的事项？

### 不能工作

捐肾是一个大手术、需要 **4 至 8 周** 来恢复。有时捐赠者可以请病假或拿有薪假期、或是其他的同事捐出他们的假期。

在美国做事的职员按“家庭及医疗请假条例” (**FMLA**) 可以请特例的假。美国联邦政府的工作人员如捐赠肾脏、可以得到领薪的病假。某些其它单位及州政府的工作人员、如捐赠肾脏也可领取有薪病假的特殊安排。

## 家族史

某些肾疾可能是遗传性的。如家人有捐肾的意愿、应该与他们自己的医生先谈谈可能的风险。华大医疗中心 UWMC 的活体捐赠项目也会与可能的捐赠者讨论这顾虑。

## 妊娠

如一位是活体捐赠肾脏的妇女日后怀孕了、她剩留的肾脏应该不会有任​​何问题。但她可能对这些的风险较高：

- 子痫前期（高血压及蛋白尿）。
- 不足月（早产）。

一般孕妇患子痫前期的风险是 **2.5% (100 位孕妇内有 2.5 位)**。曾捐肾的妇女其风险是 **4% 至 5% (100 位孕妇内有 4 到 5 位)**。

如捐过肾脏的妇女怀孕了、应该告诉她的产科医生她只有一个肾脏。

## 抽烟

考虑捐肾者在手术前、至少要戒烟 **60 天**。同时为了他们手术后的恢复及健康、我们也强烈建议捐赠后不再抽烟。

## 如有多人愿意捐肾给我？

如您有一位以上的人都愿意捐赠肾脏给您、请她们致电活体捐赠专线 206.598.3627、或上网 [www.uwmedicine.org/donor](http://www.uwmedicine.org/donor) 然后选潜在捐赠肾脏者筛查（Potential Living Kidney Donor Screening）。移植组会考虑为每一位愿意活体捐肾给您的人作评估。然后选出一位捐赠者继续完成评估的过程、其他的捐赠者就为候补。

## 成为捐赠者会涉及甚麽风险？

大手术总是有风险存在。

潜在的肾脏捐赠者必须身体健康、没有糖尿病、肾脏健康且运作良好。评估潜在的肾脏捐赠者一般需要约 **3 至 6 个月**。做此评估是为了确保潜在的捐赠者身体健康。

活体捐赠团队将审查潜在捐赠者的健康及测试结果。在任何时候、根据评估结果，可能会发现潜在的活体捐献者不合格。

## 肾脏捐赠手术会有死亡的风险吗？

捐赠手术导致的死亡的风险非常低。总体来说、在 **10,000 个**捐赠者手术中、死亡只发生了 **3 次**。华大 UWMC 我们做了 **500 个**活体移植、没有捐赠者死亡。

## 捐赠后是否会增加健康风险？

健康的捐赠者、剩余的肾脏通常体积会增大、且能提供捐赠者一生所需的肾功能。对于活体捐献者而言、*肾功能衰竭（也称为终末期肾病）（ESRD）*的风险、与同龄、性别及健康的其他没有捐献肾脏的人大致相同。

但是、捐献肾脏后有发展肾功能衰竭（ESRD）的长期风险、确切的风险程度尚不清楚、但可能高达 0.5%（在 200 位捐赠者中有 1 位）。

## 如我的捐赠者很健康、但是不能捐赠给我？

您的捐赠者可能因为匹配呈阳性反应或血型不合而不能捐赠给您（请参看组织配对一节）。在这情况下、您可以咨询一下华大医疗中心的**捐赠交换项目**。

此项目经由全国肾脏登记处为接受者/捐赠者配对。此机构会持续为不匹配的接受者/捐赠者配对直到寻到匹配为止。要去获更多资讯可上全国肾脏登记网总站：[kidneyregistry.org](http://kidneyregistry.org)

## 什么是社区人士隐名的器官捐赠？

有些人士衷心地愿意成为活体肾脏捐赠者。虽然他们没有亲属或朋友需要肾脏移植、他们称为**非指定捐肾者**。

华大医疗中心 **UWMC** 有非指定捐肾项目。非指定捐肾者可捐赠给华大医疗中心 **UWMC**、或全国肾脏登记处排名等待的患者。

非指定捐肾者一般是与下列在等待名单上的病者匹配：

- 相容的血型
- 在等待名单上等待最久者

## 捐赠者有代言人吗？

为了维护捐赠者、每一位捐赠者都会有一位**个别辅导员(IDA)**。捐赠者可以与此人谈论他们的顾虑。捐赠者的个别辅导员**(IDA)**在整个过程中；会辅导、或帮助指引、以决定捐赠一事是否对捐赠者本人有利。

## 潜在的捐赠者该做些什么？

- 潜在的捐赠者应该：
  - 上网 [www.uwmedicine.org/donor](http://www.uwmedicine.org/donor) 选“潜在的活体肾脏捐赠者筛查”（Potential Living Kidney Donor Screening）
- 或：
  - 致电 **206.598.3627** 联系活体捐赠项目**(LDP)**。活体捐赠项目**(LDP)**的人员会取得一些初步的资讯、并解释捐赠器官的过程。

### 一位非血缘关系的活体捐赠者曾这么说：

“能在我还活在这世上的时候帮助他人是一件很了不起的事；我已经报名为捐赠者了”。

### 一位潜在移植受赠者曾这么说：

*It took the spotlight off me 我请我祖母告诉其他家人我需要捐赠者一事、虽然她不能当我的捐赠者、但她有她代言、为我分担了不少的压力。”*

- 我们会寄一份活体捐赠资讯文件给意愿捐赠者
- 接受移植的病人必须通过医疗及财务上的评估、确认可以接受移植后、才能开始潜在捐赠者的各项测试。
- 潜在捐赠者如决定不要捐赠、就可以随时停止评估
- 活体捐赠项目(LDP)将在移植手术后 6 个月、1 年、及 2 年后与您的捐赠者联系查问他的健康状况。活体捐赠项目(LDP)会将他肾测试的结果送交联合器官共享机构(UNOS)。

### 我会知道我捐赠者的评估状况吗？

联邦政府的法令、即联邦政府的健保执行及责任法案(HIPAA)。要求我们对所有的医疗记录保密。

移植组不能将任何捐赠者的评估资讯给您或您的肾专科医生（肾脏医生）。就在于您的捐赠者是否愿意将评估的进展给您汇报。

### 是谁负责捐赠者评估的费用？

- 1984 年“国家器官移植法”禁止销售人体器官。但支付与活体肾脏捐赠有关的费用；如旅行费用及工资损失、是合法的。
- 在我们开始评估之前、潜在的活体捐献者必须获得健康史及体检。这些费用应由捐赠者的健保承担。活体捐赠项目(LDP)不承担这些费用。如您的潜在捐赠者没有健康保险、请他们致电 206.598.3627 联系活体捐赠项目(LDP)。
- 活体捐赠项目(LDP)支付仅限于潜在捐肾者与移植直接相关的测试的医疗费用。如测试发现有医疗上的问题、需要进一步评估或治疗、活体捐赠项目(LDP)将不支付这些费用。
- 潜在捐赠肾脏者的各项检测、手术、住院等费用均由受捐者的健保支付。大多数受捐者的健保都会支付捐赠者的费用。如您不能确定您的健保是否涵盖这些费用、请与您的健保公司联系。

### 如我的捐赠人需要旅途或住房的补助？

如您的潜在捐赠者无法负担来华大医疗中心 UWMC 的费用、他们可能会获得旅行费用方面的帮助。

接受经济补助的条件是基于您的家庭人口及收入。请与您的社工讨论如何申请。

## 潜在捐赠者如何能学习更多？

如要取得有关活体捐赠肾、捐赠交换项目、或非指定的器官捐赠等项目的资讯；请致电 206-598-3627 与活体捐赠组联系或上网：

[www.uwmedicine.org/donor](http://www.uwmedicine.org/donor)。

### 您有疑问吗？

我们很重视您的疑问。  
当有疑问或顾虑时，请  
致电您的医生或医护人员。

移植科电话：  
206.598.3882

## Living Kidney Donors

### *Benefits, risks, and what to expect*

*Donated kidneys may come from either deceased or living donors. This chapter explains living donation.*

### Who can be a living kidney donor?

There are 2 types of living kidney donors:

- A **living related donor** (LRD) is a blood relative who wants to donate a kidney to a family member.
- A **living unrelated donor** (LURD) is a spouse, in-law, friend, co-worker, or anyone else who wants to donate a kidney to a recipient.

UWMC Transplant Services has a Living Donor Program that teaches and assesses potential living kidney donors for our transplant patients.

People who want to be a living kidney donor must:

- Be over the age of 21, unless *first degree* relative (either a parent, sibling, or child)
- Be under the age of 70
- Be in good health
- Have a body mass index (BMI) of 30 or lower
- Not have diabetes
- Have normal kidney function

### What is the benefit of having a living kidney donor?

With a living donor, the surgery can be done at a time that is best for the recipient. Most times, the wait time is shorter than it is with a deceased donor. This means the recipient is likely to be healthier at the time of transplant.



*A living donor can be a relative or someone who is not related to you.*

**From a living transplant donor:**

*“My sister was on dialysis. I was watching her get sicker. I was glad I could do something to help her get better.”*

## **What is the success rate of living kidney donation?**

- The 1-year success rate for a kidney transplant from a living donor is over 97% (more than 97 out of 100 transplant patients are alive 1 year after transplant).
- The 1-year success rate for a patient who receives a kidney from a deceased donor is about 94% (about 94 out of 100 transplant patients are alive 1 year after transplant).
- We expect that a kidney transplant from a living donor will work for about 15 to 20 years.

## **How do I talk with someone about being a donor?**

- You may want to talk about living kidney donation with your family, spouse or partner, friends, or co-workers who may be interested in donating. Start by giving them basic information and the living donor website ([www.uwmedicine.org/donor](http://www.uwmedicine.org/donor)) or Living Donor Phone Line (206.598.3627) so they can learn more.
- You or someone who knows you can tell your story to others who might be able to donate. If talking about living kidney donation is hard for you, ask a close friend or family member to be your advocate.
- Bring family and friends with you to your transplant evaluation visit so that we can explain living donor transplant to them. Even if they cannot donate, they may be able to talk with others about living donation.

## **Tips on Talking about Living Kidney Donation**

- **Choose a place and time that feels right.** Your family member or friend needs to feel comfortable. Leave plenty of time for the two of you to talk.
- **Speak from your heart and listen with your heart.** Take the time to listen to their feelings and concerns.
- **Be careful not to pressure others.** Donation is a major surgery and a serious decision. People who feel pressured to donate may not be eligible.
- **Give it time.** Don't expect an answer right away. People will need information, time, and support to decide. They may need time to talk with their own family, employer, or others involved in their daily lives.

## **What else do potential donors need to know?**

### **Time off Work**

Kidney donation is major surgery. The donor should allow 4 to 8 weeks for recovery after the surgery. A donor's time off work may be covered with sick leave, vacation pay, or donated time from other employees.



Donors who live in the U.S. may qualify for special leave under the Family and Medical Leave Act (FMLA). Federal employees receive paid leave to be a living kidney donor. Some other employers and state governments also offer paid leave for living donors.

### **Family History**

Some kidney diseases may be inherited. A family member who wants to donate a kidney should talk with their primary care provider about their own risk for kidney disease. The UWMC Living Donor Program team will also talk with potential donors about this concern.

### **Pregnancy**

If a woman has been a living kidney donor and then becomes pregnant, her remaining kidney should not have any problems.

But, she may have a higher risk of:

- *Preeclampsia* (high blood pressure and protein in the urine)
- Having a pre-term birth (early delivery).

The risk for preeclampsia in all women is 2.5% (2.5 out of 100 women). For a female kidney donor, the risk is 4% to 5% (4 to 5 out of 100 women).

If the donor does become pregnant, she should tell her obstetrician that she has only 1 kidney.

### **Smoking**

Potential kidney donors must stop smoking tobacco at least 60 days before the day of surgery. For their recovery and health, we also strongly advise not smoking after kidney donation.

### **What if I have more than 1 donor?**

If more than 1 person wants to be considered for donating a kidney to you, please ask them to call the Living Donor Phone line at 206.598.3627 or visit [www.uwmedicine.org/donor](http://www.uwmedicine.org/donor) and click on “Potential Living Kidney Donor Screening.” The Living Donor Team will review every potential donor for you. Based on our review, we will choose 1 donor at a time to be fully evaluated. Other donors will be considered as back-up.

### **What risks are involved in being a donor?**

Kidney donation is major surgery. There is always risk involved with major surgery.

Potential kidney donors must be in excellent health, not have diabetes, and have kidneys that are healthy and working well. Evaluating a potential kidney donor usually takes about 3 to 6 months. This evaluation is done to make sure that the potential donor is in good health.

The Living Donor Team will review the potential donor's health and test results. At any point, a potential living donor may be found ineligible based on the results of their evaluation.

### **Is there a risk of death from donor surgery?**

The risk of death from donor surgery is very low. Overall, death occurs only 3 times out of 10,000 donor operations. UWMC has had no donor deaths. We have done more than 500 living donor surgeries.

### **Are there increased health risks after donation?**

In a healthy donor, the remaining kidney usually grows in size and is able to provide all the kidney function needed for the rest of the donor's life. The risk of kidney failure, also called *end stage renal disease* (ESRD), for living donors is about the same as it is for other people of the same age, gender, and health who have not donated a kidney.

But, there is a long-term risk of developing ESRD after donating a kidney. The exact level of risk is not known, but it can be as high as 0.5% (1 out of 200 donors).

### **What if my donor is healthy but is not a match for me?**

A positive cross-match or an incompatible blood type means that your potential donor cannot donate to you (see the chapter on "Tissue Matching"). If this occurs, you may be interested in learning about UWMC's Donor Exchange Program.

This program matches donors with recipients through a national exchange program. The program searches through their list of donors and recipients until they find a match. To learn more, visit the National Kidney Registry website at [kidneyregistry.org](http://kidneyregistry.org).

### **What about organ donation from people in the community or anonymous donation?**

Some people have a sincere desire to be a living kidney donor, even if they do not have a relative or friend who needs a kidney transplant. These people are called *non-directed kidney donors*.

UWMC has a non-directed donor program. Non-directed donors can donate either to someone on UWMC's wait list or to someone on the National Kidney Registry's wait list.

Non-directed donors are usually matched to the person on the list who:

- Has a compatible blood type
- Has been waiting the longest for a transplant

**From a living unrelated donor:**

*"I am already signed up as an organ donor, and being able to help someone when I am alive would be terrific."*

**From a potential transplant recipient:**

*"I asked my grandmother to spread the word for me to the rest of the family. I knew my grandmother would not be the donor, but she was a great intermediary. It took the spotlight off me."*

## **Does someone advocate for the donor?**

Every transplant program has an *independent donor advocate* (IDA). Donors can talk with the IDA about their concerns. The IDA advises donors and helps guide them through the process of deciding if donating is in their best interest.

## **What can a potential donor expect?**

- Potential living donors should either:
  - Visit [www.uwmedicine.org/donor](http://www.uwmedicine.org/donor) and click on "Potential Living Kidney Donor Screening."
  - Or:
  - Call the Living Donor Program (LDP) at 206.598.3627. The IDA will ask them some basic questions and explain the donor process to them.
- If the person is interested, we will send them a donor information packet.
- Before a potential donor can begin the donor evaluation, the transplant recipient must be medically and financially cleared for transplant.
- The potential donor may stop the evaluation at any time if they decide they do not want to donate.
- The LDP will contact your donor at 6 months, 1 year, and 2 years after their donor surgery to check on their health. LDP will give the results of their kidney tests to United Network for Organ Sharing (UNOS).

## **Can I find out how a donor's evaluation is going?**

Federal law requires that we keep all health records private. This federal law is called the Health Insurance Portability and Accountability Act (HIPAA).

This means that the transplant team cannot give you or your nephrologist any information about your donor's evaluation. It is up to your donor to tell you about the evaluation process, if they wish.

## **Who pays for living donor evaluations?**

- Sale of human organs is prohibited by the National Organ Transplant Act of 1984. But it is legal to pay for expenses related to living kidney donation such as travel costs and lost wages.
- The potential living donor must get a health history and physical exam before we begin their evaluation. These costs should be covered by the donor's health insurance. The LDP does not cover these costs. If your

potential donor does not have health insurance, they should call the LDP at 206.598.3627.

- The LDP will pay only for the potential donor's medical expenses that are directly related to the required medical workup. If the testing finds health problems that need more evaluation or treatment, the LDP will not cover those costs.
- The expenses for the evaluation surgery, hospital stay, and complications for the potential living kidney donor should be paid by the transplant recipient's insurance. Most recipients have insurance coverage that will pay these donor expenses. If you are not sure if your insurance will cover this, contact your insurance company.

### **What if my donor needs help with travel or housing costs?**

If your potential donor cannot afford to travel to UWMC, they may be able to get help with travel costs.

Receiving this financial help is based on your family size and income. Talk with your social worker about how to apply for this help.

### **How can potential donors learn more?**

To learn more about living kidney donation, the Donor Exchange Program, or non-directed donation, potential donors can call The Living Donor Program at 206.598.3627 or visit [www.uwmedicine.org/donor](http://www.uwmedicine.org/donor).

#### **Questions?**

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

Transplant Services:  
206.598.3882