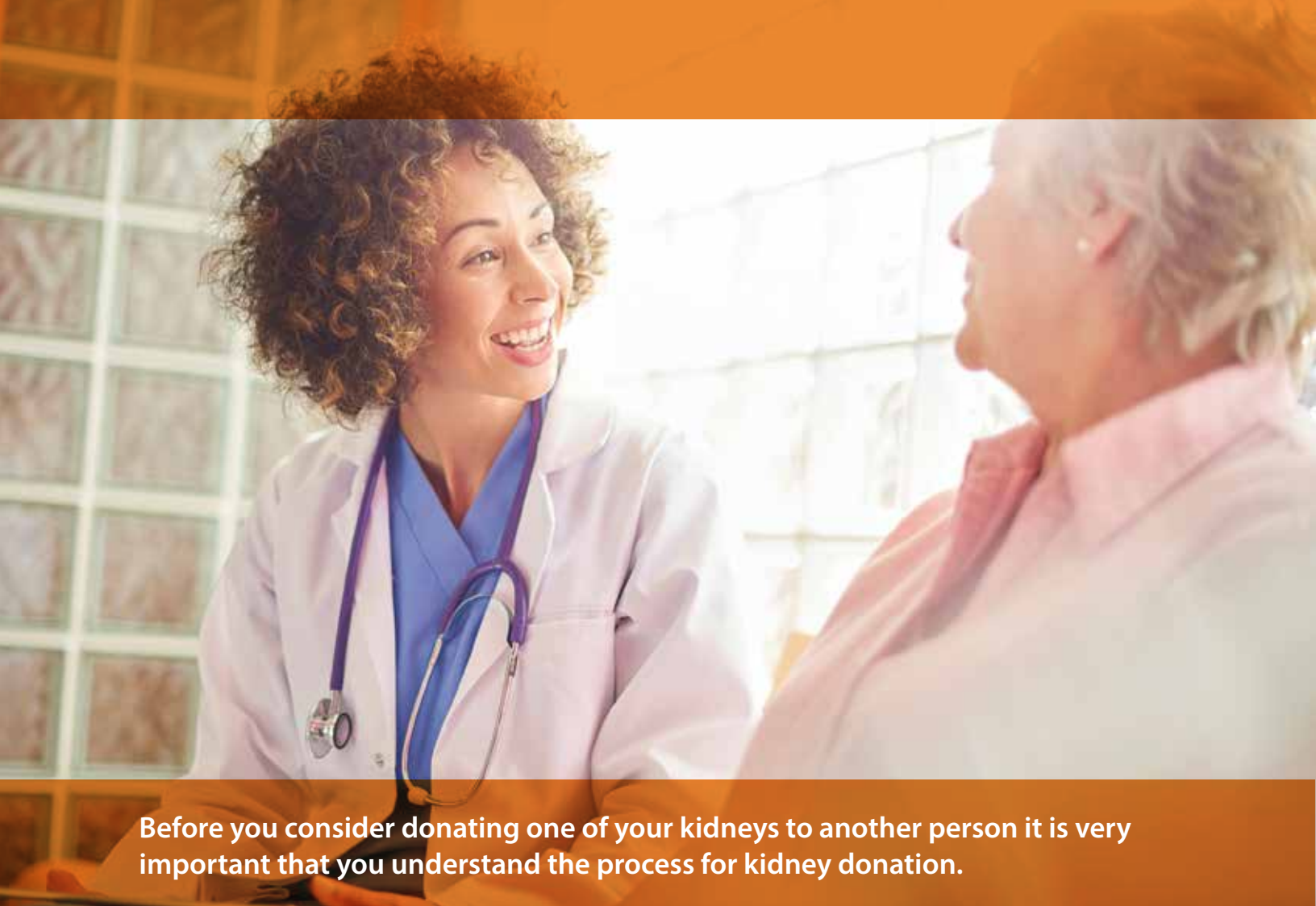


Living Kidney Donation

at the Christ Hospital





Before you consider donating one of your kidneys to another person it is very important that you understand the process for kidney donation.

Purpose of a Kidney Transplant

THE PRIMARY FUNCTION OF THE KIDNEY IS TO REMOVE WASTE FROM THE BODY THROUGH THE PRODUCTION OF URINE. THE KIDNEYS ALSO REGULATE BLOOD PRESSURE, BLOOD VOLUME, AND CHEMICAL COMPOSITION IN THE BLOOD. THE PURPOSE OF A KIDNEY TRANSPLANT IS TO GIVE A HEALTHY KIDNEY TO A PERSON WITH CHRONIC KIDNEY DISEASE. A SUCCESSFUL KIDNEY TRANSPLANT MAY ALLOW SOMEONE WITH CHRONIC OR END STAGE KIDNEY DISEASE THE CHANCE TO AVOID DIALYSIS AND LIVE A HEALTHIER LIFE. STATISTICS SHOW THAT KIDNEYS FROM LIVING DONORS HAVE A GREATER OVERALL SUCCESS RATE THAN A KIDNEY FROM A DECEASED DONOR.

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TYPES OF KIDNEY TRANSPLANTS

LIVING DONATION

- Recipient receives a kidney from a living donor (relative, nonrelative, friend, anonymous)
- Transplanted kidney can function for approximately 12-20 years
- Transplant surgery is planned
- Surgery can be scheduled as soon as donor and recipient are approved by the transplant team

DECEASED DONATION

- Recipient receives a kidney from someone that has died
- Transplanted kidney can function for approximately 8-12 years
- Transplant surgery is done within hours of donor match and is unplanned
- Recipient can wait years on the transplant list for a deceased donor kidney

KIDNEY EXCHANGE

- Recipient receives a living kidney from another transplant center
- Living donor will need to donate to another recipient at another center in exchange
- Transplant surgery is planned; timing of surgery is variable and dependent on kidney transport logistics between transplant centers
- Donor and recipient surgeries typically take place on the same day



ALTERNATIVE TREATMENT OPTIONS FOR THE RECIPIENT

There are treatment options available to the potential recipient other than transplantation. In most cases, people with end stage renal disease can be treated with dialysis. Also, if a living kidney donor is not available, the recipient can be placed on a national waiting list for a deceased donor transplant.

CONFIDENTIALITY

Our transplant center will take all reasonable precautions to provide confidentiality for the living donor and recipient. Information about your medical evaluation, psychosocial evaluation, and diagnostic testing will not be shared with the kidney transplant recipient. It is *your* choice whether or not you discuss your efforts to become a donor with the recipient. The donor and recipient will have different social workers assigned to avoid any potential conflict of interest that may exist between team members.

Any health information obtained during the living donor evaluation is subject to the same regulations as all medical records and could reveal conditions that our transplant center must report to local, state and federal public health authorities.

The United Network for Organ Sharing (UNOS) and Centers for Medicare and Medicaid Services (CMS) are the regulatory agencies over all transplant centers in the United States.

Transplant centers determine candidacy for both donors and recipients based on transplant center criteria and clinical judgment. Criteria is determined in accordance with guidelines set forth by UNOS and CMS. Our current selection criteria for a living donor is included in the back of this brochure.



TRANSPLANT TEAM **During the evaluation process you will meet with several clinical members of the team that will include:**

Picture is courtesy of Randy Bick Photography (transplant recipient)

A Living Donor Transplant Coordinator:

Your transplant coordinator is a registered nurse who does the initial screening and education about the donation process. Your coordinator will facilitate all aspects of the donation process through transplantation. The coordinator will be your liaison with the hospital staff during your inpatient stay and post donation as you desire.

A Nephrologist and Nurse Practitioner:

A nephrologist is a kidney specialist. This physician or nurse practitioner will do a complete history and physical to determine if it is safe for you to donate a kidney. The nurse practitioner will review his / her assessment with the nephrologist. Risk factors will be assessed to determine if there could be potential future risk to you. Any potential risks will be shared with you and recommendations made based on their assessment and findings.

A Transplant Surgeon will meet with you to discuss the surgical procedure, potential risks and benefits for you and the recipient. The surgeon may also examine your abdomen if you have had previous abdominal surgeries.

A Living Donor Social Worker will meet with you to assess your psychosocial situation, life stressors, and the support systems in your life. Specific questions will be asked regarding why you wish to donate. The social worker will also discuss and assess any potential psychosocial, financial or emotional concerns that might impact the donation process as well as your post-surgical recovery.

An Independent Living Donor Advocate (ILDA) will be provided to assist you through the process and provide instruction about all phases of the living donation process. This includes the consent, medical and psychosocial evaluation, pre and post operative care, and required post operative follow-up. The ILDA is not involved with the recipient evaluation or treatment decisions and is independent of the decision to transplant the potential recipient. The ILDA serves as a knowledgeable advocate for the rights of the living donor.

A Dietician will be involved in the multidisciplinary team meetings. While in the hospital, after donation, the dietician will visit you and assess your dietary intake and tolerance as your diet is advanced. The dietician will provide education at discharge regarding your diet after donation. The dietary recommendations after donation are for a healthy diet that includes adequate hydration, no excess protein and low sodium.

A Pharmacy Representative will be involved in the multidisciplinary team meetings. The pharmacist will review any medications, supplements and herbal remedies that you may be taking. The pharmacist will offer recommendations based on that list. The pharmacist will visit with you post donation and provide education on new medications and discuss your discharge plan. The post-transplant plan will be to avoid certain supplements, herbal remedies and nonsteroidal anti-inflammatory drugs (NSAIDs) like Advil and Aleve post donation.

The Multidisciplinary Transplant Team meets to review medical and psychosocial evaluations of donor candidates. Donor candidacy is determined by the team.

MEDICAL EVALUATION

All donors must complete a thorough evaluation to determine if you are medically suitable to be a kidney donor. The time to complete the evaluation process varies from donor to donor. Factors include where you live, work schedule, transportation, and results of testing.

This evaluation includes a history for the presence of behaviors that may increase risk of disease transmission. You will be asked to complete a questionnaire related to high risk behaviors. The medical evaluation also includes questions about your family history and your social history.

There are many different tests that need to be done to determine if you are suitable for donation. Listed below are some of the common tests included in the evaluation process. Additional tests may be ordered based on the results of these tests.

Blood tests – Multiple blood tests are required to determine if your blood type matches the recipient. Other blood tests are done to assess how your kidneys are functioning and the status of your overall health. Blood will also be screened for immunity to certain viruses and transmissible diseases including exposure to the HIV virus.

Urine tests – Your urine is tested to assess your kidney function and any signs of infection.

CXR – A chest x-ray helps us identify any problems with your lungs.

EKG – An EKG will check for any abnormality of your heart rhythm.

CT Angiogram – This CT scan of your kidneys will be done to determine if there are any abnormalities in your kidneys or with major blood vessels.

Stress Test – If you are 60 years or older, this test will be ordered to evaluate your heart.

If you see any physicians for any medical or psychological conditions, the transplant team may ask that you sign a release of information to obtain records and clearances from those physicians.

Routine donor tests are paid for by recipients' insurance. In the event other medical issues are discovered during the work-up process that is unrelated to donation, we will refer you back to your primary care physician or recommend a specialist to consult. Payment for any testing or consults that you receive that is not related to the kidney donation process will be your responsibility or your insurance provider's responsibility.



CANCER SCREENING FOR DONORS

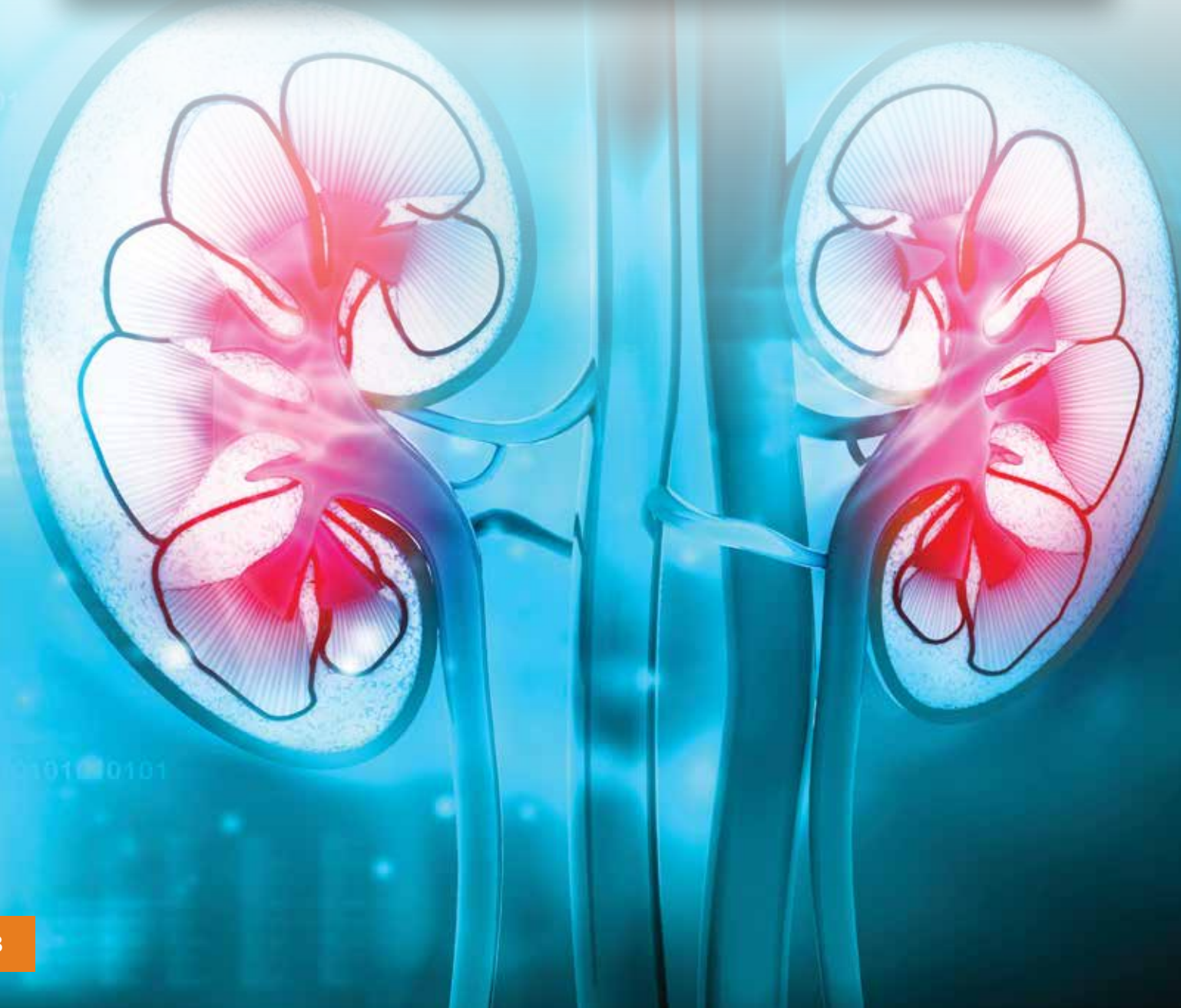
It is also expected and required that all kidney donors are up to date on the general cancer screenings that are part of their general wellness. If the donor is not up to date on the screenings, they will be expected to do so prior to final determination of donor candidacy.

- All females must have an updated and negative Pap smear
- All females 40 years or older must have a mammogram
- Females less than 40 years of age must have a documented breast exam by a physician

- All men and women 50 years or greater must have a colonoscopy
- All men 50 years or greater must have a prostate check (PSA blood level and digital rectal exam)
- All African American males and other males over 45 years old with a family history of prostate cancer will need to have a digital rectal exam and a PSA level

These cancer screenings are required for consideration of donation but not part of the routine testing.

These appointments will need to be set up by the donor and will be billed to the donor's insurance.



PSYCHOSOCIAL EVALUATION

Just like the medical evaluation, all donors must complete a thorough psychological assessment.

The living donor social worker will evaluate the living donor for any psychosocial issues, including mental health issues that might complicate the living donor's recovery and could be identified as potential risks for poor psychosocial outcomes.

PREPARING FOR SURGERY

Pre-Operative Care

Approximately 7-14 days prior to the scheduled surgery, you will come to the hospital for Pre- Admission Testing (PAT). During this visit, you will have blood drawn, urine samples obtained, chest X-ray completed, and EKG performed. You will also meet with your Transplant Coordinator, Surgeon, Social Work, and Independent Living Donor Advocate. The results of your Pre- Admission Testing will be reviewed by the transplant team. If approved, you will proceed with the scheduled donation surgery.

The Day of Surgery

On the morning of surgery, you will go to the Same Day Surgery Department to be prepared for surgery. You will have an IV placed and may be given medication to help you relax until you are taken to the operating room.

Surgical Procedure

During surgery, you will receive general anesthesia. The Christ Hospital has been doing laparoscopic kidney donation since 2000. You will have an incision that is

approximately 2-3 inches long. In addition, you will have several smaller incisions used for surgical instruments. If the surgeon feels that your kidney can't be removed laparoscopically, he will discuss it with you before surgery is scheduled.

Post Operative Care

After surgery, you will have an IV and a catheter in your bladder for a day. You will have pain after surgery and will be prescribed medication to help control pain. You should plan to go home one day after surgery. You should not lift more than 10 lbs. for at least 6 weeks after surgery. You will not be permitted to drive until you see the surgeon at your 2-week visit. The surgeon will then discuss with you any further restrictions. The amount of time off work will be dependent on the type of work you do. Generally, we suggest 4- 6 weeks off work, but if your job does not involve a lot of physical activity or lifting, you may be able to return sooner.

POTENTIAL RISKS TO DONOR

There are potential risks with any surgery especially when those surgeries are done under general anesthesia.

The following are inherent risks to the potential living donor associated with evaluation for living donation:

- Allergic reactions to contrast
- Discovery of reportable infections
- Discovery of serious medical conditions
- Discovery of adverse genetic findings unknown to the living donor
- Discovery of certain abnormalities that may require more testing at the living donor's expense or may create the need for unexpected decisions on the part of the transplant team



POTENTIAL MEDICAL / SURGICAL RISKS

Death – Although rare (0.03%), anyone that receives general anesthesia is at some risk.

Bleeding – Bleeding can occur during or after surgery. The bleeding may require blood transfusions or blood products.

Blood clots – After any operation, a blood clot may develop. The blood clot can break free and travel to the heart or lungs. In the lungs, it can cause serious breathing problems and can lead to death.

Infection – Infections can occur when bacteria enter your body at the surgical incision sites or where tubes were placed in your body.

Other – Other possible complications include but are not limited to: hernia, decreased kidney function, fatigue, pain, bloating, nausea, bowel obstruction, injury to structures in the abdomen, pressure sores on the skin due to positioning, nerve damage, burns caused by the use of electrical equipment during surgery, damage to the arteries and veins, pneumonia, heart attack, stroke, scarring at the site of the abdominal incision, and other

consequences typical of any surgical procedure. Some studies suggest an increase in risk for developing high blood pressure (hypertension) and /or small amounts of protein in the urine (proteinuria). Risk for preeclampsia or gestational hypertension may be increased in pregnancies after donation. Although these risks are small, you need to be followed yearly by a physician to monitor for these conditions.

Usually, healthy people who donate a kidney recover and lead normal lives. However, in rare circumstances, a small number of donors have lost the function of their remaining kidney, resulting in kidney failure and the need for dialysis or kidney transplant. Possible situations in which this could occur include: kidney cancer, trauma, kidney stones with infection, or development of kidney disease that was not evident at the time of donor evaluation.

Current UNOS kidney allocation policy is to prioritize living kidney donors to receive a deceased donor kidney if they should ever need one.

PSYCHOSOCIAL / FINANCIAL RISKS

There is no medical benefit to you from donating a kidney, but most donors report an emotional benefit from donation with similar or better quality of life than before donor surgery.

Donation may create, or increase stresses related to your emotional, family, social, employment, or financial situation.

Potential Psychosocial Risks

- Problems with body image
- Post- surgery depression or anxiety
- Feelings of emotional distress or grief if the transplant recipient experiences any recurrent disease or if the transplant recipient dies
- Changes in living donor lifestyle from donation

Potential Financial Impacts

- Personal expenses of travel, housing, child care costs, and lost wages related to donation might not be reimbursed, however, resources might be available to defray some donation-related costs
- Need for life long follow-up at the living donor's expense
- Loss of employment or income
- Negative impact on the ability to obtain future employment
- Negative impact on the ability to obtain, maintain or afford health insurance, disability insurance, and life insurance
- Future health problems experienced by living donor following donation may not be covered by the recipient's insurance

Expectations about your donation and the transplant outcome might not be met. It is for this reason that such issues are discussed with the living donor team in advance so that you can realistically prepare as best as possible. The living donor team is available to provide ongoing support before and after donation, and it is important to share any of these concerns with appropriate staff.



LIVING DONOR FOLLOW-UP

Medical follow-up recommendations after your donation will be given to you upon discharge. It is your responsibility to follow those recommendations to assure your ongoing future health. We are concerned for your wellbeing after donation and are available to discuss any of your health concerns, yet it is the living donor's responsibility to inform us of any problems related to the donation so we can properly intervene or give you additional recommendations.

United Network for Organ Sharing (UNOS) requires our center to report living donor follow-up in a timely manner. Currently, UNOS policy requires follow-up at 6 months, 1 year, and 2 years after donation. This will require you to come to our center for a follow-up visit with a nurse. At that time, we will check your blood pressure and weight as well as take a blood and urine sample from you. This allows us to monitor your kidney function after donation. All of these results are given to our medical director to review. If a problem is discovered, the medical director will offer

recommendations for treatment and follow up care. We suggest regularly scheduled visits at least yearly with your primary care physician for routine health maintenance. Any healthy lifestyle changes you make in order to become a living donor should be maintained (i.e. weight loss, diet, exercise). It is expected that an out of town donor follow-up in Cincinnati at our transplant center at the above mentioned visits. There will be no charge to you for the routine labs and follow up visits that are completed in our transplant clinic.


If there is any discovery of infectious disease or malignancy that is pertinent to the care of the recipient during this 2-year post operative follow-up period, it:

- May need to be reported to local, state, or federal public health authorities.
- Will be disclosed to the recipient's transplant hospital and recipient.
- Will be reported through the OPTN Improving Patient Safety Portal.



POTENTIAL RISKS TO THE RECIPIENT

Our goal for the recipient is to benefit from the transplant. Yet, any transplant candidate may have increased likelihood of adverse outcomes including but not limited to graft failure, complications and mortality that exceeds local and national averages. These do not necessarily prohibit the transplantation and are not disclosed to the living donor. Transplant recipients must also take their transplant medications for the rest of their lives or they will reject the organ. We screen all transplant candidates before allowing them to proceed; yet, success relies on multiple factors.



FEDERAL LAW REGARDING DONATION OF HUMAN ORGANS

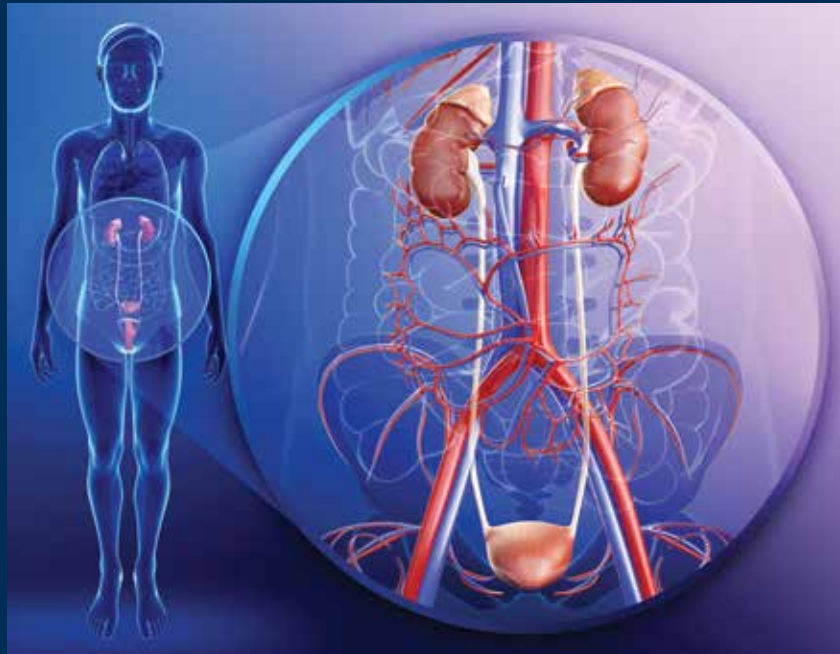
The sale or purchase of human organs is a federal crime and it is unlawful for any person to knowingly acquire, obtain or otherwise transfer any human organ for anything of value, including, but not limited, to cash, property and vacations.

It is illegal in the U.S. to financially benefit from donation; yet, financial support without profiting is permissible in order to offset potential costs that may be associated with donation (i.e. lodging, travel).

RIGHT TO WITHDRAW

You have the right to withdraw or discontinue your participation as a living donor at any time during the process. You should not feel pressured or obligated to undergo such a serious procedure and should discuss any concerns with your living donor team so they can further assist you. If you wish, the transplant team can inform the recipient that you are no longer a living donor candidate. None of your health or evaluation information will be shared with the potential recipient and will be kept protected and confidential. The Independent Living Donor Advocate (ILDA) is available to assist the living donor through this process.

NOTE: If a high risk behavior is discovered during the evaluation period that could result in possible transmission of a potential virus to the recipient, and you are still approved to donate, the information is required to be shared with the recipient. Before we inform the recipient, we will discuss this with you. You can then decide to move ahead with the donation and allow us to inform the recipient of this increased risk or withdraw as a donor. If you choose to withdraw from being a living donor, that high risk behavior information will remain confidential.



WHAT IF I AM NOT A MATCH OR I AM NOT SELECTED TO BE A DONOR FOR A SPECIFIC RECIPIENT?

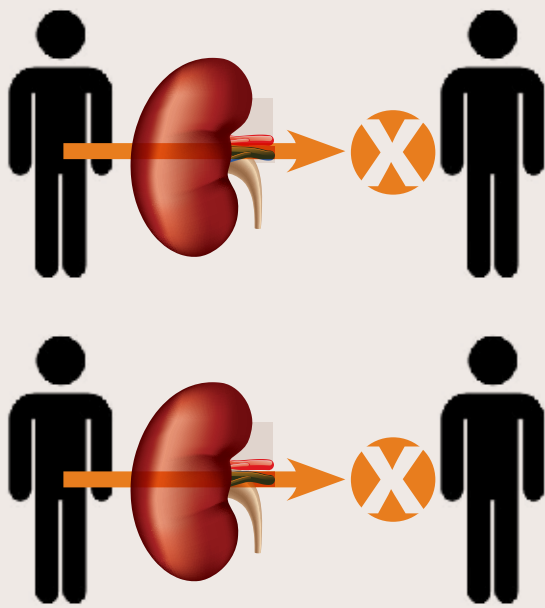
This can be very disappointing to someone that really wants to donate, but don't worry. There are other ways you may still be able to help.

Kidney Exchange: If you do not match with the recipient, you can enter the kidney exchange and "trade" your kidney with another transplant center. In return, the recipient you wanted to receive a kidney will get a kidney from another living kidney donor in exchange. The Living Donor Coordinator can discuss this with you further if you are interested.

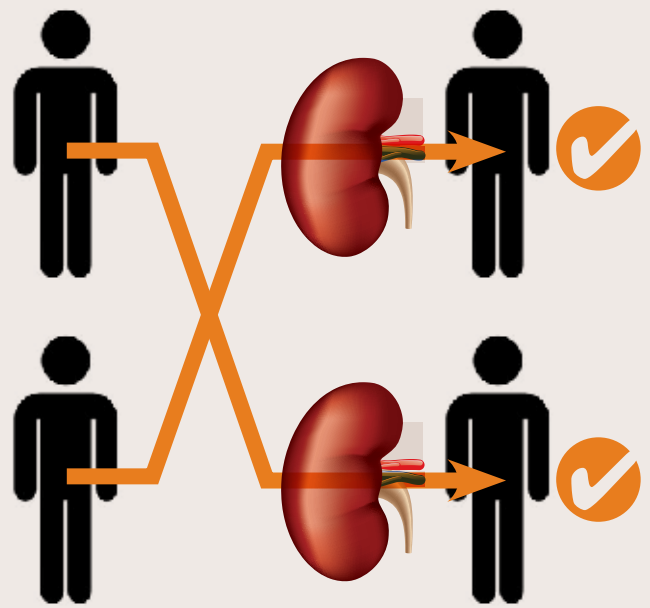
Become an Altruistic Donor: If you are not a match or were not chosen to be the donor for your intended recipient, you could offer to donate your kidney to someone in need by entering yourself into the kidney

exchange program as an altruistic (anonymous) donor. In return, the kidney exchange program will offer our center a kidney to transplant someone on our wait list.

Become a Donor Champion: You might not be medically or psychologically acceptable to donate one of your kidneys, but you can still help the person you wanted to donate to by becoming their Donor Champion. A "Donor Champion" is someone who is willing to share the candidate's story and their need for a kidney transplant. We will help teach you ways you can do this. Transplant candidates often feel uncomfortable approaching others regarding their need for a kidney. Every recipient needs a Donor Champion to get them through this process.



The donor in each pair cannot give their kidney to the recipient because they are not a match.



The donors can give their kidney to the other recipient because they are a good match.

Mimi Mahon



Mimi's mom became sick in Spring 2015. Although it is difficult to say what exactly caused her kidneys to fail, a perfect storm of events occurred and caused her to become septic in the ICU and put her in end-stage renal failure. It was then that Mimi decided to donate one of her kidneys so her mom could receive the best possible match in the quickest time possible.

"I got tested right away and found out I was not a good direct match. We had several people offer to donate, which was incredible, but time after time it did not work out. With the guidance and hard work of the transplant team at The Christ Hospital, my mom and I were cleared to be put into the National Kidney Registry and were quickly matched with a chain of recipients and donors." Mimi explains.

"I decided to donate because my mom deserves a happy and healthy life." Mimi goes on, "one in which she can enjoy her husband, five children, nine grandchildren and continue to run her own business. Selfishly, I want her to be in my life for as long as possible! My mom and sister both just kept telling me that I didn't have to do it. The truth is, I never felt like I had to. I always wanted to."

"After waiting for over a year, I called my transplant coordinator and begged to be able to move forward in the process. The entire time others were going through the process, I continued to hear a voice in my head telling me it was going to be me. I took my health and nutrition very seriously during that time to make sure I was doing everything within my control to be healthy and able to do so. It turns out I was!"

"I was treated incredibly well by the nurses. I tried to avoid the strongest pain kill medication, but back pain made that impossible. Next time, I would ask sooner!"

"The second day I was home, I had a friend over, sat upright in a chair for hours and felt fine. The next day, I again had more visitors. By the fifth day, I actually went out to dinner with friends."

Mimi returned to work 3 ½ weeks after the surgery. Around the six-week mark she began feeling back to her normal self.

Don Frank - Direct Donor



Don's brother-in-law was in need of a kidney and Don wanted to help but didn't think he was eligible to donate because of age. But he discovered donation was still possible even after age 60.

Blood tests showed that Don was such a close match he could have been a biological brother. That was his confirmation. "When you know inside you're supposed to do something, you know everything will work out for the best," he reflects.

Some family and friends were concerned but reassured with current data on transplants.

"The surgeon and the whole surgical team were excellent! The operation took about four hours, and there were no complications," says Don. "The hospital staff, nurses, doctors were very professional and friendly. I was offered various pain management options for my individual needs. I didn't have a great deal of pain, so I managed with extra strength Tylenol. The food was very good in the hospital. I began walking laps on the kidney donation floor of the hospital the first day of recovery. I spent just two days in the hospital."

It wasn't long before he was back to normal. "After my two-week post-op check-up," Don explains, "I was cleared to fly home to Florida with my wife. Within a few days home we were looking after our grandchild again."

Don goes on, "The recuperation time for me was positively surprising. Even though my donor body was healing my energy came back fairly quickly. I was up walking laps in the hospital, and I continued to take long walks daily in my first two weeks and after my post-op exam back in Florida. I was also active in general after the first two weeks. I did enjoy taking some naps the first two weeks after the operation."

Angela Easton - Anonymous Donor



Angela Easton saw a Facebook post from a friend who was searching for a kidney for her brother. They had exhausted all possible options with family and friends and were searching for a stranger to be his match. "Somehow I knew I could be that person. I at least wanted to get tested. It turns out I was his perfect match," Angela says.

For Angela it was not a tough decision. "It was not a difficult decision for me. I am a second-generation foster parent and saying "yes" when others might say "no" is just part of how I see my place in this world. I look at my resources a little bit differently than others. It took me a while to convince my family and friends that I was doing the right thing though. Post-surgery, some of my biggest skeptics are now some of the fiercest advocates for living organ donation."

Recovering at home with three young children was the biggest challenge Angela could see before surgery. "Almost without exception people were concerned that I would give my kidney to a stranger when I have three young children at home. I had to use all of the resources from the hospital and Internet to prove that, long term, the risks were very low. It doesn't stop people from being concerned but once you come out of surgery and begin recovery, people's minds are eased a bit."

The surgery was successful and both kidneys were functioning within "normal levels" in two different bodies within 24 hours.

Angela says she was treated like a queen at the hospital. "The staff was amazing and really helped me feel confident in what my body was feeling. I spent two nights in the hospital and was ready to come home as soon as they would let me out. I think I wore a path in the hallway doing laps!"

Recovery at home went well, Angela was out for short walks on the first day back and quit all pain medication by the fifth day. She was back to work after two weeks.

They call what I experienced, "addition by subtraction." I donated a kidney and what I received in return was a life infused with amazing people. I have been blessed to meet so many individuals who spend their lives making this world a better place.

Janice Crago - Local Direct



Janice knew her recipient, they had kids the same age and served in PTA together. "I knew my recipient needed a kidney, but volunteering to donate wasn't on my radar. It was to help her, but honestly, it was to help me too. I'd been simmering a mid-life crisis of sorts—kids grown, living safe and small by saying "no" to pretty much anything that had me venturing out of my shrinking comfort zone. Realizing I was squandering precious time and to make the most of my life, I vowed to start saying "Yes!" Wouldn't you know, donating a kidney was the first test in keeping that promise."

Nudges about donating freakishly started showing up. Random stories about organ donation in her Facebook feed. Assignments to write patient stories for The Christ Hospital—all about kidney donation. Another assignment for Johns Hopkins about a donor, whose recipient she learned, lives a stone's throw from her.

"There was one what-if that sealed the deal for me," she goes on to explain. "What if I don't even get tested and my recipient lives the rest of her life on dialysis, and I spend the rest of my life wondering if I could have helped her if I'd only said, 'yes?' I knew I had to keep the promise I made to myself about saying 'yes.'"

When I saw the way everything about becoming a donor had "magically" lined up, I knew becoming a donor was what I was supposed to do. For me, there was no comparison between the risk (very low) and reward (unbelievably high).

Janice decided that if she made the call to get information to start the process, she would be all in. If she was a match, she would donate; if not a match she would go into the registry to help her recipient get a kidney through paired exchange.

The surgery went off without a hitch. Recovery went well with some pain but only a little need for medication. Because she felt so good, the most difficult part of her recovery was not to do too much. She returned to work after two weeks.

Janice found the outpouring of support as surprising, humbling and life-changing. Many won't become a donor, but they can play a part by offering support, prayers and cheerleading.

Darci Gibson



My father was born with two undersized kidneys which gradually led to kidney failure. At the age of 70, doctors advised him that a kidney transplant, specifically from a living donor, improved his chances of a better outcome.

I was considered as a living kidney donor for my father, but a blood test revealed that my dad and I had different blood types. This meant that I would not be able to donate directly to him. However, I learned another option existed which would not only give him a kidney, but also provide a transplant to another recipient through the Paired Kidney Exchange Program.

After completing the testing, the Transplant Team determined that I was not qualified to be a donor. Devastated, I took comfort in knowing that God was in control and He had chosen someone else to fill this need for my dad. I was encouraged when my Donor Coordinator, who had walked me through the testing process, told me that I could help by serving as my dad's Kidney Donor Champion.

Why is the role of Kidney Donor Champion so important? It is very difficult for a potential recipient to think about asking other people for help. In addition, they are focused on managing their health, often times juggling dialysis and doctors appointments. Becoming a Kidney Donor Champion helps relieve a potential recipient of any additional stress they are already feeling as they go through this process.

My focus was to be the primary communicator, advocate and central point of contact for disseminating information about living kidney donation. My goal was to familiarize and educate people on the broader need of the over 100,000 people in this country who are critically waiting for a kidney. Through many different channels and mediums, I helped people learn more and understand what was involved in the donation process.

Fortunately, thanks to God, our campaign and efforts were successful in identifying a donor for my dad while also raising awareness about living kidney donation nationwide.

Serving as a Kidney Donor Champion was truly one of the most rewarding and fulfilling things I have done.

Alex Granger



When his brother-in-law needed a kidney, Alex did not hesitate to help out. "There was a need and I was in the position to help," says Alex.

"I felt an inner peace about the entire process and had full faith in the medical professionals helping me prepare." Alex had no concerns about donating. "I worked at staying positive through the entire process knowing that if I were a match everything would work out."

With very few exceptions, the support of family and friends for Alex was overwhelmingly positive.

The four hour surgery went as planned, with no complications.

"Pain management in the hospital was excellent. I was up and walking the day after surgery. The only discomfort was the abdominal gas pain, which dissipated quickly," Alex explains.

When home, Alex was off pain medication after the second day, and taking walks numerous times every day. After two weeks, he was back to walking five miles per day. The most difficult part of recovery, Alex recalls, was the boredom. Four weeks after surgery he was back at work.

"I was well informed about the process and felt comfortable after meeting with all the medical professionals," says Alex.

ADDITIONAL RESOURCES

TheChristHospital.com

All transplant centers are required to report data on outcomes, specifically National and Hospital one year recipient and kidney survival rates and living donor follow up rates. These results are published by The Scientific Registry for Transplant Recipients (SRTR).

www.srtr.org

United Network for Organ Sharing (UNOS) website at **www.unos.org**.

Team share your spare **www.teamshareaspire.org**

National Kidney Registry (NKR) **www.kidneyregistry.org**

Organ Procurement and Transplantation Network (OPTN) **optn.transplant.hrsa.gov**

Centers for Medicare and Medicaid Services (CMS) **www.CMS.org**

NEXT STEPS

IF YOU ARE INTERESTED IN BEING A KIDNEY DONOR, PLEASE COMPLETE AND RETURN THE DONOR REGISTRATION PAPERS INCLUDED IN THE BACK POCKET.

IF YOU ARE INTERESTED IN BEING A DONOR CHAMPION, PLEASE CALL **513-585-2822.**

NOTES

PLEASE SIGN, TEAR OR CUT OFF AND RETURN WITH REGISTRATION PACKET.

I _____ ACKNOWLEDGE I HAVE RECEIVED AND
REVIEWED THE BROCHURE "*LIVING KIDNEY DONATION AT THE CHRIST HOSPITAL*".

SIGNATURE: _____ DATE: _____



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