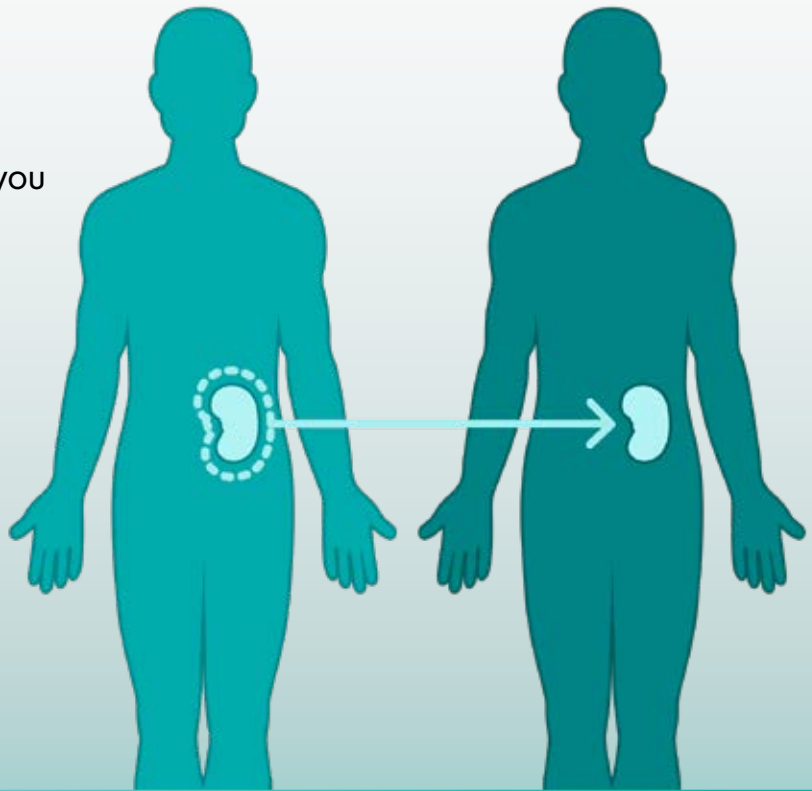


Becoming a Kidney Donor

A Guide to Your Living Kidney Donation

This booklet will help you understand living kidney donation.

Bring this booklet with you on the day of your surgery.



PRET/SURE
Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program

Centre universitaire
de santé McGill



McGill University
Health Centre



This material is also available through the
MUHC Patient Education website
www.muhcpatienteducation.ca

This booklet was developed by the MUHC Surgical Recovery (SURE) working group and the MUHC Kidney Transplant team.

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IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare professional if you have any questions concerning your care.



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Table of Contents

Introduction	5
About kidney donation	5
What are the kidneys?	6
What is a kidney transplant?	7
What is living kidney donor surgery?	9
Who can give a kidney?	10
Will my life change after giving a kidney?	12
What are the benefits of giving a kidney?	13
What are the possible risks of giving a kidney?	14
What are the steps to donate a kidney?	15
What if I'm not a match with my recipient?	19
 Before your surgery	 20
Preparing for your surgery	20
Pre-Op Clinic visit	23
Phone call from Admitting.	24
Cancelling your surgery	25
Washing	26
What to eat and drink.	27
What to bring to the hospital	28
 Day of surgery	 29
At the hospital.	29
 After your surgery.	 31
Recovery Room (PACU).	31
Pain control.	32
Exercises	33
Goals for the same day as your surgery.	35
Goals for 1 day after your surgery	36
Going home	37

Table of Contents

At home	39
Managing pain.	38
Caring for your incisions (cuts)	40
Diet	41
Getting back to daily activities	42
Follow-Up appointments	43
When to go to the Emergency Room	44
Resources	45
Important contacts and locations	45
Resources to help you stop smoking.	46
Library: McConnell Resource Centre	46
Notes	47
Map of Royal Victoria Hospital - Glen site	48

About kidney donation

This booklet will tell you about the different steps of kidney donation.

Choosing to become a kidney donor is a very personal decision. You should not decide to give a kidney because of the pressure from friends or family members.

You can decide at any point to stop the process and not give your kidney.

This booklet will:

- Give you information on the kidney donation process
- Help you understand and prepare for the surgery
- Give you information for when you go back home after surgery

Ask us if you have any questions.

Your MUHC living kidney donation team

If you do not speak French or English:

Bring someone with you during your visits and hospital stay who can help you understand.

What are the kidneys?

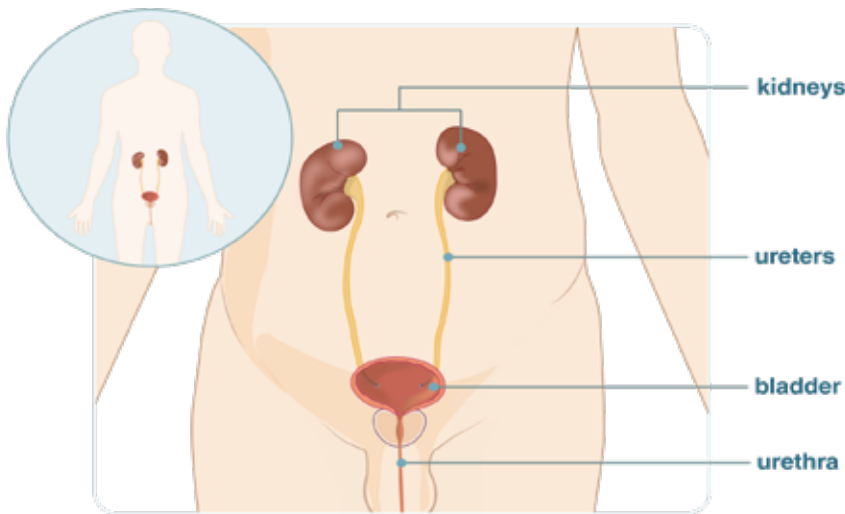
You have 2 kidneys, one on each side of your spine. A kidney is about the size of your fist, which is close to 10-13 cm long (4-5 inches).

What do kidneys do?

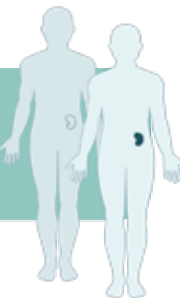
When your kidneys are in good health, they:

- Remove extra fluids and waste from your blood
- Help make red blood cells
- Control your blood pressure
- Make urine (this is their most important job)

When urine (pee) is made, it goes from the kidneys to the bladder through small tubes called ureters. The bladder is where your urine is stored. When you urinate, urine leaves your body through your urethra.



You can live a healthy life with 1 kidney.

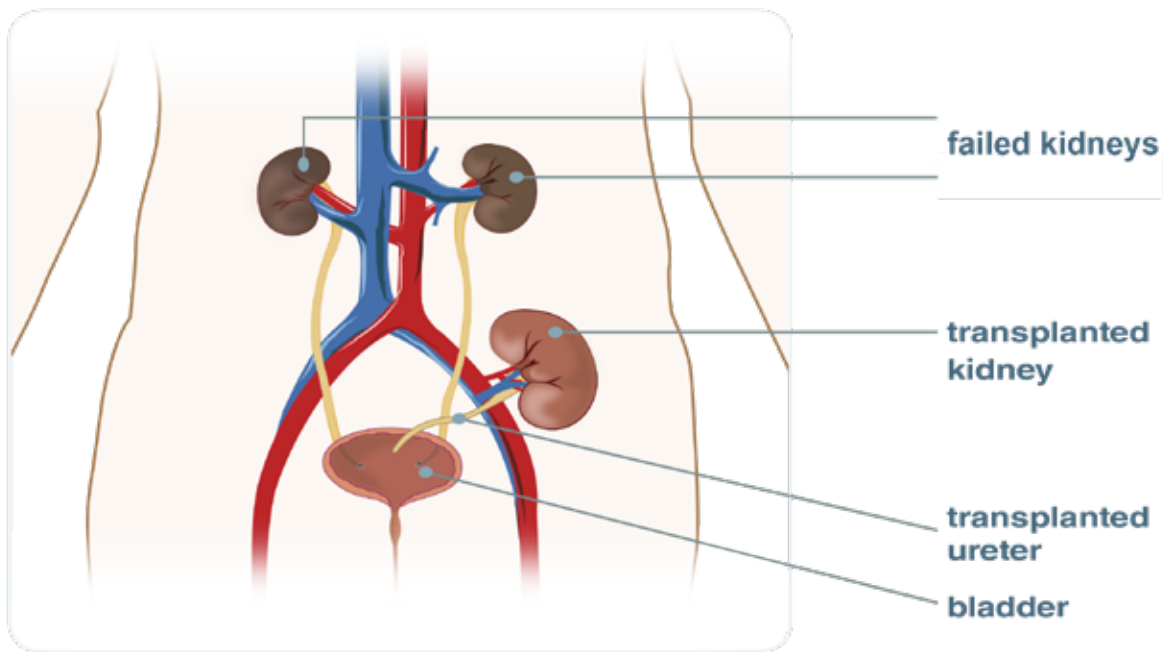


What is a kidney transplant?

When both of someone's kidneys have not been working well for a long time, we say this person has "chronic kidney failure."

They will need to be followed closely by a doctor or nephrologist (doctor specialized in kidneys), or both. When 10 percent or less of a person's kidneys are working, they need treatments to do the job of the kidneys to remove the extra fluid and waste from their body. These are called dialysis treatments.

A kidney transplant is a type of surgery that places a healthy kidney from another person into someone else's body. This is the best option for most people with chronic kidney failure because it gives them the best chance for a longer and healthier life without dialysis.



What is a kidney transplant?

The person who gives a kidney is called a **donor**. The person who receives this kidney is called a **recipient**.

There are 2 types of kidney transplant donors: living donor and deceased donor.

Deceased donor

A deceased donor is a person who has had severe permanent damage to their brain. Organ donation is only discussed after all life-saving treatments have been tried to save this person's life and this person or their family have given consent for organ donation.

To receive a kidney from a deceased donor, the name of the recipient needs to be on a waiting list. The waiting time can be a few months to several years. The success rate for a kidney transplant from a deceased donor is 85-90% after 1 year. The kidney lasts in its new body on average between 10 to 15 years.

Living donor

Anyone can give a kidney to someone with chronic kidney failure as long as they are over 18 years old and in good health. Living kidney donors are most often family members and friends.

The success rate for a kidney transplant from a living donor is high, at 90-95% after 1 year. The new kidney lasts on average between 15 to 20 years.

What is living kidney donor surgery?

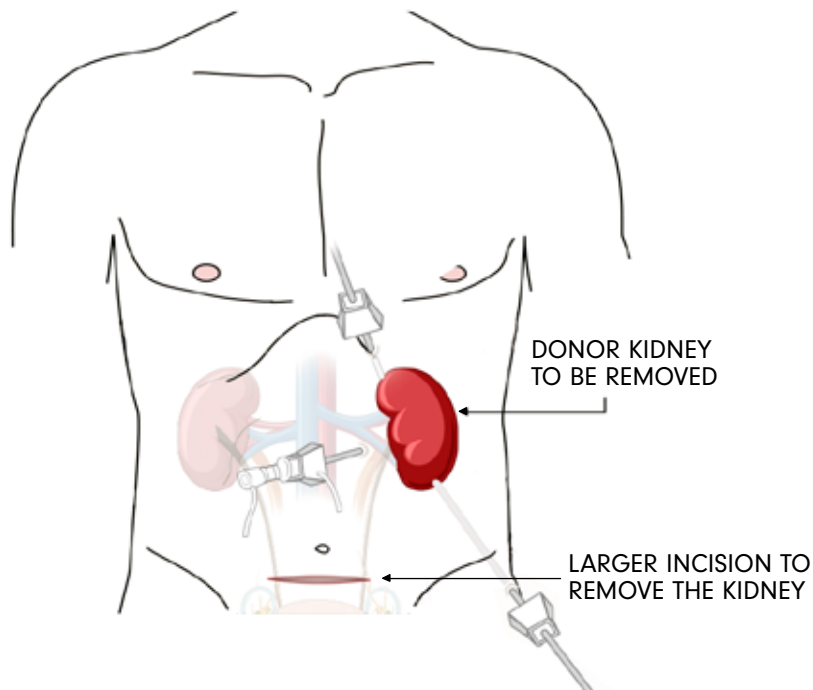
The surgery to remove one of your kidneys is called a nephrectomy.

This surgery is usually done laparoscopically (keyhole or minimally invasive surgery):

- The surgeon will make small incisions (cuts) in the abdomen (belly).
- The surgeon will put a camera and instruments through the incisions.
- The surgeon then makes a larger cut lower down in the belly to remove one of your healthy kidneys.

If you are giving directly to someone you know, then both the donor and recipient are at the hospital at the same time. Once your kidney is removed, it will be put in the body of the transplant recipient.

If you are part of the Kidney Paired Donation program, your kidney may be shipped to another hospital where it will be transplanted into the recipient.



Who can give a kidney?

- ✓ **I am a family member, spouse, friend, co-worker, relative of someone who needs a kidney, or a stranger.**

You do not have to be related to the recipient to be a living donor. In some cases, a complete stranger can be a living donor. Such a donor is called a non-directed anonymous donor.

- ✓ **I am at least 18 years old.**

You can never be too old to be a kidney donor.

- ✓ **I am in good physical and emotional health.**

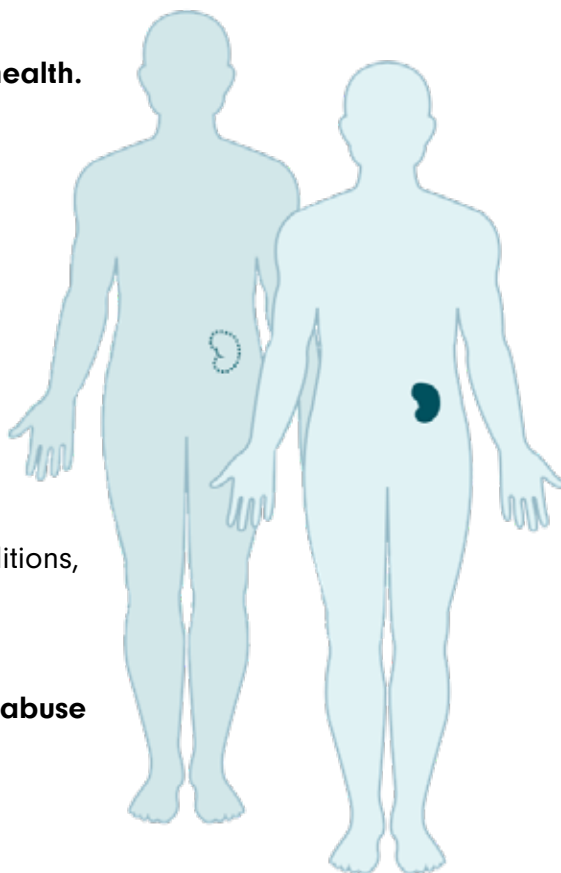
If you have cancer, diabetes, kidney disease, heart disease, liver disease, sickle cell disease, HIV or hepatitis, you may not be able to be a living donor. But there can be exceptions.

We consider each person who wishes to be a donor on an individual basis.

- ✓ **I am mentally healthy and stable.**

You do not have any mental health conditions, or if you do, they are well controlled.

- ✓ **I do not have an alcohol or substance abuse problem.**



Who can give a kidney?



I want to donate my kidney.



I know what living kidney donation involves.

You have read through this guide and have a good knowledge of the risks, benefits and potential results of the surgery, both for the donor and the recipient.



I have the support of my partner or family or both.

Did you know?

If you are a Canadian citizen, the medical costs of living donor testing and surgery are covered. Donors from outside the country are also covered for their testing and surgery so long as these are done within Canada.

The Reimbursement Program for Living Donors (RPLD) is a program run by Transplant Québec to provide some financial aid to help cover the cost of travel, parking, accommodation and meals related to being a living kidney donor.

The details of the RPLD program are available at the following link:

www.transplantquebec.ca/en/living-organ-donation

Will my life change after giving a kidney?

After getting better from surgery, you will be able to work, drive, exercise and do sports. Most people live a normal and healthy life after kidney donation.

Will I have to change my diet?

No. You will not have to follow a special diet, but as for everyone, it's good to keep a healthy diet.

Will I be able to drink alcohol?

Yes, but we suggest you drink alcohol in moderation.

Will I have to take special medications?

You will not need any medication other than what you were already taking before your surgery. There may be some medications you should not take. We will tell you about those.

Will I have to change jobs?

No. You should be able to continue your job, no matter what field you work in.

Will I still be able to have children?

If you are a woman, this surgery will not affect your ability to become pregnant. But there may be pregnancy-related issues we will tell you about.

If you are a man, this surgery will not impact your ability to have children.



What are the benefits of giving a kidney?



Benefits to the kidney recipient

- A kidney transplant from a living donor is often the best treatment option for a person with kidney failure.
- Kidneys from living donors last longer, on average, than kidneys from deceased donors.
- Some living donor transplants can be done before people have to start kidney dialysis.
- Unlike a deceased donor transplant, living donor transplants can be scheduled at a time that works well for both the recipient and the donor.
- Living donor transplants can take place sooner so the recipient may spend less time on dialysis waiting for a kidney.



Benefits to the living kidney donor

- Kidney donors report feeling a sense of happiness, reward, satisfaction and relief knowing they helped someone have a better life.
- Donors report higher self-esteem after donating.
- Often donors say their relationship with their recipient is stronger after the transplant.



What are the possible risks of giving a kidney?

As with any major surgery, there are risks of physical complications, even when you are in good health. Very rarely, death can occur from the surgery, as for any major surgery.



Some of the short-term physical risks of surgery:

- Allergic reaction to the anesthesia (medication to put you to sleep)
- Pain and discomfort
- Pneumonia (an infection in the lungs)
- Blood clots
- Bleeding
- Infection of the incision (the cut made during surgery)

Potential longer-term risks of having only one kidney:

- Slight increase in risk of high blood pressure
- Slight risk of developing kidney failure

Also, some people have a hard time mentally after giving a kidney. The social worker in the Living Kidney Donor program is available to support you through counseling and refer you to mental health services in the community if needed.



What are the steps to donate a kidney?



Evaluation

You will go through an evaluation process that may take from 3 to 6 months. This evaluation includes:

- Medical tests such as blood and urine tests, X-rays, questionnaires, scans and other tests. This is to make sure you are a good candidate to give your kidney.
- A health assessment done by the nurse and doctors in the Living Kidney Donor program.
- A psychosocial evaluation done by the social worker in the Living Kidney Donor program.

Confidentiality

The evaluations and anything you tell the Living Donor Program team are confidential. This includes the reason you might not want to give your kidney anymore.

You can decide at any point not to go ahead with the donation process.



Step 1: Telephone interview

If you want to donate a kidney, you must first contact the MUHC Living Donor program to set up a telephone interview with the nurse coordinator.

This telephone interview is to:

- Check your health conditions
- Ask any questions you may have on kidney donation

If there are no immediate concerns, the nurse coordinator will make an appointment with you at the hospital.

Important

The MUHC Living Donor Program is not able to call potential donors. You have to make the first contact yourself.

See page 45 for the Living Donor Program phone number.

What are the steps to donate a kidney?



Step 2: Appointment at the Transplant Clinic

At your 1st appointment at the Transplant Clinic, the nurse coordinator will explain the process of kidney donation to you in detail.

These are some of the topics that will be covered:

- Emotional impact of living kidney donation
- Tests and scans
- Surgery
- Getting better after surgery
- Reimbursement program for donor from Transplant Quebec

If you decide to go ahead with the evaluation to donate a kidney, you will have some tests to do and forms to fill out:

- Blood type
- Blood tests
- Urine tests
- Renal scan
- Complete medical and social history questionnaire
- Complete a consent to be a living kidney donor

This will let us know if you could be a match with the recipient.

Important

You can remove your consent to give your kidney at any time during the evaluation process up to the day of the surgery.

What are the steps to donate a kidney?



Step 3: Appointment with the nephrologist

You will meet with the nephrologist (kidney doctor) who will let you know if you are a candidate to safely donate a kidney for transplantation.



Step 4: Appointment with the social worker

You will meet with a social worker to talk about your feelings, concerns about money or any other worries you may have about the kidney donation.

This meeting will help us know if you have emotional and financial support during this process.

The social worker will also ask you about your health insurance to make sure you do not lose too much income when you are away from work for the surgery and your recovery.



What are the steps to donate a kidney?



Step 5: CT scan

If you are a candidate to give a kidney, you will have a special X-ray, called a CT scan (Computed Tomography scan), to measure the size, shape, position and blood vessels of each of your kidneys.



Step 6: Appointment with the surgeon

You will have an appointment with the surgeon at the Transplant Clinic. The surgeon will explain:

- The living donation surgery procedure
- The possible risks of surgery
- What to expect for your recovery



What if I'm not a match with my recipient?

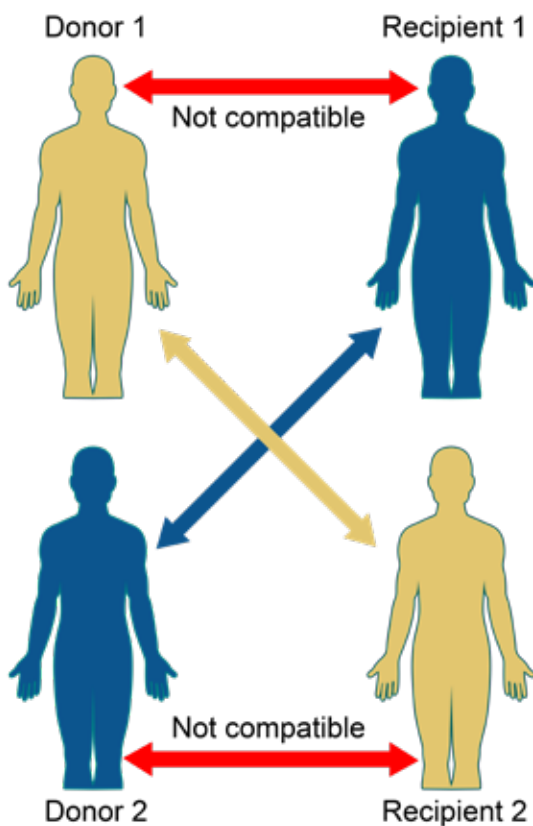
If you are not a match with the recipient, this means your kidney will be rejected by the body of the person you want to give your kidney to.

This is because you and the recipient do not have the compatible blood type or one of you has proteins in the blood called antibodies that don't match.

If you are not a match with the person you had planned to give your kidney to, you can still donate it through the Kidney Paired Donation (KPD) program.

With the help of this program, you will be giving your kidney to someone else, and another person will be giving their kidney to your original recipient.

Your nurse coordinator will discuss this program with you to see if it is an option.



Preparing for your surgery



Be active

Try to exercise every day. Exercise will help your body be as fit as possible. You will be better prepared for surgery.

If you are already exercising, keep up the good work. If you are not, start adding exercise into your day.

Exercise does not need to be intense to make a difference.
A 15-minute walk is better than no exercise at all.



Preparing for your surgery

Stop smoking and vaping

Quit smoking and vaping at least 4 weeks before your surgery.

- Quitting before surgery can help you recover faster and prevent complications, such as pneumonia (lung infection), blood clots and infections.
- Quitting is possible even if you are a heavy smoker and have tried many times in the past.
- Quitting also helps keep your remaining kidney in good health after donation.
- Your health care team can prescribe medication to help you stop smoking.
- It is never too late to stop!

See page 46 to learn more.



Stop drinking alcohol

Do not drink alcohol for 4 weeks before your surgery. Alcohol can affect how well you recover.

- Alcohol can change the way some medications work.
- Tell us if you need help to stop drinking alcohol.



Cannabis use

Let us know if you use cannabis (marijuana).

- **If you use cannabis for enjoyment or leisure reasons:**
Stop using cannabis 4 weeks before
- **If you use cannabis, authorized by a doctor, for medical reasons:**

Let us know during your pre-op visit. We may ask you to take your usual morning dose if you need one, on the day of surgery. If you need another dose at the hospital, bring your cannabis and your prescription with you.



Preparing for your surgery

Plan ahead

You may need some help at home after your surgery.

Make plans with your family and friends so you will have help if you need it. Have food in the fridge or freezer that is easy to prepare.



Arrange transportation

You should be able to go home from the hospital the day after your surgery.

Your surgeon will let you know when you should be able to go home.

Tell your nurse if you are worried about going home.



See information on parking rates at muhc.ca/patient-and-visitor-parking.



Insurance forms: CNESST, SAAQ, and salary insurance

If you have insurance forms to be filled out, bring them with you on the day of your surgery. Your surgeon or their assistants will take these and complete them.

There might be fees to have these forms filled out.

Pre-Op Clinic visit

The reason for this visit is to check your health, plan your care and make sure you are ready for surgery.

When you visit the Pre-Op Clinic, you will meet with:

- A nurse, who will explain how to get ready for surgery and what to expect while you are in the hospital.
- A doctor, who will go over the medications you take and ask you about your health. If you have other health problems, you may be referred to another doctor (a specialist) before surgery.

You may also:

- Have blood tests
- Have an electrocardiogram (ECG)
- Meet an anesthesiologist (the doctor who puts patients to sleep for surgery)

You may need to stop taking some medicines and herbal products before surgery.

The Pre-Op Clinic doctor will explain which medicines you should stop and which ones you should keep taking.

If you have any questions, call the Royal Victoria Hospital Pre-Op Clinic nurses at:

514-934-1934, ext. 34916

Monday to Friday

7 a.m. to 3 p.m.

This clinic is located near the cafeteria on DS1.2428 (Block D, level S1).



Phone call from Admitting

We will ask you to come to the hospital 2 to 3 hours before your planned surgery time. The only exception is if your surgery is planned for 7:30 a.m. – in this case, we will ask you to come at 6:30 a.m.

The time of surgery is not exact. It can happen earlier or later than planned.

The day before your surgery, the Admitting Department will call to tell you when to come to the hospital. If your surgery is scheduled on a Monday, the hospital staff will call you the Friday before.

If you do not receive a call by 2 p.m., call 514-934-1934, ext. 31557 or the living donor nurse coordinator: 514-934-1934, ext. 36003.

Date of surgery: _____

Time of arrival at the hospital: _____

Where to go: Surgery Registration C03.7055 (Block C, level 3)

Enter the building through the Royal Victoria Hospital-Glen site main entrance. Take the first set of elevators on your right or left (North elevators) and go to the 3rd floor.



Cancelling your surgery

If you get sick, pregnant, or for any reason you are not able to come to the hospital for your surgery, call your living donor nurse coordinator **as soon as possible**: 514-934-1934, ext. 36003.

If you call outside of opening hours, leave a message.



When you call or leave a message, provide these details:

- ✓ Your full name
- ✓ The date of your surgery
- ✓ Your phone number
- ✓ Your hospital card number
- ✓ Your surgeon's name
- ✓ The reason for cancelling or postponing your surgery
- ✓ How long you are not available to have the surgery

Exception: If you need to cancel your surgery the day before after 3 pm:

Call the Admitting Department of the Royal Victoria Hospital at 514-934-1934, ext. 31557.

If the person you are giving your kidney to gets sick, the surgery will need to be delayed or cancelled.

Your team will reschedule the surgery as soon as possible.

Washing



The night before your surgery



1 Take a shower or bath.



2 Wash your body from the neck down, including your belly button and your genital area.



3 Wash your face and hair with regular soap and shampoo.



4 Do not shave the area where the surgery will be done.



5 Wear clean clothes (pyjamas) to bed.



The morning of your surgery



1 Take a shower or bath.



2 Do not put on lotion, perfume, makeup, or nail polish.



3 Do not wear jewelry or piercings.



4 Do not shave the area where the surgery will be done.



5 If you wear contact lenses, wear your glasses instead.



6 Put on clean and comfortable clothes.

If you have your period, use a pad. Do not use a tampon or menstrual cup.

What to eat and drink

The Pre-Op Clinic nurse will explain what you should eat and drink before your surgery.

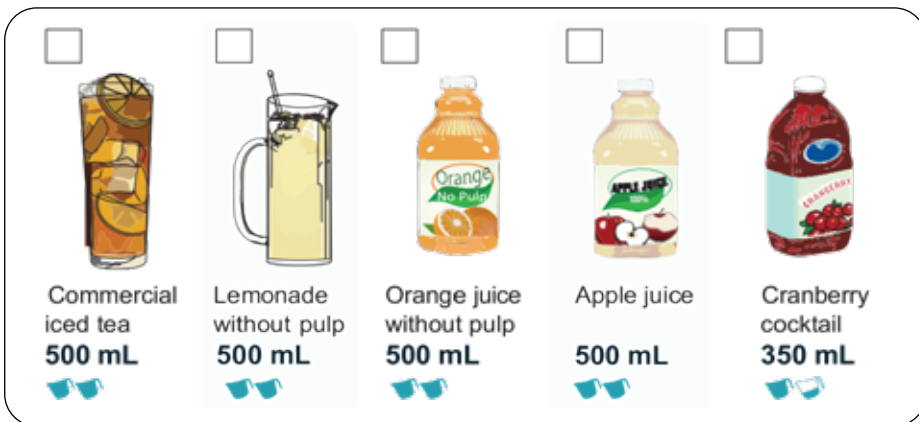
The evening before surgery:

- Eat and drink normally until midnight (unless told otherwise).
- **After midnight, do not have any food, dairy products or juice with pulp.**

The morning of your surgery:

- **Do not eat any food.**
- **Do not drink dairy products or juice with pulp.**
- Drink 1 carbohydrate drink (clear juice) 2 hours before your surgery (see list below).
- Stop drinking 2 hours before your surgery. This is usually the same time as you are asked to arrive at the hospital.

Exception: If you are asked to come to the hospital at 6:30 a.m., stop drinking any clear fluids at 5:30 a.m.



What to bring to the hospital

- ✓ This booklet
- ✓ Medicare and hospital card
- ✓ List of medications that you take at home (your pharmacist can give you one)
- ✓ Non-slip slippers or shoes, loose comfortable clothing (for when you go home)
- ✓ Toothbrush, toothpaste, mouthwash, comb, deodorant, soap and tissues
- ✓ CPAP machine, if you have sleep apnea
- ✓ Your glasses, contact lenses, hearing aids, and/or dentures with their storage containers, labelled with your name



Bring these items in a small bag with your name on it. There is very little storage space.

Do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.



To rent a TV in your room you will need to pay with a credit card or cash. Ask someone to take the credit card home after paying or have them make the payment for you.

At the hospital

Admitting area

Go to **Surgery Registration, C03.7158 (Block C, level 3)** at the time given.

Enter the building through the Royal Victoria Hospital - Glen site. Take the first set of elevators on your right or left (North elevators) and go to the 3rd floor.

At the Pre-operative Admitting area, your nurse will:

- Ask you to change into a hospital gown
- Fill out a pre-operative checklist with you
- Make sure your personal items are in a safe place
- Give you some Acetaminophen (Tylenol) before you go for surgery



Operating Room

A patient attendant (orderly) will take you to the Operating Room.

In the Operating Room, you will meet your surgical team and the anesthesiologist.

The anesthesiologist is the doctor who will give you medication (general anesthesia) so you will be asleep and pain-free during your surgery.

At the hospital

Waiting room

Family or friends can wait for you in the waiting room located in C03.7158 (**Block C, level 3, room 7158**). The space is small. Limit the number of people who come with you.



Free hospital Wi-Fi	Connect to: Network: CUSM-MUHC-PUBLIC Username: public Password: wifi
Cafeteria	Located in the Adult Atrium on the S1 level
Vending machines	Block C, S1 level
Stores, restaurants and coffee shops	RC level (ground floor) and S1 level
Bank machines (ATM)	RC level (ground floor) between Blocks C and D
Library: McConnell Resource Centre	BRC.0078 (Block B, RC level)
Prayer and meditation room	C02.0310.4 (Block C, level 2)
Parking	Rates: muhc.ca/patient-and-visitor-parking

Recovery Room (PACU)

After your surgery, you will wake up in the Recovery Room also called the Post-Anesthesia Care Unit (PACU).

You may have:

- A mask, giving you oxygen
- A tiny tube in your vein (intravenous or IV), giving you fluids and medication
- Compression boots for your legs, to help circulation and prevent blood clots

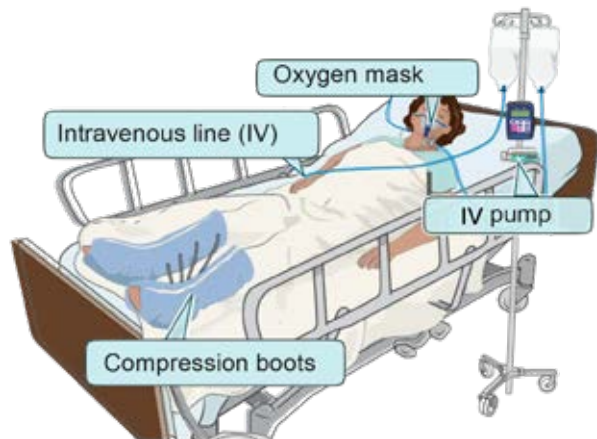
A nurse will:

- Check your pulse (heart beat) and blood pressure often
- Check your bandages
- Ask you if you have pain
- Make sure you are comfortable

There are no visitors allowed in the Recovery Room.

After your surgery, a Recovery Room nurse will call the family member or friend you have chosen to tell them how you are doing.

Your family and friends can visit you once you are moved to your own room on the surgical unit.



Pain control

Our goal is to keep your pain low so you can:

- Breathe better
- Move better
- Eat better
- Sleep better
- Recover faster

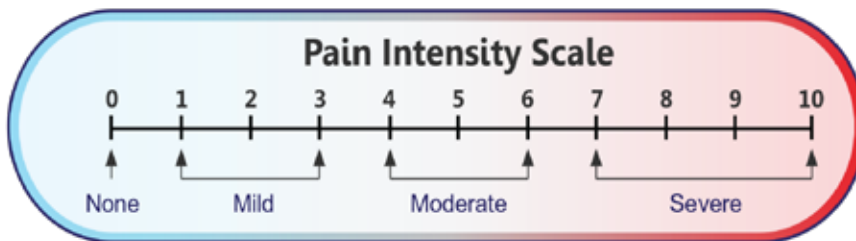
Your nurse will ask you to rate your pain on a scale from 0 to 10.



Pain intensity scale

0 means no pain and 10 is the worst pain you can imagine. This number will help your nurse know how to best manage your pain.

If you have pain, tell us right away. When you have pain, you may not want to move around. This can slow down your recovery.



Different ways to control your pain

Block infusion

We will place a small tube (catheter) in the skin near your incision. This will give you constant pain medication through a pump. This will freeze the area around the incision.

Pills

We will give you pain medication pills so you are comfortable and able to move around.



Exercises

You must move around after your surgery. This will help prevent blood clots, your muscles getting weak and lung problems like pneumonia.

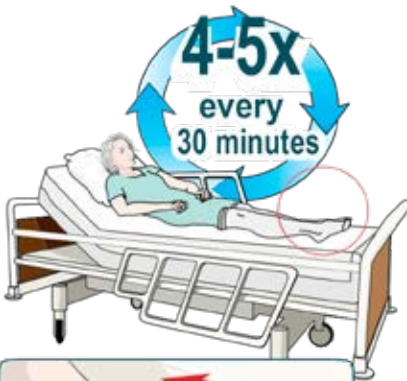
Start doing these exercises after you wake up from surgery. Keep doing them while you are in the hospital.

Leg exercises

These exercises help the blood flow in your legs.

Do each exercise 4 to 5 times every 30 minutes while you are awake:

- Turn your feet to the right and left.
- Wiggle your toes and bend your feet up and down.
- Stretch your legs out straight.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

Exercises





Deep breathing and coughing exercises

The nurse will give you an inspiriometer. It is a machine that helps you breathe deeply.

It helps prevent lung problems such as pneumonia.

To use your inspiriometer:

- Put your lips around the mouthpiece. Breathe in deeply. Try to hold the yellow ball where you see the happy face.
- Take the mouthpiece out of your mouth and breathe out. Rest for a few seconds.
- Do this exercise 10 times every hour while you are awake.
- Take a deep breath and cough. If you have some secretions, cough them up.

	
<p>Put your lips around the mouthpiece.</p> <p>Breathe in deeply. Try to hold the yellow ball where you see the happy face 😊.</p>	<p>Remove the mouthpiece and breathe out.</p> <p>Rest for a few seconds.</p>
	
<p>Repeat this exercise 10 times every hour while you are awake.</p>	<p>Take a deep breath and cough.</p> <p>If you have some secretions, cough them up.</p>

Goals for the same day as your surgery

Activities



Do your breathing exercises (see page 33).



Do your leg exercises (see page 34).

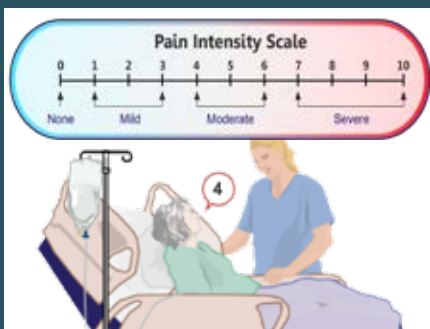


Get out of bed. Sit in a chair or go for a walk with the help of your nurse. You can walk as often as you like. It's not good to stay in bed and not move after surgery.

Going to the bathroom

The nurses will ask you if you have urinated and will keep track of the amount. Try to drink fluids and move around to help with going to the bathroom.

Pain control



Tell your nurse if you have pain greater or equal to 4 out of 10 on the pain scale.

Diet



Start eating regular food and drink liquids.



Always have your call bell at your side when in bed or sitting in a chair.

Goals for 1 day after your surgery

You should be able to do the following the day after your surgery.

Activities



Do your breathing exercises (see page 33).

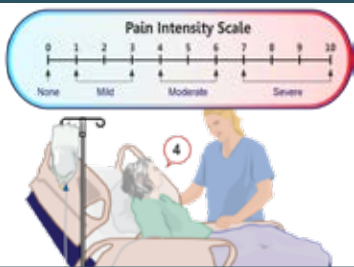


Do your leg exercises (see page 34).



Walk in the hallways and try to stay out of bed as much as possible.

Pain control



Tell your nurse if you have pain greater or equal to 4 out of 10 on the pain scale.
The block infusion catheter will be removed.

Diet



Keep eating regular food and drink liquids.

Always have your meals outside of the bed while sitting in a chair.

Tubes



Your IV line will be removed.

Remember to get someone to pick you up from the hospital. Tell your nurse if you are worried about going home.

Going home

You will probably be able to go home from the hospital 1 day after your surgery. Plan to go home around 1 pm. You must plan to have a ride home since you cannot drive.

Before leaving the hospital

- Make sure you have information for the follow-up appointment with your surgeon and a prescription for your medication. Tell your nurse if you have any concerns about going home.
- Read the next section of the booklet called At home (pages 38-45).
- Ask any questions before you leave the hospital.



Managing pain

Your surgeon will prescribe pain medication for you. This is to control your pain and help you get back to your activities as quickly as possible.

These medications will include:

Acetaminophen (Tylenol)

- This medication is for mild to moderate pain.
- Take this medication as needed every 6 hours.

Opioids (narcotics)

- If the acetaminophen (Tylenol) pills do not control your pain well, you can also take this stronger pain medication.
- If you take this medication, do not stop taking the acetaminophen (Tylenol).
- Follow the instructions on the pill bottle. It is important to understand the risks and benefits of using an opioid.
- Opioids can make you constipated.

If you take an opioid pain medication:

- Do not drive a vehicle or operate machinery
- Do not drink alcohol
- Do not make important decisions

Bring all unused medications back to your pharmacy.



Managing pain

It is normal to have some discomfort after surgery. You might not be completely pain-free, but you should be able to go about your normal activities.

The pain will be higher in the first few days after surgery. As you recover, it will fade to a dull ache, like a pulled or sore muscle.

If you are still feeling a lot of pain, even after adding an opioid:

- Contact your living donor nurse coordinator or your surgeon.
- **If you cannot reach them, go to the nearest Emergency Room (ER).**

Not sure what questions to ask? Want to know about how to use pain medication safely when you get home? Visit:

Five questions to ask about your medications
ismp-canada.org/medrec/5questions.htm



Pain medication and constipation

Pain medication can make you constipated (have trouble pooping).

To help your bowels stay regular:

- Drink at least 6 to 8 glasses of liquids (water if possible) every day.
- Eat more whole grains, fruits and vegetables.
- Get regular exercise (a 15-minute walk daily is a good start).
- Take the stool softeners you were prescribed.



Caring for your incisions (cuts)

Take the dressing (bandage) off 3 days after your surgery. After that, you can leave the incisions without any bandages on them.

Your incisions will have thin pieces of tape called Steri-strips on them. They normally peel off by themselves.

If the pieces of tape have not fallen off after 7 days, remove them:

- Lift up one end of the tape.
- Roll it to the other end of the tape.



Washing

The bandage is waterproof, so you can take a shower right after your surgery.

You can continue taking showers even after you take the bandage off.

Let the water run softly over your incisions. Pat them gently with a clean towel to dry.



Do not scrub or rub your incisions. Do not take a bath or swim for 1 week after your surgery.



If you have any of these symptoms, call the living donor nurse coordinator or your surgeon:

- Your incisions become warm, red or hard.
- You see pus or drainage coming from them.
- You have a fever higher than 38 °C / 100.4 °F.

If you cannot reach them, go to the nearest Emergency Room (ER).

Diet

You can eat anything you want unless your doctor, nurse or nutritionist tells you otherwise.

Eat foods with fibre (fruits, vegetables, whole grains). Drink plenty of fluids to help prevent constipation.

Eat foods with protein to help your body heal. Meat, fish, tofu, chicken and dairy products are good sources of protein.

If you find it hard to eat enough calories, try eating smaller amounts at each meal. Add healthy snacks between meals. Try high-protein, high-calorie shakes or drinkable supplements like Ensure or Boost.

If you have nausea and you can't keep anything down (vomiting) for 24 hours:

- Call your living donor nurse coordinator or surgeon.
- If you cannot reach them, go to the nearest Emergency Room (ER).



Getting back to daily activities

You can slowly go back to all your usual activities once you are pain-free.

Slowly start to move a bit more each day. It is normal to feel tired after your surgery.

Remember to rest between activities and feel free to ask your loved ones for help if you need it. Full recovery may take up to 8 weeks.

Family and friends can usually help with:

- Transportation
- Making meals
- Doing groceries
- Cleaning
- Laundry



Physical activity

- Walk every day. It is good exercise.
- Gradually return to all your usual activities including exercise whenever you feel up to it.
- For most people, there are no limits on physical activity after surgery, including sex. Your surgeon will let you know if there is anything you shouldn't do.



Work

- Your surgeon will tell you when you should be able to go back to your job. This will depend on your surgery, recovery and your type of work.

Driving

- Do not drive while you are taking narcotic pain medication.
- You may start driving again only when you are no longer taking opioid (narcotic) medication for pain.



Follow-up appointments

You will get a follow-up appointment with your surgeon usually 4 weeks after your surgery at the Montreal General Hospital. If you didn't receive a follow-up appointment with your surgeon, contact your living donor nurse coordinator to get one.

Important:

We encourage you to see your family doctor every year for a follow-up appointment. If you don't have a family doctor, please tell the nurse coordinator or administrative agent. If you prefer, a nephrologist (kidney doctor) from our team will also follow you.



When to go to the Emergency Room



Contact the living donor nurse coordinator or your surgeon if you have any of the symptoms below.

If you cannot reach them, go to the nearest Emergency Room (ER):

- Your incisions (cuts) are warm, red or hard
- You see pus or liquid coming out of your incisions



- You are having trouble breathing



- You feel very weak



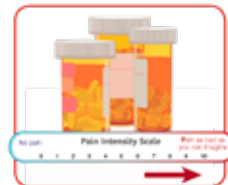
- You cannot drink or keep liquids down (nausea or vomiting) for 24 hours



- You have a fever (temperature of 38°C / 100.4°F or more)



- Your pain is getting worse and the pain medicine does not help



- You have redness, swelling, warmth, or pain in your leg



- You have a burning sensation or pain when you urinate (pee)



Important contacts and locations

Royal Victoria Hospital - Glen site

Transplant Clinic	Royal Victoria Hospital - Glen site, room DS1.2833
Living Donor Program	<p>Nurse coordinator: _____ 514-934-1934, ext. 36003 or ext. 37695</p> <p>Administrative agent: _____ 514-934-1934, ext. 37057</p> <p>Social worker: _____ 514-934-1934, ext. 34193 or 37057</p>

Montreal General Hospital

Surgeon	<p>Dre. Liane Feldman 514-934-1934, ext. 44330 Montreal General Hospital, L9.309 (L wing, 9th floor)</p>
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MUHC Appointment and Referral Centre

514-934-8488
Monday to Friday from 8 a.m. to 5 p.m.

Info-Santé

Dial 811 to speak with a nurse for a non-urgent health issue.
Available 24 hours a day, 365 days a year.

Resources to help you stop smoking

- **I QUIT NOW phone line:** 1-866-527-7383 (free) or iquitnow.qc.ca
- **Quit smoking centres:** ask your CLSC for information
- **The Quebec Lung Association:** 1-888-768-6669 (free) or poumonquebec.ca/en
- **Smoking cessation clinic at the MUHC:** You will need a referral from your doctor. Ask your doctor to send the referral by fax to 514-934-8488.

Library: McConnell Resource Centre

For more information about transplant, anesthesia, or quitting smoking, visit the McConnell Patient Resource Centre's online resource pages:

www.muclibraries.ca/kidney-pancreas-transplant

For help finding reliable health and wellness information, contact the McConnell Patient Resource Centre at crp-prc@muhc.mcgill.ca.

You may also visit their website for more information and resources:

muclibraries.ca/patients.

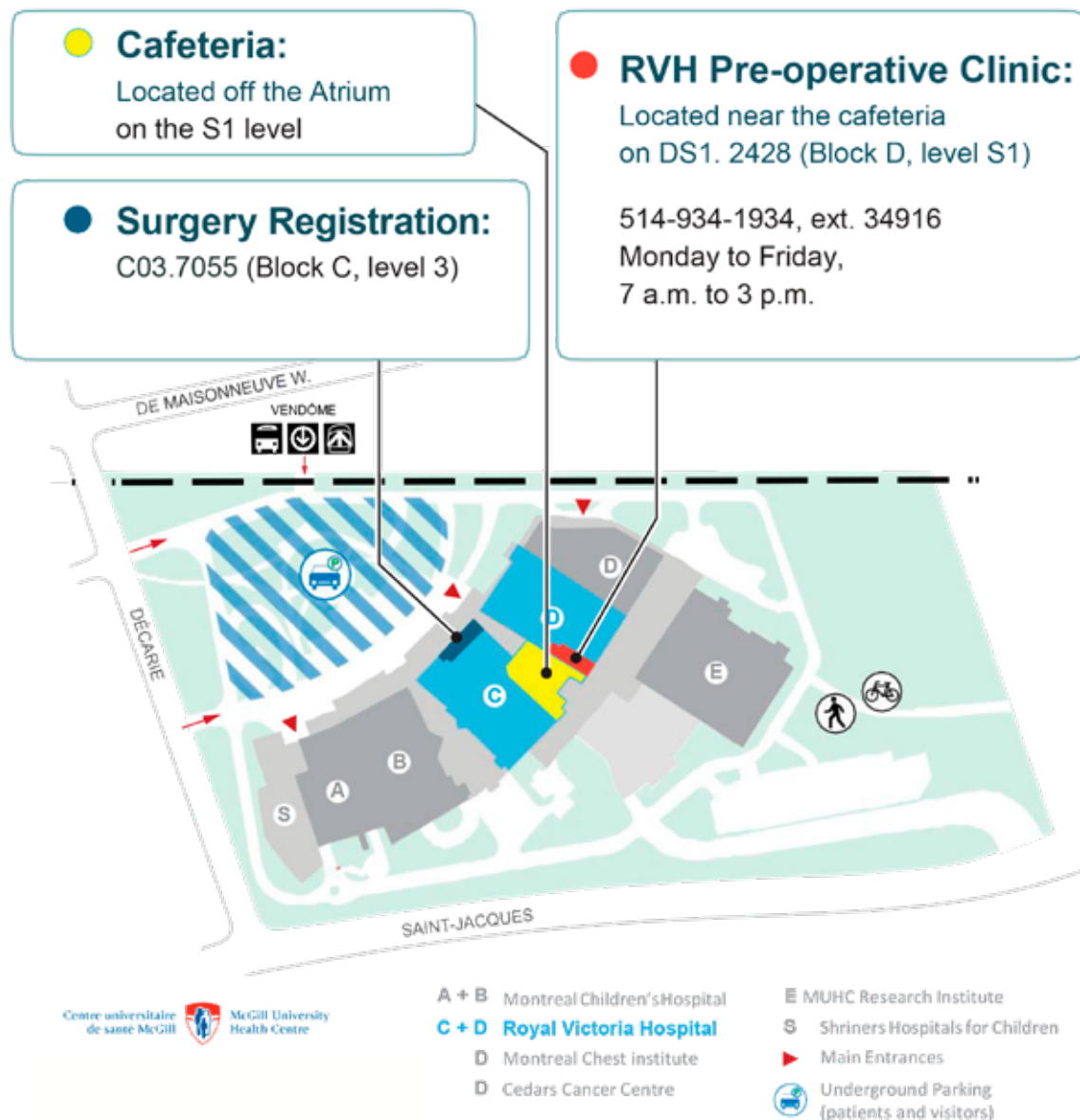
Other resources:

- **Kidney Foundation of Canada: Quebec Branch** www.kidney.ca
- **Transplant Québec: Living Organ Donation**
www.transplantquebec.ca/en/living-organ-donation
- **Donating a Kidney** www.donatingakidney.ca
- **Canadian Blood Services: Living Donation**
<https://blood.ca/en/organs-tissues/living-donation>

Notes

[illegible]

Map of Royal Victoria Hospital - Glen site



Royal Victoria Hospital - Glen site

1001 Decarie Blvd., Montreal, QC H4A 3J1