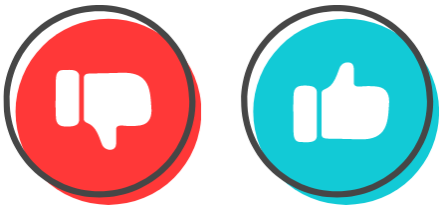

Living Kidney Donation Myths & Facts

There are a lot of myths and misconceptions out there about living kidney donation. Because it is a minimally discussed topic, misinformation can keep people from becoming a living donor. Knowledge is power, so be prepared with clarifying facts to share with people who have questions.

Myth: You need both of your kidneys to live.

Fact: Healthy living donors who are cleared to donate do not have a decreased life expectancy after donation. In fact, about one in 750 people are born with only one kidney and oftentimes don't even know it because it has no impact on their life or life expectancy.

Myth: Living donors have long recovery periods.

Fact: Usually donors only spend a couple of days in the hospital, and then approximately 4-6 weeks in recovery. There are usually only 2 weeks of heavily restricted activity. Most donors return to work 2-8 weeks after donation (depending on their job).

Myth: There isn't a difference between getting a kidney from a living donor and just waiting for one to come from the wait list.

Fact: There are a number of improved health outcomes that result from receiving a kidney from a living donor versus a deceased donor. Kidneys from living donors last longer on average (15-20 years compared to 7-10 years from a deceased donor). Living donor surgery can also be scheduled in advance which allows the recipient to be physically and mentally prepared for the surgery and recovery.

Myth: Donating a kidney will have a significant impact on the donor's life (physical activity restrictions, dietary changes, etc.).

Fact: Most kidney donors report no long-term disruption of their lives—they are able to be physically active and are able to eat and drink as they like. Most doctors simply recommend that donors do their best to keep themselves healthy and avoid taking ibuprofen as it is processed through the kidney.

Myth: Living donation is a new procedure.

Fact: Living donation has been around for over 70 years! The first successful living donor transplant happened in 1954.

Myth: It costs a lot to be a living donor.

Fact: The recipient's insurance covers the medical costs of the donation and there are programs that offer financial assistance for donors to help reimburse for indirect costs like travel, lodging, lost wages, or childcare.

Myth: My donor and I need to be the same blood type.

Fact: When you have a willing but incompatible donor (due to blood type, age, body size, etc.), your transplant center can place you on a registry to "swap" donors with other incompatible pairs so that each candidate receives a compatible transplant. This is known as a kidney paired donation (KPD) and is sometimes also referred to as a "paired exchange."

Myth: "I'm too old to be a donor."

Fact: It's not someone's age, it's their health. There have been donors in their 60s, 70s, and even 80s. If the donor and intended recipient have drastically different ages, a transplant can still be successful, though in some cases, the transplant center may instead suggest that the donor and recipient participate in a paired exchange to find a more suitable match.

Myth: Once someone agrees to be a living donor, they can't change their mind.

Fact: Donors are free to change their mind about donation at any time during the evaluation and preparation process—even on surgery day. Donors are ***not*** responsible for letting the recipient know if they choose to not donate.

Myth: Living donors cannot have children.

Fact: Donation should not impact fertility or ability to give birth.

Myth: Dialysis must take place before transplant surgery.

Fact: Patients can receive a transplant BEFORE dialysis.

Myth: Living kidney donors are more likely to get kidney disease after donating.

Fact: Donors are counseled on their individual risk associated with donation. In many cases, if there is any indication that a potential donor may have kidney disease in the future, they will be advised not to donate. In the rare instance a kidney donor had future kidney disease and needed a transplant, they would get priority on the waitlist.