



Indiana University Health

IU Health Transplant

Living Kidney Donation

SURGERY AND DISCHARGE

Preoperative Workup

You will be scheduled to **see your surgeon** prior to your surgery. At this appointment, your surgeon will go over the surgical procedure, its rationale and risks, and will consent you for the surgery. Feel free to bring your support person with you for this appointment.

You will also have any **lab work** and testing needed prior to surgery. The lab will have your orders. Please bring your billing card for this appointment and testing. Follow the directions in the letter mailed to you for appointment times.

You may be given **prescriptions** by your surgeon. If you fill them at the IU Health outpatient pharmacy, there is no paperwork or cost to you (they will be billed to the transplant center). On the other hand, if you fill these at an outside pharmacy, you will have to pay for them and submit the receipt for reimbursement.

Medications

Herbal supplements should be stopped 2 weeks before surgery. **Birth control pills** or any type of **hormone replacement therapy** will likely have to be stopped 3-4 weeks prior to surgery because these medications increase the risk of clotting complications after surgery. They can generally be resumed three months after surgery. Please discuss this with your coordinator.

Surgery Day

You should have nothing to eat or drink the night before surgery (after midnight).

What to bring the day of surgery:

- Advance Directive papers (living will, health care representative, durable power of attorney)
- Driver's license or state identification
- Glasses, dentures, hearing aids
- List of medications you take including herbals, vitamins, non-prescription and prescription drugs
- Allergy list
- Comfortable/loose fitting clothing and slippers (the hospital will provide a gown and slippers but yours may be more comfortable)
- Toiletries
- Pictures of loved ones or pets

What not to bring:

- Credit cards
- More than \$20

- Jewelry or other valuables
- **Please note that all body piercing jewelry must be removed prior to surgery because it can cause a burn with the cautery equipment used in the operating room.**

Where to go:

Please report to IU Health University Hospital **Outpatient Admitting** prior to your scheduled surgery (your recipient should also go to Admitting). This is on the first floor, near the main entrance to the hospital. You will be admitted to the hospital. The staff will process your paperwork and direct you to the pre-surgical area, which is in the basement of the hospital.

Prior to surgery you will meet with your **anesthesiologist**. An intravenous (IV) line will be started in your arm. The IV line will be used during and after surgery for medications and IV fluids.

You will be **transported to the Operating Room (OR)** when it is time for your surgery to begin. The anesthesiologist will put you to sleep. Once you are asleep a breathing tube will be placed down your throat to help you breathe. This tube can be irritating and may cause you to have a sore throat for a week or so. Another tube, the Foley catheter, will be placed in your bladder after you are asleep so that urine can be drained and monitored.

Once the surgery is over, the breathing tube will be removed and you will be taken to the recovery room. You will be monitored as you wake up from anesthesia. When you are stable and fully awake, you will be transferred to your room.

Family/friends are allowed with you in the pre-surgical area. Visitors may be limited to only 2 at a time. If you have more people with you, they may need to wait in the waiting room and alternate visiting with you. While you are in surgery, your family can wait in the surgery waiting area which is in the basement of IU Health University Hospital. This area has rooms with computers and online connections for visitors. The OR staff will update your family throughout your surgery. If your family leaves the surgery waiting area, they should let a staff member know so they will know how they can be contacted; a beeper is usually given to the family. Visitors are not allowed in the recovery room. Your family will be told what room you are going to be in and will be able to visit with you there. The surgery typically takes 3-4 hours and average recovery room time is 2 hours; however, this may vary depending upon multiple factors involving the recipient and donor surgeries.

Inpatient Stay

The hospital recognizes the special nature of your gift and tries very hard to place you in a **private room**; however, this depends on bed availability. IV pain medication is used initially to **control your pain**; this is then switched to oral pain medication. You will be

asked by nurses to grade your pain on a scale of 1-10 so we can respond appropriately to your needs.

The **Foley catheter** in your bladder is typically removed the day after surgery. This is painless.

You will be instructed on **coughing and deep breathing** exercises to prevent pneumonia. You may also have compression devices on your legs to prevent blood clots. Getting up and walking around as much as you can also helps to prevent blood clots.

Your first **meal after surgery** will be liquids; once you are able to tolerate liquids, your diet will be advanced to a regular diet. IV fluids are often discontinued the morning after surgery.

Keep in mind that **caffeine** withdrawal causes headaches. If you are used to drinking caffeine drinks, try getting some caffeine in you on the morning after surgery, especially if you feel a headache coming on.

Your **bowels** go to sleep during surgery and take a few days to wake up. The first sign of this waking up is that you pass gas from your bottom, so don't be surprised that your team is extremely interested in that event. This means everything is working and you will be home soon.

Discharge planning will begin once your pain is controlled, you are tolerating food/fluids, and you are passing gas and/or having a bowel movement.

Discharge Information

Pain Control

- Take pain medication as you start to have pain; do not wait until the pain is bad. It is easier to get under control when treated early.
- Use pillows for comfort with positioning and for splinting the abdomen when coughing/laughing.
- Patients commonly get back pain from being in bed. Try to not stay in bed all day.
- Change position
- Walk. Walking is good for your bowels and helps prevent back pain and clots in your legs. It is very important to walk several times daily.
- Heat/Ice
- Distraction
- Contact your surgeon or transplant coordinator if your pain is not controlled or if you need refills on your pain medication. For refills, please call before you are taking the last dose.

Wound Care

- The incisions may be closed with steri-strips. The strips may start to peel off – **DO NOT** remove these, let them come off on their own.
- Alternatively, the wounds may have glue on them that looks like a crust. This will also come off on its own.
- You may shower, and there is no need to cover your incisions.
- Do not soak in a bathtub or swim until your incisions are completely healed, usually for 3-4 weeks.
- **Call for:**
 - Temperature of 101.5 F (38.5 C) or greater
 - Any part of your incision(s) opens up
 - Green or brown drainage from your incision(s)
 - Thick or foul smelling drainage from your incision(s)

Constipation

All pain medications except Tylenol slow down your bowels and can prevent bowel movements; therefore, constipation frequently occurs after surgery. Constipation can be very painful, which can be confusing. If you have pain from the incision, pain medication is appropriate; on the other hand, if you have crampy gas pain, the treatment is to reduce or stop pain medications, because this is likely from abnormal bowel function related to pain medications.

Constipation – Prevention

- Walk and move around as much as you can
- Drink plenty of fluids
- Take the prescribed stool softener
- Do not over medicate with pain medication – pain medication causes constipation
- Increase fiber in diet (fruits, vegetables, whole grain breads, and cereals like Raisin Bran)
- **Call for:**
 - Inability to have a bowel movement
 - Uncontrolled nausea and/or vomiting

Activity

- No lifting greater than 10-15 pounds for 6 weeks – heavy lifting increases your risk of developing a hernia and may result in your incision opening up
- No driving for 2 weeks or while taking pain medication – pain medication decreases your reaction time
- No strenuous exercise (this includes yoga) for at least 6 weeks. Walking is good.
- Returning to work varies depending on your occupation. This can range anywhere from two to six weeks. Please discuss this with your surgeon.
- Sexual activity can resume as soon as you feel comfortable doing so.

Diet

- You may return to a normal diet
- Avoid a high sodium diet by avoiding salty foods. Sodium is salt. You should try to stay under 2500mg/day.
- Avoid a high protein diet by eating a well-balanced diet of fruits, vegetables and grains with a moderate amount of meat, poultry and fish. The Mediterranean diet is an example of such a diet and has been shown to be very healthy (lots of olive oil).
- Taking a daily multivitamin and extra vitamin C (500-1000mg/day) may help with wound healing.

Follow-up Appointment

- You will be scheduled for a post-operative appointment 2-4 weeks after surgery
- You will have lab work either prior to or the day of your appointment

When to Call the Surgeon

- Abdominal pain not controlled with pain medication
- Pain increases significantly
- A part of your incision(s) opens up
- Green or brown drainage from incision(s)
- Thick or foul smelling drainage from incision(s)
- Temperature of 101.5 F (38.5 C) or greater
- Chills
- Cough with green/brown/yellow mucus
- Unable to have a bowel movement
- Nausea/vomiting
- Diarrhea
- Inability to urinate
- Stoppage of urine production
- Burning during urination
- Increased frequency of urination
- Cloudy/foul smelling urine

Post Donation:

It is important that you contact your transplant coordinator prior to any treatment sought after donation, if needed. Even if you contact the surgeon directly via email or you contact the surgeon's office, please keep your coordinator informed as well.

PLEASE NOTE: If you seek medical treatment related to the donation surgery that is outside of the IU Health system, we cannot guarantee that the outside hospital will accept or follow the billing process required for IU Health Transplant to bill the claims to your recipient's Medicare. If this occurs, you may be financially responsible for those bills.

Contact Information – IU Health Transplant

Living Donor Coordinators – contact through Transplant Office

- Kelly Coffey, RN, CCTC
- Cristina Fontana, RN, BSN
- Tracy Perry, RN, BSN
- Sharla Ping, RN, CNN

IU Health University Hospital

- Transplant Office
 - Phone: 800-382-4602 / 317-944-4370
 - Hours: Monday-Friday 8:00 a.m. to 4:00 p.m. EST
 - After hours, calls go to an answering service; this should be used for emergency calls

- Dr. Powelson
 - Office number: 800-382-4602 / 317-944-4370
 - Hours: Monday-Friday 8:00 a.m. to 4:00 p.m. EST
 - After hours, calls go to an answering service; this should be used for emergency calls

- Dr. Sundaram
 - Office number: 800-382-4602 / 317-944-4370
 - Hours: Monday-Friday 8:00 a.m. to 4:00 p.m. EST
 - After hours, calls go to an answering service; this should be used for emergency calls