



Laparoscopic Kidney Donation Surgery

It is finally here. You are going to be a kidney donor. The testing is done and the surgery is scheduled. So what happens now?

GENERAL PREPARATION

- Contact the social worker at (919) 684-4480 if you need to arrange for local hotel rooms that offer discounts.
- Continue your regular activities.
- Women need to stop taking Birth Control Pills one (1) month before surgery, and plan to stay off of them for one (1) month after the surgery. If you are using Depo Provera™ injections call the kidney transplant coordinator or kidney transplant office at (919) 684-5859.
- Do not take aspirin, or aspirin containing products one (1) week before the surgery.
- Call the transplant coordinator if you develop a fever, cough, cold flu and or other types of infection or illness.

PRE-OP SCREENING

- The clinic visit is scheduled about one (1) week before surgery.
- For people living a long distance away, the visit may be the day before the surgery.
 - Laboratory tests (blood and urine samples) are taken. Chest x-ray and/or electrocardiogram (EKG) may be done again. This usually takes 2 to 3 hours
- A nurse practitioner (NP) or physician assistant (PA) will talk with you about your medical and anesthesia history, and do a physical examination.
- Pre-Op Screening staff will give you a number to call the day before the surgery. They will tell you at what time to be at the hospital on the morning of the surgery.

DAY BEFORE SURGERY

- Eat and drink only liquids after 6 PM. DO NOT eat or drink anything after midnight.
- If you usually have constipation, you may want to take a mild laxative, but this is not required.

DAY OF SURGERY

- Be at the hospital at the time you are told – this is usually 1 ½ to 2 hours before the scheduled surgery.
- Check in at the *Pre-Surgery Information/Registration desk* on 3rd floor of Duke University Hospital.
- Take any medicines you were told to take that morning.
- Remove all jewelry, to including all body piercings.
- Belongings will be given to your family for safe keeping until you are in a room. You may want to leave most belongings in your car/hotel room.

Pre-op holding

- Blood samples may be drawn and an IV (intravenous needle) placed for fluids/meds.
- You may be given some medicine to help you relax.



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- Family members may be able to stay with you in this area. They will not be able to go with you into the operating room.

Surgery

- The surgery usually takes about three (3) to four (4) hours.
- After the surgery you are taken to the PACU (post-anesthesia care unit/recovery room). Nurses will watch you closely until you are awake and stable enough to be moved to a patient room. The PACU stay is at least one (1) to two (2) hours. It may be longer if you have to wait for a patient room to become available.

After you are in your room

- When you wake up you will have an intravenous (IV) needles in your arms, a Foley catheter (a tube in your bladder to take away urine) and about 5 small bandages.
- Pain medicine is available for you, but you will need to ask the nurse for the medicine.
- You will be able to have liquids to drink.
- You will be helped to get out of bed, sit in the chair, and walk around.
- The morning after the surgery you will get solid food unless, you are nauseated (sick on your stomach).
- The bladder catheter will be taken out and the IV fluids stopped if you are drinking enough fluids.
- If your lab studies are stable, you are drinking enough fluid, and your pain is reasonably controlled, you will be discharged (leave the hospital) sometime the day after your surgery. Occasionally, people need to stay another day because they are too nauseated to eat and drink or some other problems.
- You may not have a bowel movement before you leave the hospital.

HOME CARE —

The secrets to a successful recovery with the least amount of discomfort are:

DRINK, DRINK, DRINK, EAT LIGHTLY, WALK, WALK, WALK, with occasional REST PERIODS.

Activity

- No lifting, pushing, or pulling anything over 10 pounds for 4 weeks.
- Increase your activity every day. with rest periods.
- It is normal to feel very tired for a week or so.
- Remember - sitting on the couch all the time will slow down your recovery.

Diet and GI Function

- Drink all you want and can tolerate. Try to drink a minimum of 1 ½ to 2 quarts a day.
- You may not feel up to a lot of solid food for several days. You will likely feel better if you eat smaller meals several times a day until you move your bowels. Lighter foods like jellos, puddings, eggs, crackers, broth, toast or soups are good choice until you move your bowels. These are better than heavy meals or gas-producing foods.
- Common to feel bloated and constipated for several days after the surgery. GI tract slows down and may take several days to get back to normal.
- Take a stool softer (generic or store brand Colace® along with a fiber product (senna, Metamucil®, Citracil®, or Fibercon products) until you are moving your bowels like you usually did.



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- If you have not moved your bowels after 3 or 4 days but are passing gas you can use an over-the-counter laxative. Something like a Dulcolax™ suppository or Fleets™ enema are good choices. Generic or store brand varieties of these products are fine.

Pain

- Pain at the incision sites, general belly pain, or bloating is normal for several days. This should gradually get better.
- You may have pain under your shoulder blades or in the collarbone area. This is result of the gas pumped into your abdomen for the surgery. It gets better with time. Moving around and being more active really helps this pain.
- You will go home with some pain medicine and we want you to take them as needed. Remember that narcotic pain medicines can slow down your GI tract & make your constipation worse. Using Tylenol™ part of the time if your pain is mild will help decrease the constipation effects from the narcotics.
- We suggest that you avoid non-steroidal type pain meds (Aleve™, Motrin™, and ibuprofen are common ones) as much as possible. However, if you take it under a doctor's direction that will be okay.

Incision

- Take the plastic covered bandages off 48 hours after the surgery.
- Paper strips called steri-strips™ may be under the bandages. These start to curl up at the ends after about a week. Pull them off then.
- You can take a shower with the steri-strips™ in place. No tub baths, Jacuzzi/whirlpool, or swimming until after the steri-strips™ come off.

Follow-up Care

- You will have a clinic appointment to see the surgeon about 1 or 2 weeks after surgery. They will check that your incisions are healing well, that you are eating and drinking, and draw some blood samples to check your lab values.
- Usually a single follow-up visit with the surgeon is all that's needed. However if you develop any problems we should see you again.
- We think you should see your usual primary care provider once a year for a check-up where your blood pressure and kidney function are checked. These yearly check-ups need to be covered by you or your own insurance.
- Remember, tell all doctors treating you in the future that you have donated a kidney.
- There is a living donor registry that collects data about donors after their surgery. You will receive information about this. Their information helps us understand better how donors do after kidney donation.
- If you have medical problems and need to speak with the transplant team, call the main Duke Hospital operator at **(919) 684-8111** and ask them to page the Kidney Transplant Post-op Coordinator (ID # 5153) after hours or on the weekend.
- During the week (daytime) you can contact the living donor kidney transplant coordinator at **(919) 684-5859** or by the hospital operator at the number above.



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- Please call us if you have any of the following problems:
 - ☎ Nausea or vomiting not relieved by medicine or lasting more than 48 hours
 - ☎ Unable to keep fluids down for 24 hours
 - ☎ No bowel movement after 4-5 days despite using a laxative
 - ☎ You stop moving your bowels and stop passing gas
 - ☎ Redness, swelling or extreme tenderness at site of incisions
 - ☎ Milky or smelly drainage from incision. Clear or slightly bloody drainage in small amount is not unusual.

If you have any problems after the surgery we would like to treat them at Duke unless you live a great distance away. In those cases please contact us to help set up treatment.

Billing issues

Any of the donor evaluation, testing, and surgery charges should not be billed to you. With multiple places at Duke that send bills it is possible you may get a bill or a bill may be sent to your insurance. If you do please don't ignore this. Please contact the Living Donor Coordinator at **(919) 684-5859**. Once we know you have been billed we can correct the problem. However if we don't know and you ignore the bills they will be sent to a collection agency.

Thank you again for your generous decision to donate a kidney.