

Living Donor Kidney Transplant



The Preferred Renal Replacement Therapy for Kidney Disease

Staff Education Presentation

Transplant First Initiative

- Provincial initiative to support KCC staff in their work with patients and living donor outreach
- Goal is to help increase pre-emptive living donor transplants in BC
- Donor Outreach Coordinator Role Education and Resources



Objectives

- Identify transplant options for patients
- Understand benefits of living donor transplant
- Learn how to assist recipients with barriers to donor outreach
- Develop strategies for donor outreach



Transplant Options

Living Donor Transplant

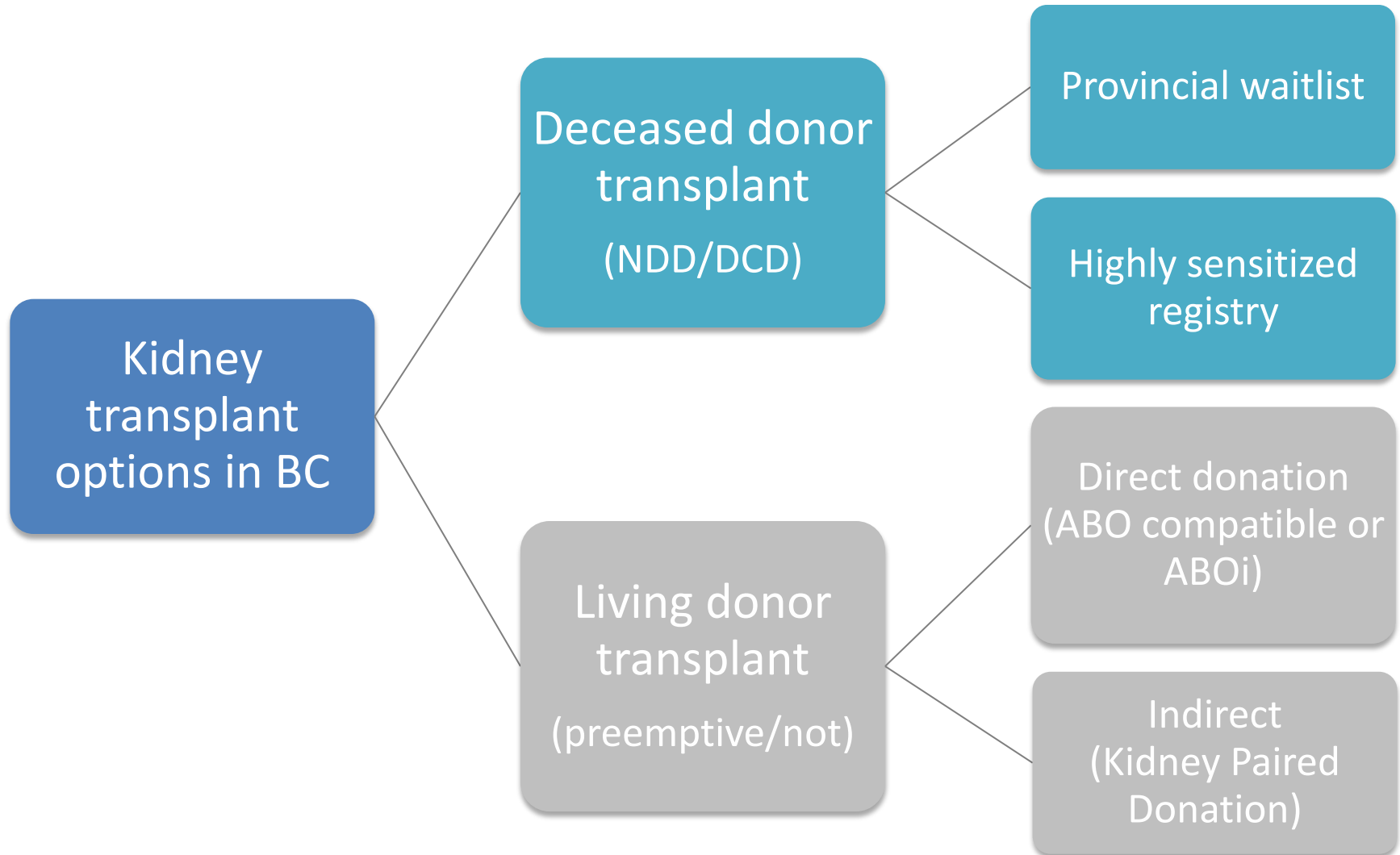
- Direct donation—including OOP and OOC donors
- Kidney paired exchange program (KPD)

Deceased Donor Transplant

- Must have started dialysis
- Standard BC wait list = two to eight years



Transplant Options



Kidney Transplant Activity in BC

Year	2014	2015	2016	2017 (Aug 31)
NDD	78	117	135	118
DCD	27	48	40	45
Deceased Total	105	165	175	163
Living direct	79	94	73	43
Living indirect	25	16	22	18
Living Total	104	110	95	61
TOTAL	209	275	270	224

Transplant as a Treatment Option

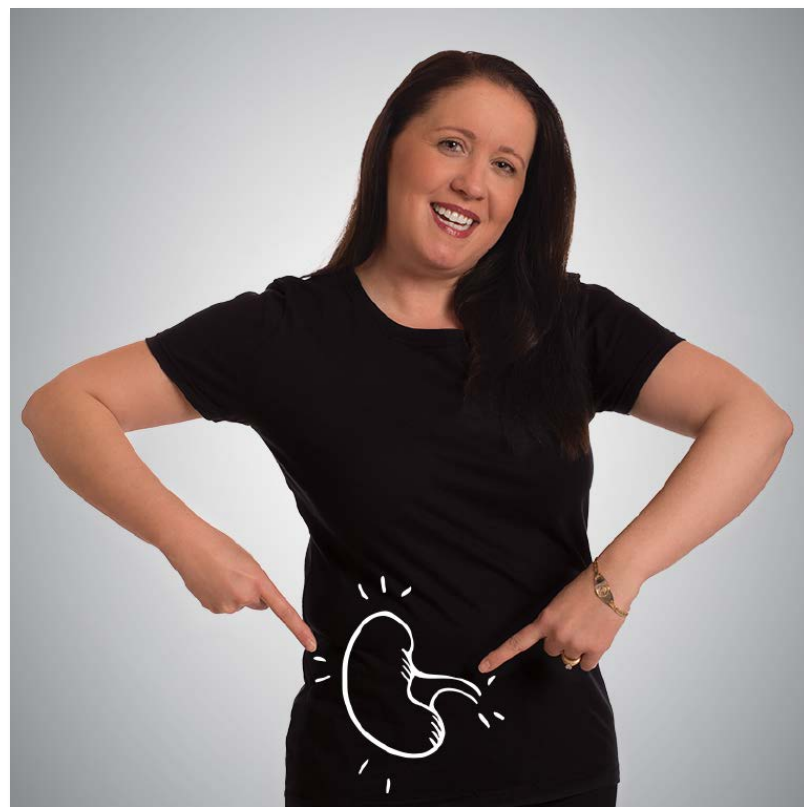
Do the benefits outweigh the risks?

Benefits of Transplant

- Feel better / improved energy
- Freedom from constraints of dialysis
- Freedom to travel
- Added survival years

Risks of Transplant

- Anti-rejection drugs have risks and side-effects
- Medications must be taken for the rest of your life



Living Donor vs. Deceased Donor

Benefits of Living Donor Transplants

Success Rates

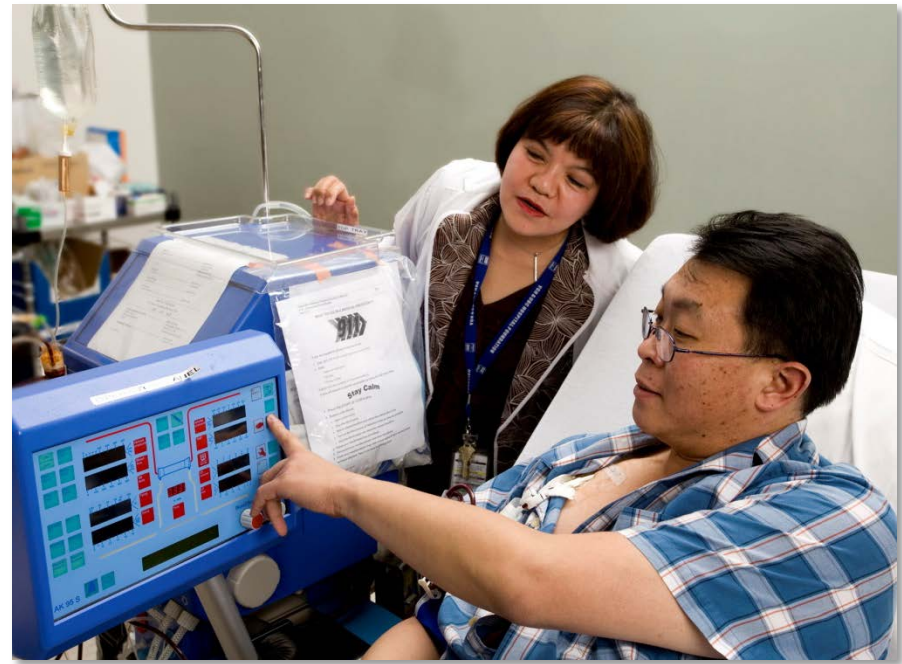
- Better outcomes, less chance of rejection
- Graft function lasts longer than deceased donor transplant
- Greater longevity for patient, survival years
- Better overall health
- Best outcomes for “higher risk” population (elderly, obese)

Other Benefits

- Surgery can be planned and timing optimized for patients
- Allows transplant before dialysis
- Prolonged wait times are avoided

Transplant Preferred over Dialysis

- Patients live much longer with transplants, better long term survival than patients on dialysis
- Less cardiovascular risks
- Increased quality of life, less disruptions to family, work, social aspects of life
- Pre-emptive transplant allows for one less transition for patients



The Benefits of Transplant

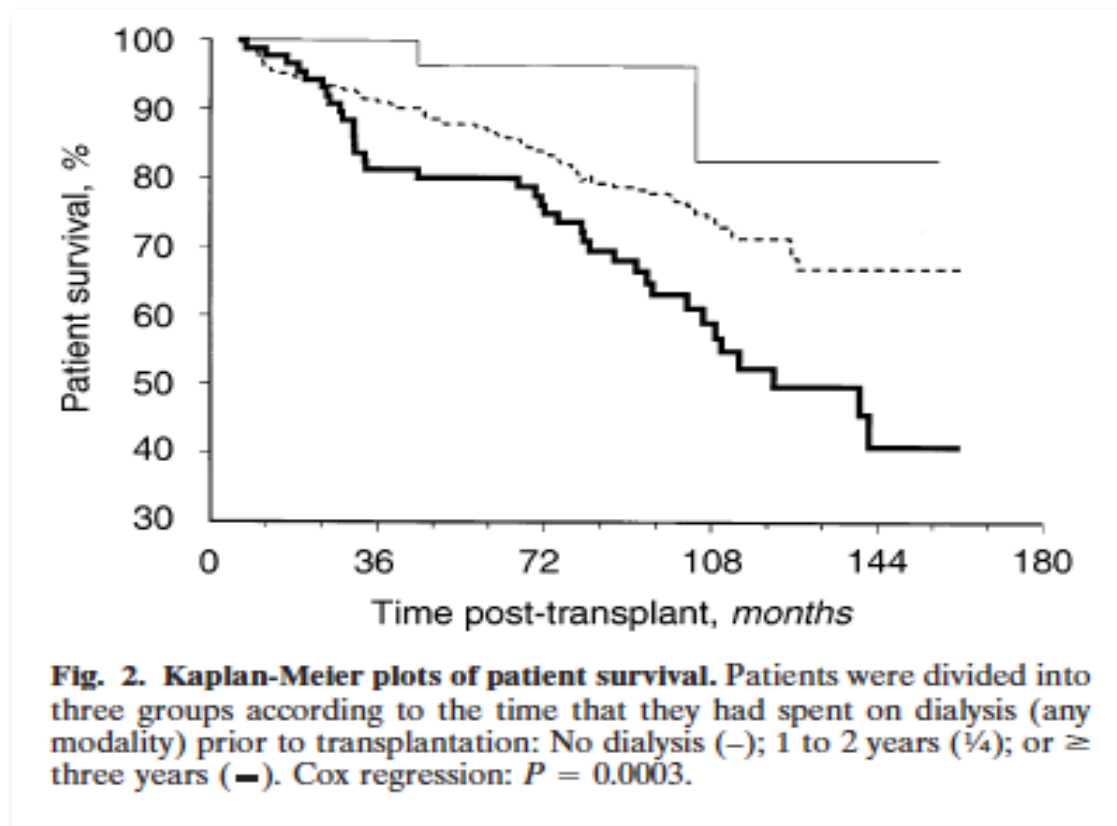
Benefits of transplant may apply to most KCC patients. Survival benefit of transplantation compared to dialysis has been proven in:

- Diabetic patients
- Elderly patients
- Obese patients
- HIV positive patients
- Patients with failed prior transplants



Pre-emptive Kidney Transplants

On average, pre-emptive kidney transplant patients live longer than patients transplant on dialysis.



Living Donor Transplantation

- Living donor transplantation is the preferred therapy for ESRD in patients, **ideally pre-emptively**.
- Early education of patients and their social network necessary.
- Deceased donor transplantation is the second choice (minimize time on dialysis).





**A LIVING DONOR GAVE RANDEEP
A SECOND CHANCE AT LIFE.**

Do you know someone who needs a kidney transplant?
You could be their living donor!

Find out more at:
transplant.bc.ca/livingdonation

LIVE LIFE. PASS IT ON.

Pre-emptive Living Donor Transplant

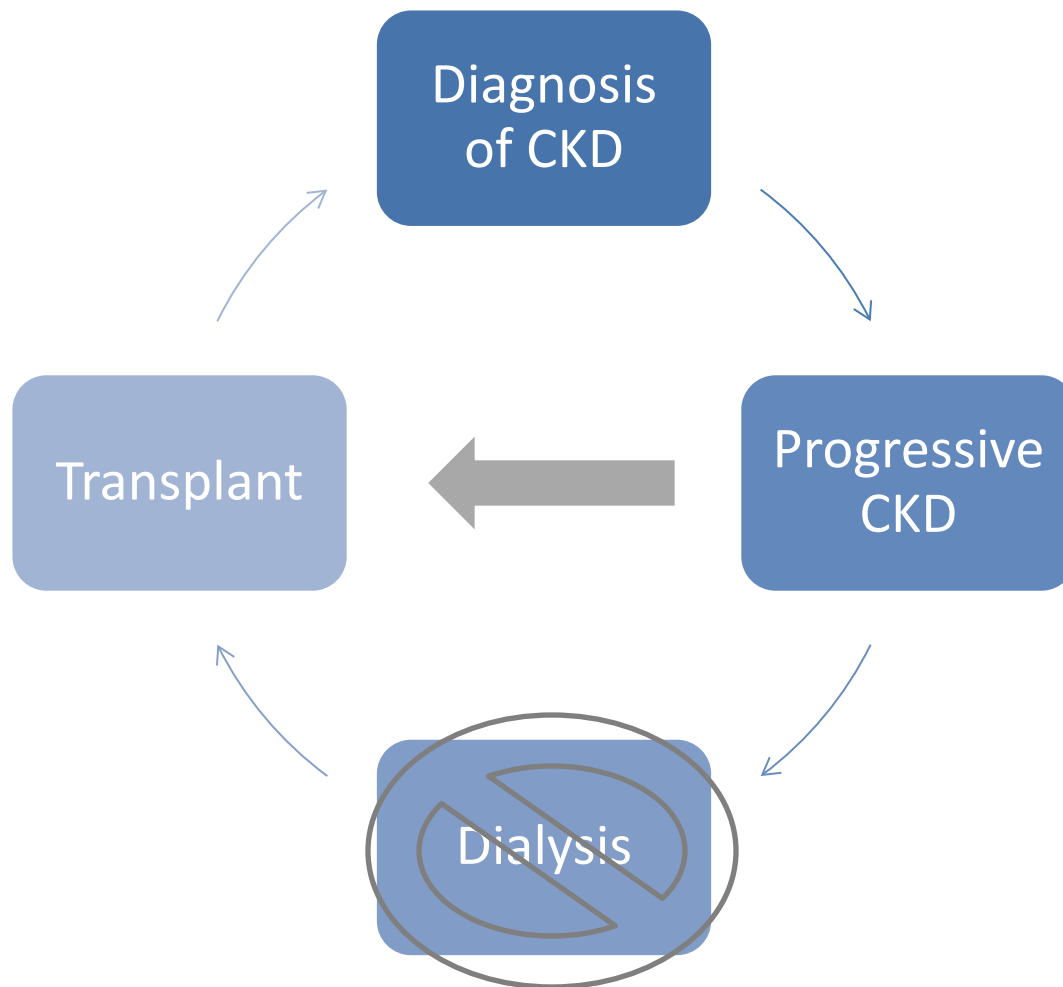
Benefits of Pre-Emptive Living Donor Transplant

- Decreased rejection rates
- Fewer potential sensitization events because dialysis has been eliminated
- Reduced cardiovascular issues
- Reduced hospitalization rates
- Longer survival years, better overall health
- When a patient begins RRT, or transitions from one modality of care to another, there is a dramatic decline in QOL measures

Kimmel PL KI 2001; 59:1599

Watnick S et al AJKD 2003; 41: 105

Transitions



Absolute Contraindications to Transplant

- Active malignancy
- Severe respiratory conditions or severe ischemic heart disease
- Severe Peripheral Vascular disease
- Active drug or alcohol addiction
- Patient non-adherence to therapy
- (Consult St. Paul's/VGH Transplant Teams for case by case consultation)



Living Donation Program Goals

The goals of the Living Kidney Donor Program are to ensure:

- Donors live normal, healthy lives with one kidney
- Donors have stepped forward voluntarily, not being coerced
- Donors are in good physical and emotional health
- Can give informed consent
- Minimum nineteen years of age, no strict upper age limit
- Donors can explore donation with no obligation to donate



After Kidney Donation

- Remaining kidney will increase function to approximately 75% of pre-donation level
- Risk of progressing to ESRD is 30 in 10,000; within 15 years after donation
- Pregnancy is generally safe but there is a higher risk of Preeclampsia (11% vs 5%)
- Donors must have access to health care, preferably a GP
- Annual medical exams with family physician
 - -BP, FBS, urine ACR, Creatinine
 - Results copied to Transplant Centre
- Transplant team consults as needed

Kidney Paired Exchange Program (KPD)



Canadian Blood Services
Société canadienne du sang

- A National program managed by Canadian Blood Services
- For pairs where direct donation is not possible
- Allows matches to be found throughout the country
- Recipients receive a living donor transplant despite their own donor not being able to donate directly to them

KPD Program

Principles & Guidelines

- Anonymity between the pairs is maintained
- Usually only Canadian donors can be considered
- Surgeries within the chain occur close to the same time of each other

Benefits

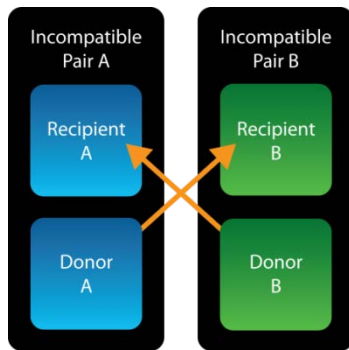
- “Widens the net” for matches due to number of participants

Challenges

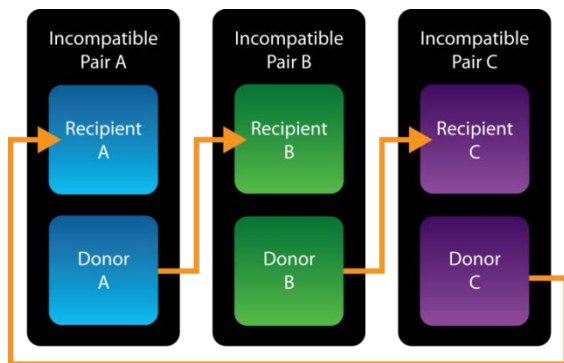
- Difficult to predict timing, requires flexibility
- Donor travel frequently required
- Companion a requirement and their travel may not be funded

Types of KPD Exchanges

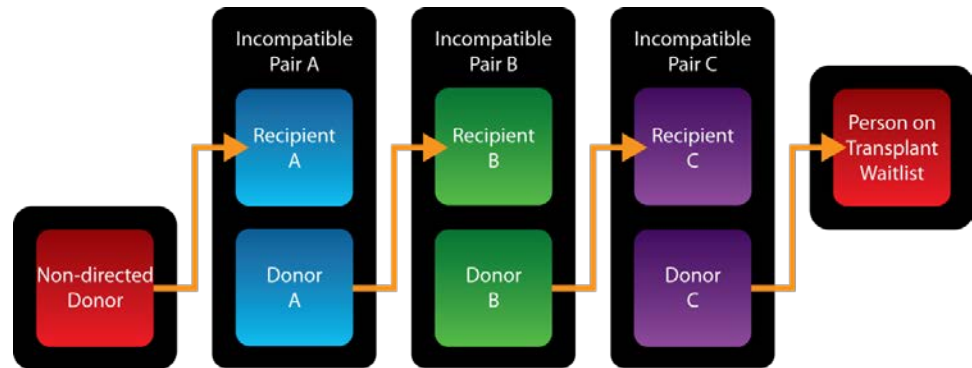
Closed Chain (Paired Exchange)



Closed Chain (Multiple Pairs)



Domino Chain



Solicited Donors

- Donor who has learned of the recipient's need for transplant through a public solicitation or appeal
- Has no prior relationship with the recipient
- Potential for one-sided anonymity
- Donors may choose to donate anonymously through KPD or to the waitlist.
- Potential to flood the transplant programs with inquiries, donor assessments are triaged.




Donor Outreach: Getting Started

- Provide education on benefits of transplant
- Encourage pre-emptive transplant
- Be sure donor outreach is not being ruled out based on incorrect assumptions
- Recipients may still choose to go on deceased donor waitlist



Kidney Donation Videos



The video player shows a firefighter, Charles Mulder, in a red jacket and helmet, sitting at a desk in a control room. The text "CHARLES MULDER" and "LIVING KIDNEY DONOR" is overlaid on the video. The video player interface includes a search bar, a play button, a progress bar showing 0:06 / 2:56, and a "SUBSCRIBED 103" button.

Living kidney transplant saves firefighter's life
76 views

BC Transplant
Published on Nov 28, 2017

Are you thinking about becoming a living kidney donor? Do you have questions about the process and want to hear what it was like for someone who's already donated?

Find this and other videos about living kidney donation at bit.ly/BCTransplantYouTube

- [Living Kidney Donation and Transplant Videos](#) (playlist)
- [Living Kidney Donation Stories](#) (playlist)

Barriers to Outreach

- Recipients comfortable with donor outreach can begin right away
- Some barriers impeding donor outreach include:
 - Lack of accurate medical information
 - Emotional barriers
 - Lack resources on how to communicate their need
 - Require support to begin the process



Challenges in Communicating their Need

It's a difficult discussion to have due to:

- Discomfort in making the request
- Lack of knowledge about donation
- Fear for donor's health after donation
- Concern about relationship with donor
- Uncertainty about how to ask/bring up the subject
- Concern about impacting donors responsibilities
- Ethnicity/cultural beliefs



Common Emotional Barriers to Outreach

Fear No One Will Come Forward

- Donors don't step forward for their own personal reasons
- Donation is not the right emotional fit for everyone

Concern Relationship Will Be Changed

- Donors equally concerned about the relationship remaining the same
- Donors see donation as a gift, don't want attention

Uncomfortable To Ask

- Most donors offer to donate once they understand the need
- Shift their thinking from "asking" to communicating medical need

Helpful Information for Recipients

- Donors live healthy lives with one kidney
- Donors are thoroughly medically screened
- Donors can explore donation with no obligation
- Donors benefit from basic information about transplant
- Reassure donors about their relationship with recipient, frees donor to explore donation



Practical Barriers

- Concern for the donor's finances
- Concern about disrupting donor's employment
- Concern about impacting the donor's responsibilities and obligations
- Donors can often access private benefits, employment insurance
- LODERP program
- More employers are supporting employees to donate
- Pre-emptive transplant allows for planning and organization



Living Donor Reimbursement Program (LODERP)



- National Program reimbursement program
- Assists with most out of pocket expenses
- **The BC Kidney Foundation administers the program in BC:**
 - Assists with travel, hotel, food and parking costs for Out of Town/Province/Country Donors
 - Loss of Income Subsidy -Canadian Residents, when no other benefits
 - Child Care
- For more information, visit www.kidney.bc.ca, 1-800-567-8112

Donor Pools

Who Can Be A Donor?

- Family, friends, coworkers, neighbors, people from church
- Consider all social groups, connections, clubs/organizations
- Out of country, out of Province
- Donors do not have to be blood relatives or same blood type
- Encourage recipients to not screen out potential donors themselves
- Start outreach with people who have relationship/connection to recipient



Donor Outreach with Patients

How to begin donor outreach?

Starting the Conversation

How do they feel about doing donor outreach?

- Provide support around their concerns

Have they tried to reach out?

- Tell me about that, or what has stopped them

Identify barriers, provide basic information

Ask open-ended questions, ask from a place of curiosity

- Help me to understand from your perspective
- For you, what was your experience?
- Tell me about your donor outreach, what did it look like?

Putting it into Practice

- Donna is middle aged woman, married, two young adult children
- Daughter is offering, Donna is accepting
- Donna works part-time
- Donna struggles with depression



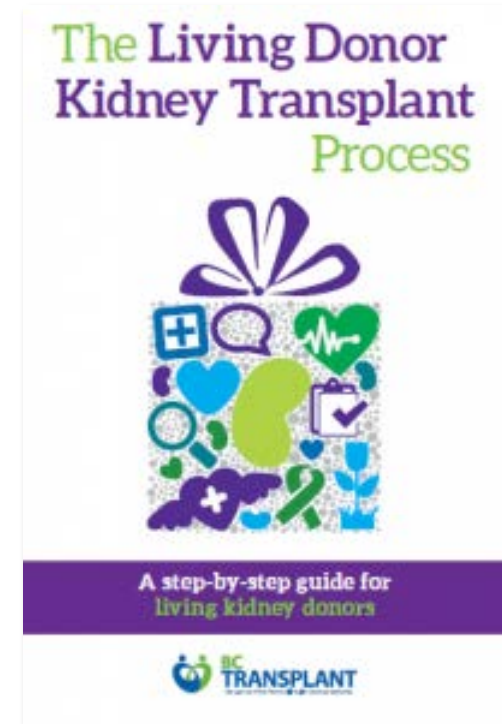
Patient Example: Donna

- Tried outreach with no success
- Talked to a colleague about her situation
- Conversation was awkward, not brought it up again
- Felt hurt and disappointed colleague did not respond



Comprehensive Approach

- State medical need, impact on quality of life
- Transplant is recommended treatment
- Provide reassurance about the relationship
- Basics about kidney donation
- Invite people to explore kidney donation
- Provide transplant centre contact information



Case Example

- Sally is a 45 year old woman from England originally
- Married, two teenage boys – she’s a “Soccer Mom”
- Works part-time at a Realtor’s office
- She enjoys her volunteer work at the SPCA but lately has been feeling more fatigued and wonders if she should give it up
- Sally is social, is the “one people go to”, her spouse is her closest confident
- She’s busy with life, reports kidney disease won’t run her life, she is compliant
- She attends her KCC appointments, rarely asks questions or for assistance
- She reports she tried outreach with no success
- Her GFR is slowly trending down and it’s currently at 20
- She is leaning toward the night cyclist, believes that decision is a ways off

How to Broach the Subject with Potential Donors

- Understand how the patient is comfortable communicating
- Keep family and friends informed of medical situation
- Use face-to-face meetings, blogs, social media and technology to communicate
- Appoint a spokesperson to get the word out
- Have support network attend medical appointments
- Have donors contact the Pre-Transplant Centres confidentially

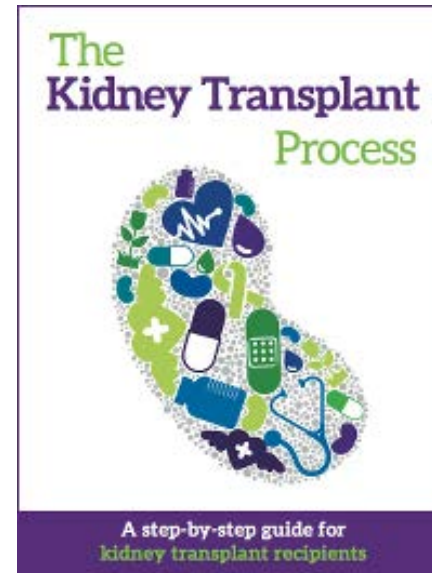
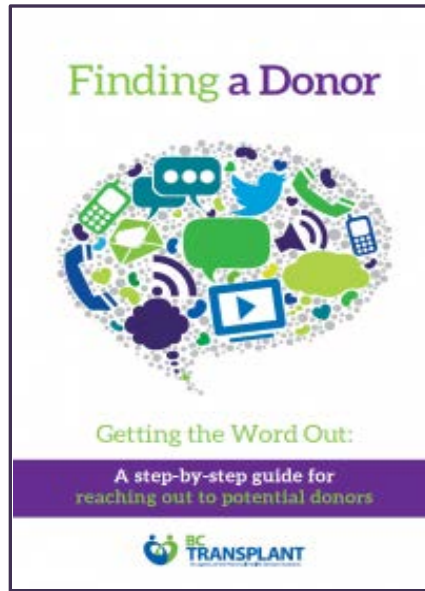


Crafting the Outreach

- Speak from the heart
- State medical need, transplant recommended
- Address any of their specific concerns
- Include basic donor information
- Reassure people about their relationship with recipient
- Give invitation to explore donation, next steps



Information Available for Patients



Available in: Punjabi, Chinese Simplified
and Chinese Traditional at
transplant.bc.ca/livingdonation

Your Pre-emptive Toolkit

BC Renal Agency (bcrenalagency.ca/health-professionals)

- KCC patient journey map
- RRT transplant module/flip charts

BC Transplant website (transplant.bc.ca/livingdonation)

- Donor Outreach guide and letter. Available in English, traditional and simplified Chinese and Punjabi
- Living kidney donation/transplantation: step by step process videos
- Pre-emptive transplant posters
- Role playing YouTube video

BC Kidney Foundation (www.kidney.ca/bc-home)

- Living donor mentor program
- LODERP

Questions?

If there are questions, or further clarification is needed about a referral, please contact the Transplant Centre:

St. Paul's Hospital

ph: 604 806 9027/ 1-877-922-9822

recipientnurse@providencehealth.bc.ca

donornurse@providencehealth.bc.ca

Vancouver General Hospital

ph: 604 875-5182/1-855-875-5182

kidneydonornurse@vch.ca



ST. PAUL'S HOSPITAL

PROVIDENCE HEALTH CARE



Promoting wellness. Ensuring care.

Contact Information

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