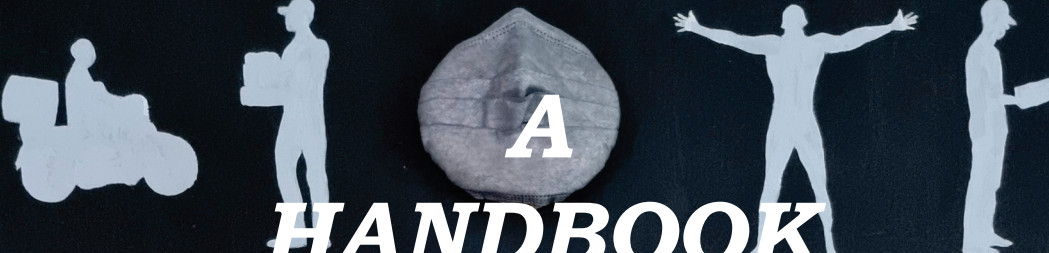


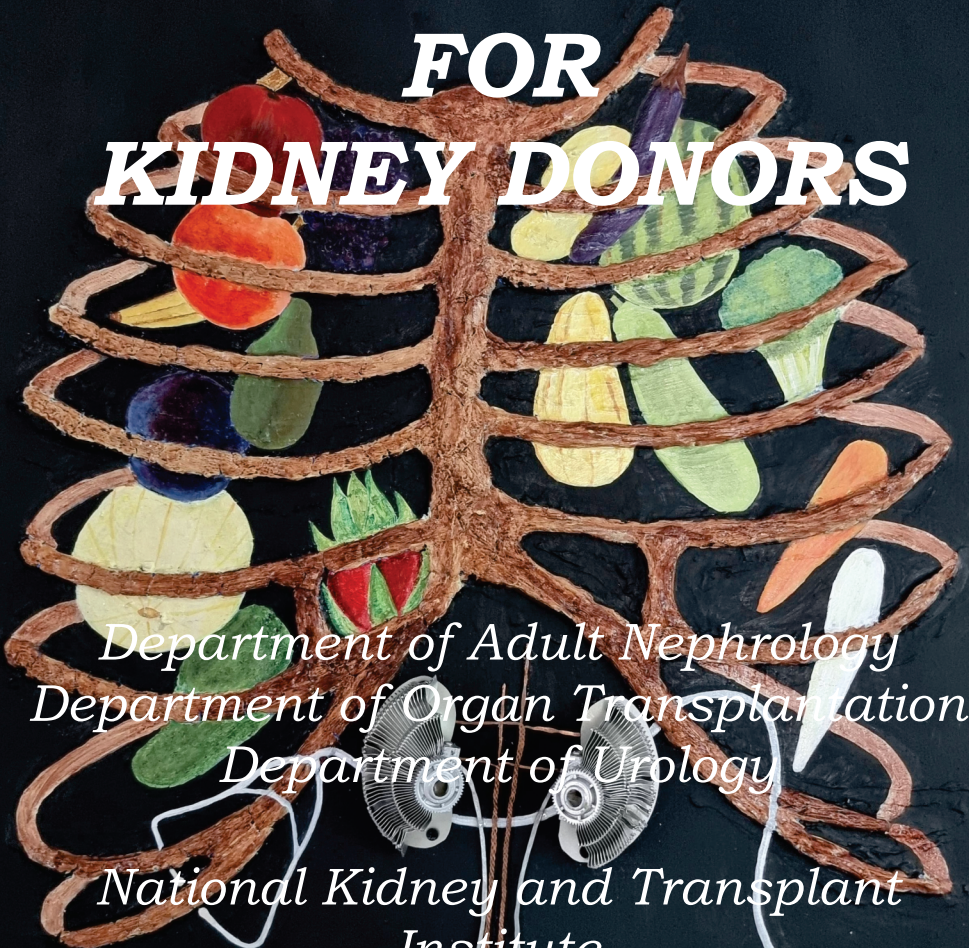
A HANDBOOK FOR KIDNEY DONORS

*NATIONAL KIDNEY & TRANSPLANT INSTITUTE
Department of Adult Nephrology
Department of Organ Transplantation
Department of Urology*

August 2021



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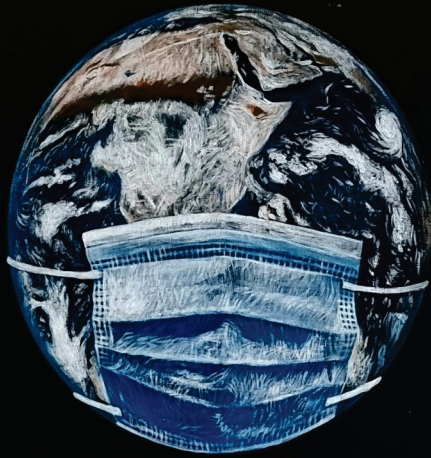
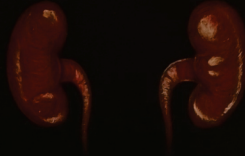
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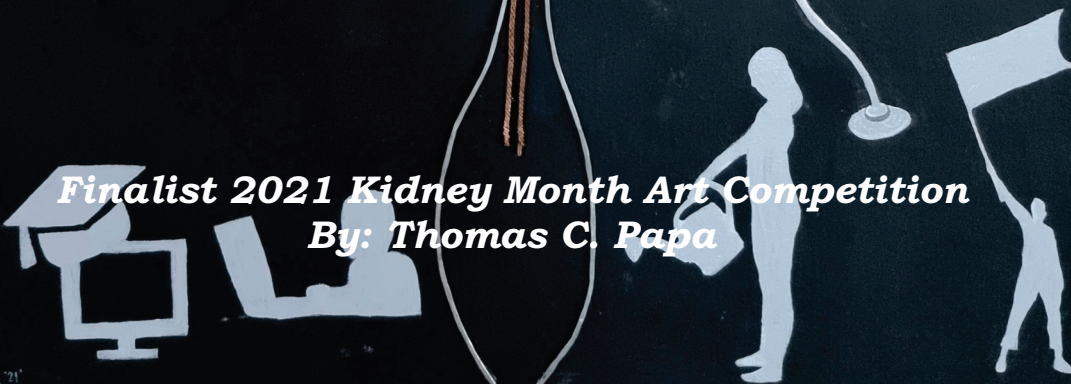
August 2021

**ORGAN
DONOR
CARD** KEEP THIS CARD
WITH YOU SINCE
IT CAN BE FOUND
EASILY

I would like to help
someone to live
after my death



***3rd place 2021 Kidney Month Art Competition
By: Lance Kirby Y. Yaneza***



Finalist 2021 Kidney Month Art Competition
By: Thomas C. Papa

The National Kidney and Transplant Institute (NKTII) is among the best kidney transplant centers in Asia and it continues to be the leading transplant center in the country. Since 1983, NKTII has performed over 5,000 kidney transplants, with around 300 transplants done annually in the recent years. Most of the donated kidneys are from living donors but deceased organ donation has significantly improved over the years. One-year graft and patient survival rates have remained consistently above 95%.

This handbook aims to empower and guide people like you who may be interested in becoming kidney donors. It will also introduce you to the donor program of NKTII. It will offer you the basic and most essential information regarding kidney donation. The handbook answers most of the frequently asked questions in the simplest and most concise way so that potential kidney donors like you and your families can reach an informed decision regarding organ donation.

Deciding voluntarily to donate your kidney to someone who has end-stage renal failure is indeed a heroic act and an important life-changing decision that can be an extremely rewarding experience.

This handbook was first printed in August 2010. This revised and updated edition now includes more answers to some of the frequently asked questions of potential donors, the most recent legal statements on organ donation and additional guide on the do's and don't's after kidney donation.

We strongly recommend that you read this thoroughly and discuss your thoughts with your family, your doctor and with our transplant coordinators. We want you to be guided each step of the way and feel comfortable with whatever decision you come up with.

Be informed. Be empowered.

Help save a life. Be a hero.

Be an organ donor.

ACKNOWLEDGEMENT

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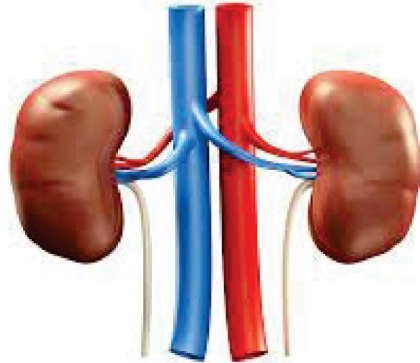
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What are the kidneys?

The kidneys are two bean-shaped organs about the size of one's fist. They are located at the back, behind the lower ribs.



What do they do?

These are the major functions of the kidneys :

- Filter waste products and excess water out of the blood
- Secrete renin, a hormone or chemical messenger that helps control our blood pressure
- Produce erythropoietin that stimulates our bone marrow to make red blood cells. The red blood cells carry oxygen to all parts of the body
- Produce vitamin D, that is important to keep the bones healthy

What is kidney failure?

Kidney failure occurs when the kidneys cannot perform the functions mentioned earlier. This can happen slowly and is called chronic kidney disease (CKD). This is usually caused by damage to the kidneys in the form of long-standing diseases such as diabetes, hypertension, swelling of the filtering units of the kidneys called chronic glomerulonephritis and autoimmune diseases such as systemic lupus erythematosus. Other diseases such as kidney stones, congenital birth defects and polycystic kidney disease may also lead to renal failure.

What are the symptoms of kidney failure?

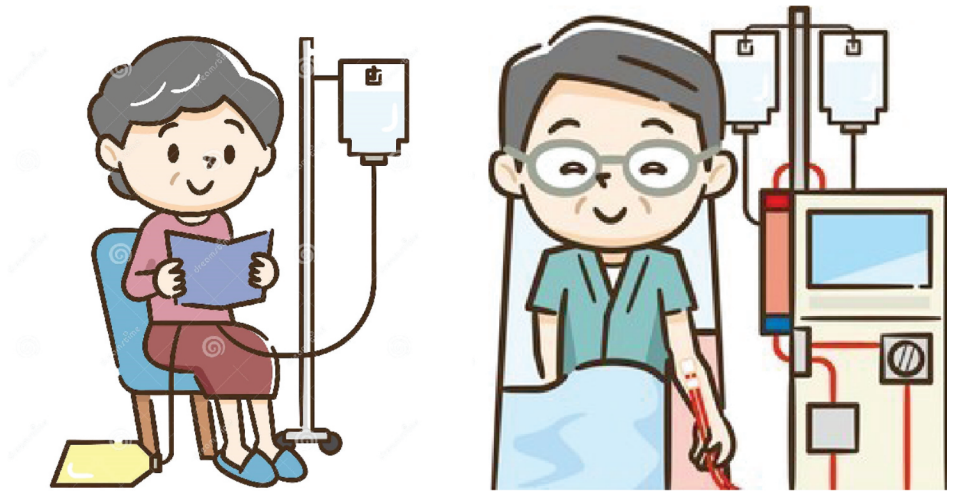
Most people notice they feel weak, get easily tired and lose their appetite. Other signs commonly seen include:

- Difficulty of breathing
- Decrease in the amount of urine
- Sensation of vomiting
- Easy bruising
- Uncontrolled blood pressure
- Swelling in the face, ankles and legs
- Chest pain
- Itching
- Cramps and twitching
- Low back pain
- Inability to sleep
- Reduced sexual functions

The gradual loss of kidney function may go on to permanent kidney failure called end-stage renal disease (ESRD). When the kidneys are no longer working properly treatments such as peritoneal dialysis and hemodialysis that remove waste products from the blood.

However, dialysis cannot completely replace all the functions of kidneys. Only a kidney transplant can restore all the kidney's functions.

A patient who is diagnosed to have end stage renal disease but is not yet on dialysis may undergo a preemptive transplant (transplant before dialysis)



KIDNEY DONATION

What is kidney donation?

Kidney donation is when a person donates a kidney for transplantation to another person who has ESRD.

What are the benefits of the kidney donation?

Kidney donation:

- Gives a sense of fulfilment to the donor
- Gives a patient with ESRD a new lease on life
- Makes kidney transplantation more economical compared to life-time dialysis



Who can donate a kidney?

To be a kidney donor you must be:

- in good physical condition and mental health
- should be 18 years old up to 60 years old
- must have normal kidney function

The following medical conditions may prevent you from being a donor

- Kidney disease
- uncontrolled blood pressure
- Diabetes
- Cancer
- Hepatitis
- Acute infections
- Lung disease such as emphysema

What are the common misconceptions about kidney donation?

1. Kidney transplant have a low chance of success.

Kidney transplants are the most successful organ transplants with a 90-95% success rate. Living donor's kidneys generally last 15-20 years.

2. Donating a kidney is dangerous.
Most donors only spend 1-4 days in the hospital and are able to return to work in 2-3 weeks. Risks of complications from donation are low.
3. What if i need a kidney transplant later on?

Estimated risk of kidney failure at 15 years after donation is 3 per 1000 donors. Donors have lower rates of kidney failure than the general population but a higher lifetime risk compared to healthy non donors.

4. Donating a kidney reduces the donor's life expectancy.

Donating a kidney does not reduce the donor's life expectancy.

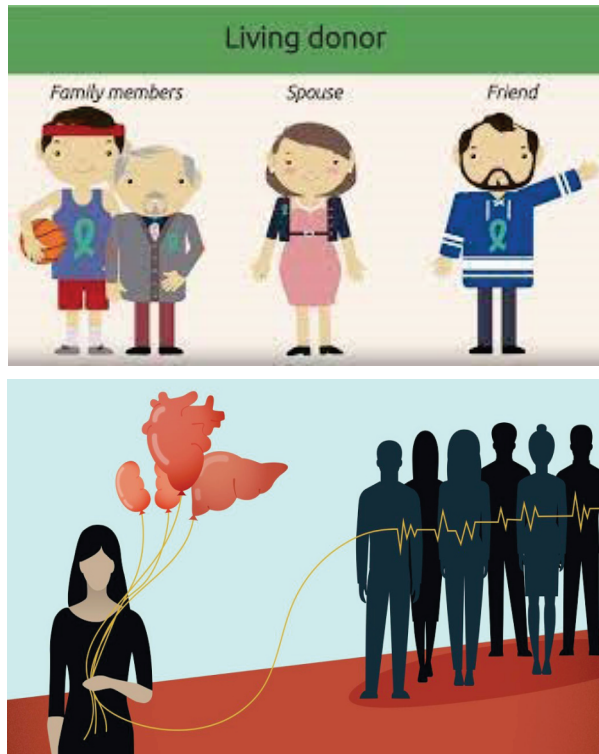
5. The donor needs to be a family member in order to be a match.
A living donor doesn't need to be biologically related to the recipient.

How does one become a kidney donor?

These are two ways to become a kidney donor

: Living donor – donate while you are still alive

Deceased/Cadaveric donor – donate when you die



Who can be a living kidney donor?

Any person between the ages of 18 and 60 years are candidates for living kidney donation.

What are the types of living kidney donors?

There are the two types of living kidney donors:

1. Living Related Donor (LRD):

A person related to the recipient up to the 4th degree of consanguinity

1st degree - parents, children

2nd degree- siblings, grandparents, grandchildren

3rd degree - great grandchildren, nephews/ nieces, great grandparents

4th degree - great nephews/ nieces, first cousins, great uncles/ aunts

2. Living Non-Related Donor (LNRD):

A person with long-term close emotional relationship to the recipient such as spouse, adopted child, friend, employee, or employer. However, he/she can also be anybody who has no emotional bond to the recipient but who cares enough to help. Approval of the Transplant Ethics Committee is required prior to this type of donation

What are the advantages of living kidney donation?

The operation can be scheduled at the most appropriate time

There is ample time available for laboratory work ups, clearances and search for the most compatible donor.

Waiting time for the recipient is reduced.

The donated kidney can be immediately transplanted resulting to better outcomes.

The cost of living kidney donation is less.

Why is there a need for donor evaluation?

As a living kidney donor, you will undergo an extensive evaluation to ensure that:

You are healthy and fit to undergo surgery.

The donation will not harm you in anyway.

You have no illnesses that might compromise you and the recipient.

What are the tests required for kidney donation evaluation?

The evaluation involves:

Medical history & physical examination

Blood & urine tests

Tissue typing & cross-matching

Pregnancy test for women of child-bearing age

Ultrasound of the kidneys and other vital organs

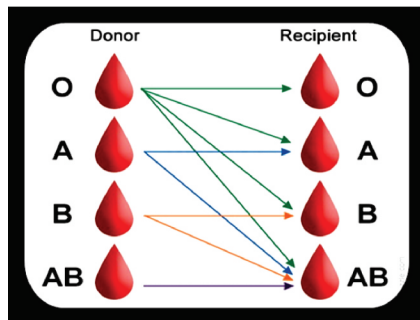
Chest x-ray

Psychological evaluation

Electrocardiogram (EKG or ECG)

Nuclear scan

CT Renal angiography Your blood type helps determine to whom you can donate for ABO compatible Kidney Transplant:



If your blood type is not compatible with the recipient, ABO incompatible Kidney Transplant is an option for you to be a donor

What does ABO incompatible mean?

A, B, AB, and O are the 4 major bloodtypes and are based on the small molecules on the surface of blood cells. When one person receives blood from someone with a different blood type it may cause a reaction which is called ABO incompatibility.

- People with type A blood will react with type B or type AB blood.
- People with type B blood will react with type A or type AB blood.
- People with type O blood will react with type A, type B, or type AB blood.
- People with type AB will not react with any other blood types

What is ABO Incompatible Living Donor Kidney Transplant?

ABOi living donor KT is another strategy that is used in other countries to expand the organ pool by giving a donor kidney to a recipient who is not ABO compatible. This is a safe procedure and can now be done in NKTi.

How long does the donor assessment process take?

This will vary. In general, it will take two to three weeks . It will depend on factors such as where you live and if there are any additional tests that may be required. Whenever possible, the assessment will be tailored to your needs and schedule.

Who makes the final decision?

Once all the tests have been completed, they are assessed by the transplant team. The transplant will only take place if both you and the recipient are willing to proceed and the transplant team is confident that both of you are healthy enough.

How much time will I need to take off work?

Your physician will arrange the tests, prior to the transplant, taking into consideration your work schedule to minimize disruption to your job. It is sometimes possible to arrange for some to be done locally if you live a long way from the transplant center. The operation and recovery period varies according to the type of surgery, your individual recovery and the type of work you will be resuming. Many people who have a desk job are back to work in three weeks. If your job is physically demanding, you may need six weeks or more to resume all your prior activities.

What are the things I should know about the surgery?

As a kidney donor, you are usually admitted one to two days before the scheduled surgery for final assessment and preparation prior to the procedure. During this time, blood tests including tissue cross matching, ECG and possibly a chest x-ray may be repeated. Fasting and bowel cleansing are carried out the night before the surgery.

The surgical procedure of removing the kidney is called a nephrectomy. This may take between two to four hours.

The morning after surgery, you will be encouraged to walk and remain out of bed a good part of each day. This is to increase blood circulation, prevent lung complications and promote recovery of normal intestinal functions. You will also be made to take frequent deep breaths to avoid lung problems. If coughing is painful, you can support your abdomen with your hands or place a pillow over it while coughing. Pain medications will be given as needed.

You will not be allowed to eat your regular diet for one to two days after surgery because of the slowed function of your intestines brought about by the operation and pain medications. Soft diet will be started once you pass out gas. This will then be changed to your regular diet if no nausea, vomiting or abdominal pain occurs.

You will be discharged three to five days after surgery. Follow-up consultation will be required one week after discharge to check your status and well-being, the site of operation and to do some laboratory tests. During the second week after surgery, you may begin to slowly increase your activity level. You may be required to see your doctor for regular check-up as often as needed. It is recommended that you see your physician at least once a year after the surgery for routine physical exam and laboratory evaluation. Needless to say, you need to take good care of your health after the surgery.

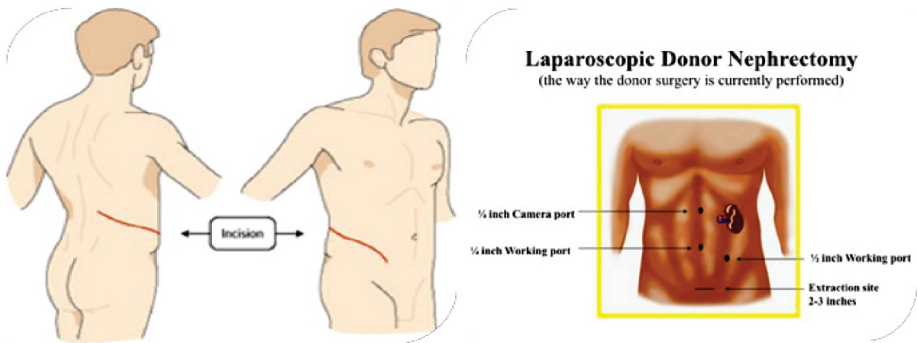
What are the types of donor nephrectomy?

Conventional/open donor nephrectomy

Laparoscopic donor nephrectomy

What are the differences between open and laparoscopic donor nephrectomy?

	Open Donor Nephrectomy	Laparoscopic Donor Nephrectomy
Length of Incision	One long incision 12 cms long	4 smaller incisions 1.0,0.5, 5 cms long
Pain	More painful due to longer skin incision and resection	Less painful. No muscles tissues nor rib is cut
Indwelling Catheter Time	Up to 2-3 days after surgery	Up to 1 Day after surgery
Recovery Period	Can be discharged 5 days post-surgery	Can be discharged 3 days post-surgery
Resume Period	Can go back to work after 6-8 weeks	Can go back to work after 2-4 weeks



There is approximately a 1 in 50 chance that the operation will need to be converted from laparoscopic to an open nephrectomy because of bleeding that is difficult to control or if the anatomy of the kidney is unusual to make the laparoscopic procedure unsafe to continue.

What are the risks of living kidney donation?

Risks associated with the surgical procedure itself:

○ The risks associated with kidney donation are comparable to any other elective surgical and anesthetic procedures. Complications develop in only 1.8% of donors which may include:

- Pain - is expected in all surgical procedures. However, you will be given enough pain medications after surgery.
- Infected surgical wound- This rarely happens and will be treated accordingly.
- Lung complications - You will be asked to cough and take deep breaths to decrease the risk of developing pneumonia.
- Blood clotting- You will be encouraged to move around one day after the surgery. This will stimulate better blood circulation and prevent blood clots.

- Collapsed lung- The kidney is close to the lung. The lining of the lung may be inadvertently injured during surgery causing the lung to collapse. This incident however rarely happens with the laparoscopic approach. Should this happen, a chest tube will temporarily be inserted into the chest to expand the lung.
- Allergic reaction to medications including anesthesia. During the evaluation process, the transplant team will try to identify any allergies you might have. If you have an allergic reaction to any form of medications, the doctor will take an immediate action to correct the problem.
- Death- Fortunately, it is exceedingly rare. One study indicates that the risk of death is 0.06% and another study puts the risk at 0.03% (that relates to 3 death for every 10,000 procedures).

Long-term risks

- Pain, numbness, nerve damage, hernia or intestinal obstruction. These risks seem to be rare.
- There may be at greater risk of developing high blood pressure, proteinuria, reduced kidney function
- Generally, living kidney donors do well with pregnancy after their donation. Some studies however have shown small increases in some risks like gestational diabetes, pregnancy-induced hypertension, protein in the urine, and pre-eclampsia.

How long will I be in hospital?

This varies depending on your individual recovery. Many donors need only two or three days in the hospital to recover.

Will I need to take any medication after donating?

You will need to take some painkillers immediately after the operation and during the recovery period. However, you should not need any long-term medication as a result of kidney donation

How does living kidney donation affect me?

As a kidney donor, you can lead an active, normal, healthy life with only one kidney. Your remaining kidney will do the work of both, removing waste products and extra fluid from your blood. Within a month after donor nephrectomy, the remaining kidney takes over 60% of the missing kidney's function by growing larger. It will eventually be able to do approximately 80% of the work that the kidneys had done previously. You are not at an increased risk of kidney disease. After you recover from surgery, you will be able to return to your regular lifestyle.

Kidney donors may plan for pregnancy. After fully recovering from donor surgery, it is recommended to wait at least 6 months. Donors are recommended to discuss with their obstetrician and transplant team before pregnancy to make sure that blood pressure, sugar levels, kidney function and others are kept within normal to help reduce pregnancy complications. There are no known negative effects of kidney donation to the health of a developing baby of pregnant patients. There are no negative effects also of kidney donation to the fertility of male or female donors.

The most important factors in making sure the lone kidney functions well are to eat a healthy diet, have regular exercise, check your blood pressure and keep your body weight within a healthy level to decrease the chances of developing hypertension and diabetes.

It is recommended that people with only one kidney avoid sports that involve higher risks of heavy contact or collision which includes, but not limited to, boxing, football, martial arts, soccer, and wrestling. This may also include extreme activities like skydiving. Anyone with a single kidney who decides to participate in these sports should be extra careful and wear protective padding. One should understand that the consequences of losing a single kidney are very serious. Needless to say, they are advised to live a healthy lifestyle.

Living donation does not change life expectancy and does not appear to increase the risk of kidney failure. In general, most people with a single normal kidney have few or no problems. Many donors report feeling good even many years after the operation, knowing that they have helped to prolong and improve another person's life.

Are there any specific restrictions after donation?

After donation you should be able to go back to a regular, healthy lifestyle. If you are in good health, there will probably not be any specific dietary restrictions.

Will the transplant be successful?

The success rate after kidney transplant with a living donor kidney is at 95% to 97% after 1 year. This compares with a success rate of 90-95% for kidneys from deceased donors after 1 year. However, there is no guarantee that the transplant will be successful and, sadly, a tiny number of people have very serious complications and the kidney has to be removed. It is important, before going ahead, to consider how you might feel if the transplant is not successful.

Will I be able to obtain insurance coverage after donation?

If your health remains stable, you should not have any problem obtaining health or life insurance. However, there have been some instances in which living donors have difficulty changing insurance carriers after donation, due to higher insurance premiums or a pre-existing waiting period.

What are the DO's and DON'T's after surgery?

DO's

Do **DRINK** lots of fluids (at least 2 liters of water per day).

Do **EAT WELL** (balanced meal).

Do go to your **FOLLOWUP CHECK UP** with your transplant team physician one week after your operation and on other subsequent follow-ups as advised by your doctor.

Do **EXERCISE**. Small amount of walking is advised after 1 week of surgery to promote circulation on your legs.



Do TAKE your PAIN MEDICATIONS as advised by your transplant team physician.

Do ASK QUESTIONS/CLARIFICATIONS regarding new symptoms felt or any change in the amount and color of your urine after surgery.

Do RESUME BATHING and BASIC HYGIENE once you are home.

Do CLEAN and DRESS YOUR WOUND as advised by your physician.

DON'T's

DO NOT LIFT HEAVY objects for the first 1-2 weeks after surgery.

DO NOT DRIVE for the FIRST 2-3 weeks after surgery.

DO NOT CONSUME ALCOHOL, SMOKE OR TAKE ILLICIT DRUGS.

DECEASED ORGAN DONATION

How can one become a deceased organ donor?

Organs can be donated only after a person has been declared brain dead. A patient with brain death has no brain activity, can't breathe on their own and can't recover.

What is brain death?

The brain, like all other organs in the body, requires a steady blood supply to deliver the oxygen and nutrients it needs to do its work. When the brain cells do not receive enough oxygen or nutrients, they die.

Brain death occurs when the brain and the brain stem stop functioning. Examples of injuries that cause brain death include drowning, trauma to the head from an accident, or ruptured blood vessels in the brain.

A person can only become a deceased organ donor after brain death.



Cardiac death is different from brain death. Cardiac death happens when the heart and lungs stop functioning. Someone who has a heart attack may suffer a cardiac death. People who die from cardiac death cannot donate their organs.

Brain death is different from coma or vegetative state. A person in a coma or vegetative state still has some brain activity and, therefore, has not died.

What organs can be donated by a deceased donor?

One organ donor can save the lives of several people through the donation of the following:

Corneas, Lungs (baga), Liver (atay), Pancreas , Skin (balat) , Heart (puso), Kidneys (bato)



Who manages the deceased organ donor?

The Departments of Organ Transplant Surgery and Adult Nephrology, together with the Human Organ Preservation Effort (HOPE) are tasked to manage all potential multi-organ deceased donors in this Institute.

Is there a main registry for people who wish to become an organ donor after brain death?

The Philippine Network for Organ Sharing (PhilNOS) of the Department of Health handles the central registry of people who have signified their intention to become a multi-organ donor after brain death by signing an organ donor card while they are still alive.

How does HOPE learn of a potential organ donor?

When the medical personnel in local hospitals have identified a potential organ donor, they may send an SMS or call a HOPE coordinator who is available 24 hours a day, 7 days a week. The coordinator helps the hospital and the family of the potential organ donor with the medical and legal aspects of the donation process.

Extensive tests before the surgery are done to determine which organs can be donated and transplanted. If the organ is unsuitable for transplantation at the time of the evaluation, the organ is not recovered from the donor.

How are organs distributed to patients waiting for organ transplants?

Every patient waiting for a deceased organ transplant is registered with HOPE. The transplant recipient waiting list is then transmitted to PhilNOS which is in-charge of allocating all retrieved organs.

When a family gives consent for organ donation, HOPE screens the potential donor and forwards all lab results to PhilNOS.

Allocation is based on medical criteria such as: blood type, HLA tissue type, length of time on the recipient waiting list, age of the recipient and panel reactive antibody (PRA). An additional point is given for a potential recipient who is a former organ donor. Sex is not a factor. Transplant recipients may receive organs from male or female donors. Eligibility to receive a transplant is also not determined by a person's financial status.

Do any organs go to waste?

No, donated organs are first "matched" with transplant recipients before they are surgically removed for transplant.

Will the identity of the organ donor be revealed to the transplant recipient?

Generally, no. The identity of both the recipient and the donor family are kept confidential. The HOPE coordinator just sends a letter to the donor family to inform them of the transplants that were performed. They are provided with some information about the organ recipients (such as age and sex) and the outcome of the transplant.

Is there a cost to the donor family?

All expenses involving the organ donation are the responsibility of the transplant recipients. However, hospital expenses which are not associated with the organ donation remain the responsibility of the family, just as they would be if there is no donation.

How do you become a deceased organ donor?

Becoming a deceased organ donor is a personal decision.

Tell your family your wishes. It is that simple. In the event of your death, permission must be given by your family (next of kin).

Sign a donor card or express your intention on your driver's license. Although these are both considered legal documents, your family's permission for donation must still be obtained after your brain death. It is important that your next of kin be aware of your decision so that your request can be honored.

Who is considered your next of kin?

After brain death is determined, your family will be offered the option of organ donation. Your next of kin will be asked for his/her permission for donation. Whoever ranks highest on the list below will be regarded as your next of skin:

- Spouse
- Adult son or daughter
- Either parent
- Adult brother or sister
- Grandparent
- Legal guardian

Do some donors have trouble making the decision?

Some people make the decision easily. Others go through some soul searching before deciding. Being afraid of donating a kidney or feeling guilty about not wanting to donate is quite normal.

The only "right" decision is the one that makes you, the potential donor, feel comfortable. Finding out more information about living donation and what it involves may help you with this decision.

Can you change your mind after you sign an organ donor card?

Yes, simply tell your family about your decision and discard the organ donor card. If you change your mind again, just tell your family and, if you wish, sign a new donor card.

Should your age or health condition influence your decision to become an organ donor?

No, while medical history and age are factors, most people can donate.

What can you do if a member of your family becomes a potential organ donor?

As the next of kin, you should inform the medical staff of your wishes. Organs will not be removed without written permission from the next of kin.

LEGAL AND RELIGIOUS CONSIDERATIONS

Can human organs be bought or sold?

No. Any procedure which tends to commercialize human organs or to consider them as items of exchange or trade must be considered morally unacceptable, because to use the body as an "object" is to violate the dignity of the human person. In organ donation lays the nobility of the gesture, a gesture which is genuine ACT OF LOVE. (From the speech of Pope John Paul II to the World Transplant Congress 2000).

What are the legal statements on organ donation?

Republic Act (RA) 7170, An Act Authorizing the Legacy or Donation of All or Part of a Human Body After Death for Specified Purposes or Organ Donation Act of 1991

Outlines the definitions of brain death, persons qualified to execute a legacy or execute a donation, and the legal manner by which this donation may be done.

Does not include provisions for the acceptance and management of living organ donors.

In 2004, the World Health Organization, called on member states "to take measures to protect the poorest and vulnerable groups from transplant tourism and the sale of tissues and organs, including attention to the wider problem of international trafficking in human tissues and organs"

World Health Assembly Resolution 57.18. Human organ and tissue transplantation.

The Declaration of Istanbul on Organ Trafficking and Transplant Tourism in 2008: stated that transplant commercialism, transplant tourism and organ trafficking should be prohibited. All countries need a legal and professional framework to govern organ donation and transplantation activities, as well as a transparent regulatory oversight system that ensures donor and recipient safety and the enforcement of standards and prohibition of unethical practices.

Department of Health Administrative Order 2008-0004 "Revised National Policy on Kidney Transplantation from Living Non-Related Organ Donor and Its Implementing Structures" and its amendatory AO

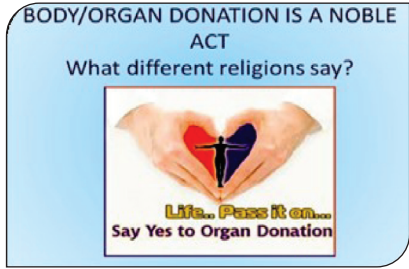
Provides the guiding policy governing organ donation to stop kidney trade which defies ethical and medical standards in transplantation. The AO is guided by the principles of equity, justice, benevolence, non-maleficence, solidarity, altruism and voluntarism. The AO states that kidney trade is prohibited.

Moreover, the AO prohibits foreigners from receiving organs from Filipino living non related donors.

Department of Health Administrative Order 2010-0013 "Establishment of a National Program for Sharing of Organs from Deceased Donors"

Sets policies and guidelines for the efficient and equitable sharing of organs from deceased donors by establishing the Philippine Network for Organ Sharing (PHILNOS) and maintaining the Philippine Organ Donor and Recipient Registry System (PODRRS).

What are the religious statements on organ donation?



Christianity: The Christian faith is based upon the revelation of God in the life of Jesus Christ. It seems in keeping that Christians consider organ donation as a genuine act of love and a way of following Jesus' example. However, Pope John Paul II emphasized that organ commercialism must be considered morally unacceptable.

Buddhism: There are no injunctions in Buddhism for or against organ donation. Central to Buddhism is a wish to relieve suffering and there maybe circumstances where organ donation may be seem an act of generosity.

Hinduism: Organ donation is an integral part of the Hindu way of life. That which sustains is accepted.

Islam: The Muslim law council in UK (1995) supports organ transplantation. The religious option (fatwa) is based on the Islamic principle off "necessities overrule prohibition".

Normally, violating the human body, whether living or dead is forbidden in Islam – but the Shariah believes this can be overruled when it is saving another person's life. However there are other Muslim scholars who believe that organ donation is not permissible. Therefore, individual Muslims should make a decision according to their understanding of the Shariah (Muslim Law).

Judaism: In principle, Judaism supports and encourages organ donation in order to save lives. However, the process of organ donation after death may be regarded as unnecessary interface with the body of the individual. Jewish law requires immediate burial after death and the process of donation may delay this custom. Jewish law requires consultation with a competent Rabbinic authority before consent is granted.

Sikhism: Sikh philosophy and teachings place great emphasis on the importance of giving and putting others before one self. It stresses the importance of performing noble deeds, exemplifying selfless giving, and helping others. Organ donation is both consistent with and in the spirit of Sikh teachings.

What are the documents required by NKTII before kidney donation?

A HOPE certification is needed prior to the operation. The documents required for certification include:

LIVING RELATED DONORS

Pre-transplant orientation certificate

○ Schedule of orientation: via online appointment

Valid ID tulad sa company, postal, SSS, GSIS, barangay, TIN, PRC, passport, NBI at police clearance

Psychiatric evaluation

NSO Authenticated birth certificate

Notarized Deed of Donation

Notarized Consent to Donate with Acceptance

Notarized Oath of Undertaking

Signed consent for video while signing deed of donation

HLA Tissue typing and Tissue Crossmatching results

LIVING NON-RELATED DONORS

Pre-transplant orientation certificate

o Schedule of orientation: via online appointment

Valid ID tulad ng sa company, postal, SSS,GSIS, barangay, TIN, PRC, passport, NBI at police clearance

Psychiatric evaluation

NSO Authenticated na birth certificate

Notarized Deed of Donation

Notarized Consent to Donate with Acceptance

Notarized Oath of Undertaking

Signed consent for video while signing deed of donation

HLA Tissue Typing and Tissue Crossmatching results

Notarized Medical Evaluation (signed by the Attending Physician)

Medical Abstract of both donor and recipient from the Attending Physician

Notarized Proof of Relationship/Joint Affidavit

Social worker's evaluation (for charity service patients only)

Barangay clearance/certificate for both donor and recipient

Philhealth ID, MDR and 1 year contribution receipt for the donor

Approval of the Hospital Transplant Ethics Committee

MAKING THE DECISION

What do I need to think about before do-nating?

Donating a kidney is an entirely voluntary act and you should make sure that you are comfortable with your choice. A person can choose to be a living kidney donor or a deceased organ donor.

Aside from the information gathered, you should talk to your family members, friends or spiritual adviser. Private and confidential discussions with a social worker, psychologist or nephrologist will allow you to ask questions without any obligation to donate.

This Institute previously held a transplant seminar every Friday for patients, family and even friends where all aspects of transplantation and donation are discussed. However due to the pandemic, this has been changed to an online orientation scheduled via appointment. This is a very good opportunity to listen and ask questions. The decision to donate needs to be made with all necessary information to make an informed, educated choice.

What if I decide against being a donor?

As a living kidney donor, you may change your mind and decide not to donate your kidney at any time during the evaluation process. The transplant team will fully support you, no matter what your decision is. As a deceased organ donor, simply destroy the donor card you have signed. If your driver's license states that you are a donor, simply cross over the card or inform your relatives of the change in your decision.

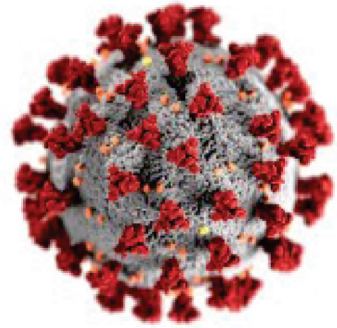
Where can I go for more information?

Human Organ Preservation Effort (HOPE) 4th floor,
Diagnostic Building, National Kidney and Transplant
Institute Telephone number: 89810300 Loc 4410 to
4413; Direct Line 89244673

COVID – 19

What is COVID-19?

Covid-19 is a disease caused by SARS-Cov-2, a new coronavirus.



Anybody exposed to coronavirus SARS-CoV-2 may develop COVID-19.

Among those who do develop symptoms, most (about 80%) will recover from the COVID-19 without needing hospitalization. They will only require quarantine. However, some (about 15%) may be seriously ill and need oxygen. While others (about 5%) may become critically ill and need intensive care management. Complications from failure of the lungs, septic shock, blood clots, injuries to the kidneys or heart may lead to death.

At highest risk of developing a serious infection of covid-19 are people >60 years, and those with other medical conditions like diabetes, high blood pressure, lung problems, obesity, cancer, chronic kidney disease.

What are the symptoms of COVID-19?

Fever, cough, weakness, fatigue are usual symptoms of covid-19. There can also be no symptoms at all (asymptomatic).

Others would feel loss of taste or smell, nasal congestion, conjunctivitis or red eyes, sore throat, headache, diarrhea, muscle pains, joint pains, rashes, chills, nausea or vomiting and others.

Severe COVID-19 symptoms such as shortness of breath, high temperatures, chest pain, confusion and others should prompt the patient to seek medical care immediately.

How can we protect ourselves and other people we care for if we do not know who is infected with the virus?

We can all stay safe by following health protocols: Physical distancing > 1 meter, wearing face mask properly, keeping rooms well ventilated, avoiding crowded places, regularly washing hands with soap and water, and disinfecting regularly will help keep us protected.

When should I get a test for COVID-19?

Anyone who presents symptoms should be tested, wherever possible. People who do not have symptoms but have had close contact with someone who is COVID-19 positive may also consider testing.

Reverse Transcriptase - Polymerase Chain Reaction (RT-PCR) is the most commonly used molecular test to confirm COVID-19. Samples will be collected from the nose and throat with a swab. A person waiting for swab results should remain isolated.

What is the difference of Quarantine and Isolation?

Quarantine is used for anyone who is a contact of a symptomatic or asymptomatic positive COVID-19 case. To prevent spread of the virus, you may be advised to do quarantine for 10-14 days in your home or a designated facility.

Isolation is used for anyone with COVID-19 symptoms or tested positive for the virus. Usually, if you have symptoms, you should remain in isolation for at least 10 days plus an additional 3 days without symptoms. Follow your local health unit for specific recommendations.

What will I do if I have been exposed to some-one with COVID-19?

If you have been exposed to someone positive for COVID-19, you may become infected, even if you are feeling well.

You may do the following:

- Call your health care provider or local COVID-19 hotline to find out where and when to get a test.
- Cooperate with contact-tracing procedures to help stop the spread of the virus.
- Stay at home (quarantine) and keep away from others.
- Keep physical distance at least a meter distance from others, even from your relatives.
- Wear a medical mask to protect others and your family members.
- Clean your hands frequently.
- Stay in a separate room; best if well-ventilated
- Monitor yourself for any development of symptoms. Immediately seek for medical care for any progression of symptoms or presence of difficulty of breathing, chest pain, and others especially those with comorbidities

How long does it usually take to develop symptoms?

From exposure to COVID-19 to the beginning of symptoms, it may take an average of 5-6 days (or can range from 1-14 days). Hence, people with exposure to the virus are advised to remain home and stay away from others for 14 days to help prevent spread of the virus.

Kidney donation and COVID-19

A comprehensive discussion for the potential risks in the time of pandemic should be done.

Is testing for COVID-19 necessary prior to kidney donation?

Yes. On top of the pre-transplant work up, screening and clearances for recipients and donors, a comprehensive clinical examination will be done to ensure that there will be no active infection, particularly that of SARS-CoV2.

Only RT-PCR NEGATIVE donors and recipients will be allowed to continue with organ donation and kidney transplantation.

Strict quarantine at home, avoidance of going outdoors, and following health protocols will be implemented during the work up and kidney transplantation to avoid contracting the virus.

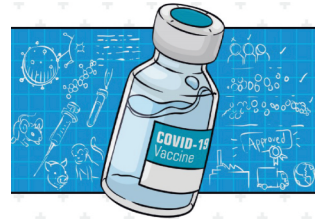
Can a person who had a history of COVID-19 infection be a kidney donor?

Yes. A person who has fully recovered from COVID-19 can continue to be a living kidney donor. He/she should have a negative RT PCR swab and follow the current institutional protocols.

COVID-19 VACCINATION

Is there a vaccine for COVID-19?

Yes.



What are the benefits of COVID-19 vaccination?

Vaccines help the body fight illnesses. Development of immunity through vaccination will protect patients against severe COVID-19.

Who may be vaccinated?

Covid-19 vaccines are shown to be safe and efficacious for most people age 18 years and above. Those with stable or controlled comorbidities are prioritized to receive vaccines:

- Hypertension
- Diabetes
- Bronchial asthma
- Liver disease
- Chronic kidney disease
- And others

The kidney donor may receive his/her vaccination to add protection against the risks of covid-19 infection.

Is it necessary for the kidney donor and the members of the household to be vaccinated?

Yes.

It is recommended for the kidney donor and household members of the transplant recipient to receive Covid-19 vaccination.

Can the preventive measures be stopped after vaccination?

No.

Although COVID-19 vaccine will help prevent severe covid-19 infection, there is still continuous research about covid-19. We still need to continue adhering to health protocols such as: physical distancing at least 1 meter, wearing facemasks properly, cleaning or washing hands regularly, and others as advised by your health officials.

Can COVID-19 vaccine cause a positive test on RT-PCR or antigen test?

No

The vaccine cannot cause a positive COVID-19 RT PCR or antigen result. These tests detect active COVID-19 disease.

COVID-19 vaccines produce immune responses that may give positive result on serologic tests that check COVID-19 immunity (antibodies).

Do I still need to be vaccinated against COVID-19 if I have recovered from COVID-19 Infection?

Yes.

The protection acquired from recovering from COVID-19 may be vary among different people. We do not know, as of now, how long these natural protection will last. Hence, you may still get a covid-19 vaccine for your protection. Coordinate with your doctor or local health units for the benefits of vaccination.

Do vaccines have side effects?

Because vaccines will help your immune system protect your body from covid-19, this process might have effects such as symptoms of fever, chills, headache, muscle pains of 1-2 days. Not all people will experience this and no side effects does not mean that the vaccine is not working.

OTHER VACCINES

Among kidney donors, recommendation for vaccination is similar to that of the healthy population.

You may receive vaccination with measles, mumps, rubella, varicella, influenza, pneumococcus, hepatitis B, tetanus, rabies, and others as recommended by your health care provider.

Benefits of vaccination against covid-19 outweighs the potential risks.

PLANNING PREGNANCY

Kidney donors may plan for pregnancy. After fully recovering from donor surgery, it is recommended to wait at least 6 months.

Donors are recommended to discuss with their obstetrician and transplant team before pregnancy to make sure that blood pressure, sugar levels, kidney function and others are kept within normal to help reduce pregnancy complications.

There are no known negative effects of kidney donation to the health of a developing baby of pregnant patients. There are no negative effects also of kidney donation to fertility of male or female donors



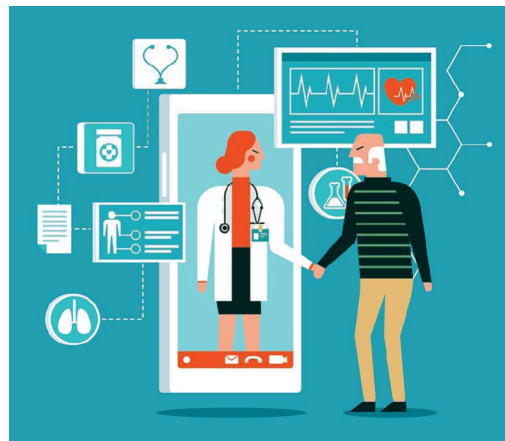
TELEHEALTH / TELEMEDICINE

Patients may use telemedicine as a mode of consultation to reduce face-to-face consultations and physical contact between health care provider and patients.

This would help lower exposure of patient to hospitals and potential contact with those with COVID-19 which may occur at any point during transportation up to hospital stay.

Patients may consult with their multidisciplinary team of doctors (nephrologist, transplant surgeon, infectious disease specialist and others) for the kidney transplant workup and for post operative surveillance.

It is still recommended to have at least 1 face-to-face consultation to ensure that there is no problem in the clinical evaluation and to prevent potential complications.



Kidney donation is safe. There are guidelines, medical tests, and psychosocial standards that have to be satisfied to ensure the health and well being of the kidney donor.

The rationale of all organ donations is "the decision to offer without reward a part of one's own body for the health and well being of another person".

Organ donation saves lives!

Consider becoming a donor.

Encourage others to become donors.

Complete and carry the donor card.

The text "Donate life" is written in a vibrant green, cursive script. The word "Donate" is on the top line, and "life" is on the bottom line. A large, sweeping green stroke starts from the top right, loops around the top of "life", and extends downwards, crossing through the word "life".

The following also served as references in completing this handbook:

American Kidney Fund pamphlet, " Give a Kidney, You can Give Someone a Second Chance";

National Kidney Foundation pamphlet, "About Organ and Tissue Donation";

American Transplant Foundation

National Kidney Foundation

Wang et al. Current Status of kidney Transplant outcomes: dying to survive Advances in Chronic Living Kidney Donors Network

Dr. Karl Womer. Johns Hopkins Medicine

National Health Service Blood and Transplant
FAQS

Illustrations Were Taken From:

- - <https://www.dreamstime.com/illustration/organ-donation-cartoon.html>
- - <https://www.pinterest.ph/pin/216665432060722119/>
- - https://www.researchgate.net/publication/12042337_Should_the_indications_for_laparoscopic_live_donor_nephrectomy_of_the_right_kidney_be_the_same_as_for_open_procedure_Anomalous_left_renal_is_not_a_contraindication_to_laparoscopic_left_donor_nephrectomy/figures?lo=1
- - smithsonianmag.com/innovations/is-covid-19-tipping-point-for-telemedicine-180975131
- - khn.org/news/article/covid-vaccines-appear-safe-and-effective-but-key-questions-remain/
- - <https://vcahospitals.com/know-your-pet/coronavirus-disease-covid19>

