Living Kidney Donation - Now It’s Time To Go Home

What do I need to know? Your questions answered

Building healthier lives

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Introduction
Now you have had your operation and made a good recovery, it is time for you to go home. It is not unusual for you to have many questions at this time. This leaflet has been produced with the help of living kidney donors who have been in a similar situation, in order to help answer some of those questions.

How should I expect to feel?
Once you leave hospital, you must remember that you have had a major operation.

• You will probably still be feeling some pain or discomfort. You may experience some shoulder pain. Known as ‘referred pain’, this can be expected after abdominal surgery as the nerves in the abdomen are linked to the shoulder.

• You should be able to move around comfortably if you take the pain relief you have been prescribed.

• Initially, you may feel more tired than usual. This should improve after a few weeks and you will gradually be able to do more.

• Your tummy may feel a little swollen and you may experience wind.

When can I return to normal activity?
These guidelines will help, but remember, we are all different so you may be able to do things sooner than stated, or it may take a little longer.

Daily activity
• You should be able to return to normal, light daily activity once your wound has healed – usually within two to three weeks of your operation.
• If you feel well enough there is no need to restrict doing light housework, such as dusting or washing up.
• Things such as shopping, hoovering or gardening will take slightly longer, but you will know when you are ready.
• Heavy lifting should be avoided for the first three months.

Driving
There are no hard and fast rules on when you can start driving after your operation but:
• Remember the incisions from your operation are in places where your seatbelt will go.
• Physically you need to be comfortable behind the wheel and be able to do an emergency stop – try sitting behind the wheel and depressing the brake pedal.
• Most people feel comfortable within one month but you should check your insurance policy to ensure you will be covered within this timescale.
• Insurance policies vary and you could risk losing your no-claims bonus, or worse, depending on your particular policy.

Exercise
Return to exercise should be gradual and will depend on how strenuous the exercise is.
• Gentle walking is a good way to start increasing your fitness levels as soon as you feel ready.
• Swimming should be avoided until your wounds are fully healed to reduce the risk of infection.
• Activities such as going to the gym, aerobics, cycling and running will take longer but you should be ready to gently begin these activities within one month of your operation.
This will depend on the type of exercise. If you are unsure please discuss with your coordinator.

- Whatever exercise you normally do, you should be back up to full speed around two to three months from your operation.

Sexual relationships

- You should be able to resume your normal sexual relationships as soon as you feel ready.
- There is no reason that donating a kidney will reduce your ability to have children. For female patients, it is recommended that you wait 12 months after surgery before trying to conceive to give your body time to heal.
- If you become pregnant after donating a kidney you should inform your prenatal service that you only have one kidney. You should also contact the living donor coordinator, so that an appointment can be made for you to come to a donor follow-up clinic for specialist advice.

Blood donors

Please do not donate blood less than three months before your kidney donation. Future blood donation will depend on what your haemoglobin levels were during surgery and if you required a blood transfusion. Your haemoglobin levels will be checked at your surgical review approximately six weeks after your surgery.

Return to work

When you will be able to return to work depends on the type of job you do.

- Most people with office jobs or a job with light activity return to work within one month.
• If you have a physical job, your return to work may take up to three months.
• Most people will have returned to full time employment by three months after the operation.

Travel
• It is not recommended to travel by air within four weeks of your surgery.
• Always inform your insurance company of your operation and check your policy to ensure you will be covered.

What tablets do I need to take?
• By the time you leave hospital most people only require oral pain relief which should be taken as instructed.
• Never take painkillers more frequently than prescribed.
• If you have had an infection whilst in hospital you may have been given antibiotics. These should be taken as prescribed until you have finished the course.
• Some patients may be given laxatives which should be taken as prescribed.
• If your symptoms persist, consult your GP. He or she will have been kept informed at each stage of the assessment process and any follow-up appointments.
• If you were taking medication for other conditions prior to your operation, you will continue to take them.
• Long-term use of non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen is not recommended. If you are already prescribed these drugs for an existing condition you should speak to your GP to identify an alternative.
How do I care for my wound?

• It is recommended that you shower instead of taking a bath.
• Dab wound dry with a clean towel, don’t rub.
• Avoid any body lotions or creams.
• It is normal for the area around your wound to feel a little numb or for you to experience a mild tingling sensation.
• If your wound becomes red or swollen or feels hot to the touch, you may have an infection. Please contact your GP or the hospital so that the wound can be examined and antibiotics prescribed if necessary.

Do I need to change what I eat or drink?

You do not need to make any permanent dietary changes after donating a kidney.

• However, for the first couple of weeks after your operation it is recommended that you drink two to three litres of water a day. This will help the function of your remaining kidney and can help prevent a urine infection.
• Some donors become constipated for a short time after their operation. This can be helped by increasing fibre in your diet e.g. eating more fruit and vegetables, brown bread and cereals.
• If symptoms persist and you were not prescribed any medication for constipation before leaving hospital, you can purchase effective remedies such as Lactulose or Senakot from the chemist.
• As you become more active, constipation should improve.

Feedback from previous donors

Following their operation donors have often mentioned a feeling of being down.
• You will have gone through a roller coaster of emotions over the last few months during the assessment process and operation and may now feel a sense of anticlimax.
• All attention may now appear to be on the recipient.
• As well as dealing with your own recovery, you will be concerned about the recipient’s progress.
• These emotions may be heightened if you donated to a partner or live with the recipient as you are witnessing their progress daily.
• You may even feel low in mood. If you feel you may benefit from talking to a psychologist. Please either contact them directly or speak to your living donor transplant coordinator.

When do I have to attend hospital?
Times may vary slightly but following discharge you should receive the following appointments:

• Six weeks after operation you should see a surgeon.
• Week one and two following your operation you will have a telephone call from your co-ordinator. This is check that your recovery is going as expected.
• Six months – appointment with living donor coordinator.
• Yearly review with living donor coordinators.

We do not expect to find anything wrong with your results but the yearly follow-up allows us to detect any increase in blood pressure or cholesterol. The general public may be unaware of such changes but your yearly review allows us to treat these conditions should they arise. You are at no greater risk of developing kidney problems after donating than anyone in the general population.

• Your results from this yearly follow up are sent to NHS Blood and Transplant (NHSBT) for the UK Living Donor Registry – a
national audit study. This provides us with information to enable us to tell potential donors how low the risks of living donation are and that there are minimal long-term risks to the health of the donor.

What if there’s anything else I need to know?
Although this leaflet has been produced with the help of previous living kidney donors, no two donors are exactly the same. If you have any questions whilst in hospital you should speak to staff on the ward.

You can contact the living donor transplant coordinators on:
Direct line 0121 371 5836
Via switchboard 0121 371 2000
Or email livekidneydonor@uhb.nhs.uk

The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk or call 0121 627 7803

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