

METHODIST HEALTHCARE

“Serving Humanity to Honor God”

www.SAHealth.com

Patient Selection Criteria for Potential Living Donor

The following criteria will be used for determining the acceptance of a living kidney donor for a renal transplant recipient. The criteria are only meant for use as a guide and each patient will be considered individually and reviewed in patient selection committee.

1. Age Limit

- a. 18 years or older
- b. 65 years or older will be considered on an individual basis and will be correlated with the recipient's age and medical condition.

2. Medical

- a. BP:
 - Patients with a documented hypertension are usually not acceptable as donors.
 - Some patients with easily controlled hypertension, who meet other defined criteria (i.e., >50 y/o, GFR > 80 ml/min, and urinary albumin excretion < 30 mg / day) may represent a low risk group for development of kidney disease after donation and may be acceptable donors.
- b. Weight:
 - Patients with a BMI > 40 should be discouraged from donating, especially when other co-morbid conditions are present.
 - BMI of 35 – 40 should be approved on an individual basis.
 - Obese patients should be encouraged to lose weight prior to kidney donation.
 - Obese patients should be informed of both acute and long term risks, especially when other co-morbid conditions exist.
- c. Dyslipidemia:
 - Should be included along with other risk factors, but dyslipidemia alone does not exclude kidney donation.
- d. Acceptable Donor Renal Function:
 - A GFR of < 80 ml/min generally precludes donation. Since GFR declines with age, higher GFR may be required for younger patients.
- e. Proteinuria:
 - Urinary protein loss of > 200 mg / 24 hours may indicate presence of kidney disease and will require further evaluation.
 - Microalbuminuria determination as a more reliable marker of renal disease is a part of proteinuria assessment.

f. Hematuria:

- Patients with persistent microscopic hematuria should not be considered for donation unless urine cytology and a complete urologic work up are performed.
- If urological malignancy and stone disease are excluded, a kidney biopsy may be indicated to rule out glomerular disease such as IgA nephropathy.

g. Diabetes:

- Individuals with a history of diabetes or fasting blood glucose > 100 mg/dl on at least two occasions associated with elevated hemoglobin A1c (>6.0) should not donate.
- A history of gestational diabetes is a relative contraindication to donation.

h. Polycystic Kidney Disease:

- If a family history of polycystic kidney disease exists donors 18 – 30 are excluded unless a reliably negative genetic testing can be performed. and donors > 30 y/o must have a negative renal sonogram.

i. Stone Disease:

- History of kidney stones requires a stone risk analysis or metabolic evaluation
- An asymptomatic potential donor with a history of a single stone may be suitable for kidney donation if:
 - i) no significant metabolic disorder is present which would predispose the patient to recurrent problems including nephrocalcinosis;
 - ii) no cystinuria, or hyperoxaluria are present;
 - iii) no associated urinary tract infections are present;
 - iv) no multiple stones or nephrocalcinosis are evident on CT.
- An asymptomatic potential donor with a current single stone may be suitable if the donor meets the criteria shown previously for single stone formers and current stone is non-obstructing, or potentially removable during transplant

j. Pregnancy

- Pregnancy is a contraindication to donation. Donation may take place when sufficient time is given for the healing and recovery process.

k. Malignancy:

- A prior history of malignancy usually excludes live kidney donation, but may be acceptable if the specific cancer is curable and potential transmission of cancer can be reasonably excluded
- A prior history of the following malignancies usually excludes live kidney donation: melanoma, testicular cancer, renal cell carcinoma, choriocarcinoma, hematological malignancy, lung cancer, breast cancer, and monoclonal gammopathy.
- A prior history of malignancy may only be acceptable for donation if prior treatment of the malignancy does not decrease renal reserve or place the donor at increased risk for ESRD. and if prior treatment of malignancy does not increase the operative risk for nephrectomy.

l. Urinary Tract Infection:

- The donor's urine should be sterile prior to donation; asymptomatic bacteria should be treated prior to donation.
- Pyuria and hematuria at the proposed time of donation is a contraindication to donation at that time.
- Unexplained hematuria or pyuria requires appropriate evaluation.
- Urinary tuberculosis is a contraindication to donation.

m. Determination of Cardiovascular Risk:

- Unstable coronary syndromes, decompensated heart failure, significant arrhythmias and severe valvular disease are contraindications to donation.
- Mild angina, previous myocardial infarction, compensated or prior heart failure, diabetes mellitus are also contraindications to donation.
- Older age, abnormal ECG, rhythm other than sinus, low cardiac functional capacity, history of stroke or uncontrolled hypertension warrant individual consideration.

n. Assessment of Pulmonary Issues:

- Routine preoperative pulmonary function testing is not warranted for potential live kidney donors unless there is an associated risk factor such as chronic lung disease.
- Increased risk for post operative complication is associated with an FEV1 < 70 % or FVC < 70 % of predicted, or a ratio of FEV1 / FVC < 65%.

o. Determination of Vascular Risks:

- Deep vein thrombosis may be a contraindication to donation.
- Peripheral artery disease or aortic artery disease may be contraindications to donation.

p. Systemic Risks:

- Active systemic infection is a contraindication for donation (can resume evaluation once infection is controlled).
- Active systemic disorders (eg., autoimmune diseases) may be contraindications for donation. Clinical remission must be present for an appropriate period.

3. Psychosocial

- a. Patient must accept responsibility of donation procedure and understands there is no financial gain or benefit from donating a kidney
- b. Patient is not coerced by transplant recipient, family, or friend into donating a kidney
- c. Patient takes an active role in care and/or has a strong family support system
- d. Appropriate motivation for donation
- e. No active psychiatric problems which would preclude compliance with medical care
- f. Repeated non-compliance to prescribed medical regime and/or substance abuse is an absolute contraindication
- g. No active drug or alcohol abuse
- h. No active smoking within three weeks prior to donation
- i. Alcohol abuse as defined by DSM – 3 (60 gm of alcohol / day sustained over \geq 6 months) should be suspended for a minimum of four weeks.

4. Financial

- a. Donor will undergo counseling by Social Worker to let them know the coverage for the evaluation, surgery and follow-up care. The donor will be informed the coverage exclusions and their financial responsibility.

5. Living Donor Advocate

- a. The advocate will meet with the potential donor privately and work to act as a resource to protect his/her rights and interests.
- b. The advocate will ensure that the potential donor makes informed decisions free of coercion through discussion.
- c. The advocate will serve as part of the multi-disciplinary team deciding donor candidacy.
- d. The well-being and welfare of the potential donor will be of primary importance to the donor advocate.