

Living Kidney Donor Evaluation Guidelines

The OPTN/UNOS Ad Hoc Living Donor Committee has proposed guidelines for potential living kidney transplant recipient and donor evaluations, including provisions for an independent donor team, psychiatric and social screening, and appropriate medical, radiologic, and anesthesia evaluation. While these are not being proposed as OPTN/UNOS Policy, the Committee believes that the guidelines could evolve into the standard of practice for living donor evaluation.

1. Recipient evaluation

- a. Potential living kidney donor recipients should derive potential benefit from transplantation.
- b. Potential living kidney donor recipients should under go evaluation process similar to deceased donor recipients.
- c. Potential living kidney donor recipients should not have any absolute exclusionary criteria for deceased donor kidney transplantation at that transplant center.

2. Donor Evaluation

a. Donor team

- i. Keeps well-being of the donor as paramount responsibility
- ii. At least one member should have no connection with the recipient's medical care or decision-making.
- iii. The program has a responsibility to have available to the potential donor a donor team that should consist of at least the following:
 1. Physician/Surgeon
 2. Transplant coordinator/nurse clinician
 3. Medical social worker
 4. Psychiatrist or Psychologist (as appropriate)
 5. Ethicist/Clergy (as appropriate)
- i. The team's status should not depend on the outcome of the donor evaluation.
- ii. The team should have enough medical sophistication and awareness of current center experience and results to explain these adequately to the potential donor.
- iii. The team should be experienced with donor evaluation.
- iv. The team's function is:
 1. to educate the potential donor regarding the potential risks and benefits of donation.
 2. to provide counseling and support for the donor regarding family, disability, intellectual, emotional, or other pressures.
 3. to determine that the donor's decision to donate is voluntary, without coercion from within or outside the transplant center.
 4. to provide opportunities for the donor to "opt out" of the procedure without consequences.
- v. The team members should meet with the donor more than once during the evaluation process, separately from candidate appointments and without the presence of the candidate.

- b. Medical evaluation: An attending physician and surgeon should screen all potential donors.
 - i. Donor kidney function should be tested to determine serum creatinine, calculated creatinine clearance, and urine protein excretion.
- c. Psychiatric and Social Screening
 - i. Dedicated mental healthcare professional familiar with transplantation and living donation should evaluate the potential donor for:
 - 1. Psychosocial history
 - 2. relationship between donor and recipient and potential areas where undue pressure or coercion may be applied.
 - 3. presence of psychiatric disorders. In cases in question, psychiatric or psychologist consultation should be readily available.
 - 4. the existence of a financial incentive as motivation for the donor.
 - 5. presence of physical or sexual abuse of the donor in the past or the presence of active substance abuse in the donor.
- d. Radiologic Evaluation
 - i. Donor should undergo imaging studies to determine:
 - 1. That there are two kidneys of normal size and appearance; and
 - 2. To outline the renal vascular and urinary drainage anatomy.
 - ii. Donor should undergo assessment of surgical risk.
- e. Anesthesia Evaluation
 - i. The potential donor should be evaluated by a staff anesthesiologist experienced in renal transplant anesthesia and post-operative pain consultation should be available.

About the OPTN/UNOS Ad Hoc Living Donor Committee

The OPTN/UNOS Ad Hoc Living Donor Committee was formed in 2002 and identified “establishing minimum criteria for donor work-up” as a priority for its future work. In September 2002, the Standards and Personnel Subcommittee was established in order to provide recommendations regarding standards for living donor transplant programs, training, and experience guidelines for live donor surgeons, and minimum criteria for donor workup. Having provided criteria for live liver donor transplant programs (By-Laws, Appendix B, approved in November 2003), the Subcommittee began to develop guidelines for living donor and recipient evaluation. In doing so, the Subcommittee considered a report from the New York State Committee on Quality Improvement in Living Liver Donation to the New York State Transplant Council and New York State Department of Health, which included donor medical evaluation criteria, informed consent criteria, and independent donor advocacy structures.