

What if I am not a match?

The first option is known as a kidney swap or paired-donor exchange. The Tulane Transplant Institute at EJ was the first pioneer of kidney swaps in the state of Louisiana and has been performing this operation since 2010.

Approximately 25% of potential donors may be unable to donate to their loved ones for various reasons, including non-matching blood types or positive crossmatching. Using a database to identify incompatible donor-recipient pairs, we can match them with other pairs who also are also incompatible with one another. These pairs would switch their respective recipients, creating biologically compatible donor-recipient pairs.

For example:

- Donor 1, who has Blood Type A, would be unable to donate to Recipient 1, who has Blood Type B.
- Donor 2 and Recipient 2 have the same incompatibility.
- But if Donor 1 is a match for Recipient 2, and Donor 2 is a match for Recipient 1, then the donors could then swap their recipients.

The second option is Desensitization, which is a treatment that filters out antibodies from a patient's blood to make a kidney transplant possible.



A living kidney donor nephrectomy involves three half-inch incisions and one three-inch incision through which the kidney is removed.

We Advance Science to Increase Living Donation

Using advances in the science of immunology and transplant medicine, we can now offer transplants from donors not compatible with the recipient's blood type or immune system. Special treatments are available in selected cases to allow the transplant to be successful.

Living Donor Advocate

A living donor advocate is a member of the living donor team who has no involvement in the care of the transplant candidate. The Independent Living Donor Advocates are the Nurse Coordinator and the Psychologist. Their role is to be solely focused on the welfare of the living donor and to not consider the needs of the transplant candidate in their interactions with the potential donor. Their recommendations to the living donor team as to a potential donors' candidacy to be a living donor is therefore not impacted at all by the needs of the transplant candidate. They are here to help and assist you through the process and your decision making.



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Minimally invasive living kidney donation



East Jefferson
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LCMC Health





Laparoscopic living kidney donation

The excellent results produced by kidney transplantation have established it as the preferred method of treatment for patients with end-stage renal disease. Improvements in operative technique, postoperative care, and immunosuppressive medications have made kidney transplantation available to a large percentage of patients with end-stage renal disease. Unfortunately, despite the increasing demand for organs, the number of non-living organ donors has remained relatively constant. This shortage of donors has led clinicians to look for other sources of kidneys for transplantation. The only other option available at the present time is kidney donation from living donors.

Living kidney donation has been performed many thousands of times around the world for more than 30 years. It has proven to be safe for the donor and does not impact life expectancy or susceptibility

to disease. Living donation also offers several advantages to the recipient of the transplant kidney. First, the operation can be scheduled electively when it is convenient for the donor and recipient, and when both are in an optimal state of health. In addition, it has been shown through transplant registries that recipients of live donor organs both from related donors and unrelated donors have significantly improved graft survival.

At the Tulane Transplant Institute at East Jefferson, we first performed laparoscopic living donor nephrectomies in 1997. We were the first transplant center in the Southeastern United States to use advanced laparoscopic techniques for live organ donation. The advantages of this procedure are that the living donor typically stays only one to two days in the hospital and most patients feel that they are able to begin to return to work or resume their regular activities within 10 to 14 days with return to normal activities within a month or so.

The results of minimally invasive kidney donor nephrectomy show that it is safe for the patient and that the kidney, when transplanted, functions identically to kidneys removed by the traditional open nephrectomy. We believe that the advantages of the operation allow more people to be organ donors, and therefore, benefit patients awaiting renal transplantation as more organs are available to them.

Innovative surgical techniques allow the living donor nephrectomy operation to be done through significantly smaller incisions, decreasing pain, length of hospital stay and recovery time for the donor. These revolutionary operations are done by placing a video camera and operating instruments into the abdomen, through small incisions, typically one-half inch in length.

Becoming a living donor

The process of becoming a living kidney donor involves careful explanation of kidney transplantation and organ donation by a transplant physician, counseling with a transplant coordinator and a social worker. A willing organ donor also takes a series of simple tests to demonstrate normal kidney function, detect any diseases or medical conditions that may be harmful to the donor or recipient and a final series of blood tests to determine whether the kidney would be compatible with the recipient's blood type and immune system. Lastly, a CAT scan is done to show the surgeon the kidney anatomy.

The decision to become a living kidney donor should not be undertaken lightly. The donor must be an adult in good health, able to understand the risk of surgery and give informed consent. Generally, donors are either related to the recipient, or have a very close emotional attachment, if an unrelated donor. Examples of unrelated donors would be a spouse, a close personal friend or colleague.

If you would like more detailed information about being a living kidney donor, please call our office and ask to speak with the living donor coordinator.