

KIDNEY TRANSPLANT INFORMATION SHEET

A kidney transplant evaluation was requested by your local Nephrologist or your dialysis center. Undergoing an evaluation does not mean you will be accepted to receive a new kidney. The evaluation is done to see if you are medically, physically, and mentally well enough in your other body systems to receive a new kidney. It is also used to see how sick your kidney really is.

I understand a kidney transplant evaluation was ordered because my kidneys are no longer working well because of:

- ◆ A condition I was born with, it could run in my family
- ◆ A condition that developed over time, such as long term use of over the counter pain meds, hypertension, or diabetes

When my kidneys are not working well I may show signs of

- ◆ Puffiness in face, swelling in hands
- ◆ Frequent, painful, or difficult urination
- ◆ Shortness of breath
- ◆ Mental confusion
- ◆ Abnormal blood or urine tests
- ◆ Tiredness

I understand that there are two kinds of kidney transplants, the first being a transplant in which a kidney is removed from a living donor for transplantation and the second type in which kidneys and other organs are transplanted from deceased donors. Living donors may be utilized when a person needing a kidney transplant has a healthy adult relative such as a sibling, parent, or child who is willing to serve as kidney donor. In some circumstances, unrelated donors such as a husband or wife may be utilized. Living donor kidneys have several advantages over those obtained from deceased sources and include (1) a greatly decreased waiting time to receive a transplant (2) fewer post transplant complications (3) greatly improved long term acceptance of the transplant. The disadvantage of living donor transplantation is that an otherwise healthy individual must be willing to undergo an extensive medical evaluation and be willing to undergo major surgery in order to donate a kidney. Deceased donor kidneys are obtained from individuals who have recently died and have willed that their kidneys can be used for transplantation. The distribution of deceased donor kidneys to recipients is regulated by the Federal government through the United Network for Organ Sharing (UNOS). I understand that this donation is anonymous. I understand many months/years may pass before a kidney from a person who has died is found that is a good "match". The new kidney is "matched" based on blood type and body size. There is no "matching" according to sex, race, or religion.

Kidney transplants are done because replacing your damaged kidney with a good kidney may:

- ◆ Help you to live longer.
- ◆ Help you to feel less tired.
- ◆ Help you to go back to work or school
- ◆ Help you to take part in more life activities.
- ◆ Stop dialysis

Some of the conditions that can injure your kidney and lead to dialysis and kidney disease are:

- ◆ Diabetes
- ◆ High Blood Pressure
- ◆ Glomerulonephritis
- ◆ Polycystic Kidney Disease
- ◆ Kidney Stones
- ◆ Cancer
- ◆ Infection
- ◆ Injury or Trauma

Kidney Transplantation is not a cure. It is another kind of treatment for your kidney failure. Your new kidney has a 90% chance of working well for one year and an 80% chance of working well up to five years or longer. **It is**

important for you to know that a kidney transplant may give you a better working kidney, but the medicines you must take for the rest of your life, or as long as the new kidney is working, may cause some serious side effects such as: high blood sugars, high blood pressures, gout, arthritis, gallbladder disease, muscle weakness, bone loss, vision changes, mood changes, impotence, weight gain, and kidney failure.

I understand that in order to be considered as a potential transplant recipient, I must undergo a complete medical evaluation. The kidney transplant evaluation determines:

- ◆ if you really need a new kidney at this time.
- ◆ if there is any other illness, infection, or problems that could make the transplant surgery too risky and if you are physically and mentally strong enough to have a transplant

Your evaluation will necessitate a 2-3 day period of testing. You may stay at a local hotel (if criteria is met) for evaluation or your evaluation testing may be done locally over several visits. Your evaluation will include but is not limited to conversations with several members of the transplant team, x-rays, tissue typing, a dental evaluation and any other tests deemed necessary by the transplant team. Most patients with diabetes will also undergo a thorough cardiovascular evaluation and may require cardiac catheterization before their acceptability as a transplant recipient can be determined. I understand that both I and the kidney donor will be screened for AIDS and other infectious diseases prior to transplantation. These blood tests will be done at the same time other blood work is done. I understand that there is a small risk of infectious disease transmission anytime an organ transplant is performed.

The transplant team will meet as a group to discuss my evaluation results. The decision is made based on:

- ◆ if you really need a new kidney at this time.
- ◆ if there is any other illness, infection, or problems that could make the transplant surgery too risky.
- ◆ if you are both physically and mentally strong enough to have a transplant.

I will be contacted by letter and/or phone by the transplant doctor or the coordinator with the decision of the team. The decision will be one of the following:

1. I will be asked if I want to be listed for transplant.
2. I may need further testing to determine if I can be transplanted.
3. I am not a suitable transplant candidate and I will be told why.

I understand that in order to be maintained on the waiting list for a donor kidney, I must (1) make every effort to stay healthy by complying with my dialysis regimen and (2) ensure that a monthly blood sample is sent to the tissue typing laboratory at UMC to be used to match me with potential kidney donors. I understand the transplant team expects I will:

- ◆ **NOT** smoke.
- ◆ **NOT** use alcohol.
- ◆ **NOT** use illegal drugs.
- ◆ Commit to lifelong follow-up (medical appointments and biopsies).
- ◆ Maintain a healthy diet and control weight.
- ◆ Exercise regularly.
- ◆ Pay for and take all medications as ordered.
- ◆ Have family/friend emotional and social support.
- ◆ Follow all recommendations of kidney transplant team.

I understand it is the responsibility of myself and my family to:

- ◆ Make an informed, educated decision about whether or not I want a kidney transplant.
- ◆ Notify the transplant team of my decision.

- ◆ Identify a support person who will stay with me in the local area.
- ◆ Have reliable transportation
- ◆ Make financial arrangements to pay for transplant and follow-up care, including medications, and money for food while in town.

I also understand that in order to receive a kidney transplant, I must undergo general anesthesia and major surgery. Under most circumstances, the transplanted kidney is placed in the recipient's groin area above the pelvic bone and a new connection is made with the urinary bladder. In some situations, recurrent infections or other problems may necessitate the removal of diseased native kidneys. The average time in the hospital after receiving

a kidney transplant is approximately two and a half weeks but can vary extensively and is in large part dependent on the presence or absence of rejection episodes. Kidney transplantation is a serious operation and may include the following risks:

- ◆ Bleeding
- ◆ Infection
- ◆ Rejection
- ◆ Clotting of a blood vessel
- ◆ Delayed or no function of the new kidney
- ◆ Psychological and social changes
- ◆ fever
- ◆ Problems urinating
- ◆ Abdominal bloating
- ◆ Serious side effects of medicines
- ◆ Death

I understand that many patients who receive kidney transplants undergo episodes of rejection. This simply means that the body is trying to attack the kidney because it recognizes it as being slightly different from the rest of the body. I understand that I will be taking medications daily to prevent rejection and that I will be given additional medication to treat rejection if it occurs. I am aware that there are potential side effects and complications associated with the medications necessary to maintain my kidney. The most common side effects include (1) lowered white blood count, (2) increased susceptibility to infection, (3) increased appetite and weight gain, (4) salt and water retention, (5) blood pressure problems. Not all patients experience these side effects.

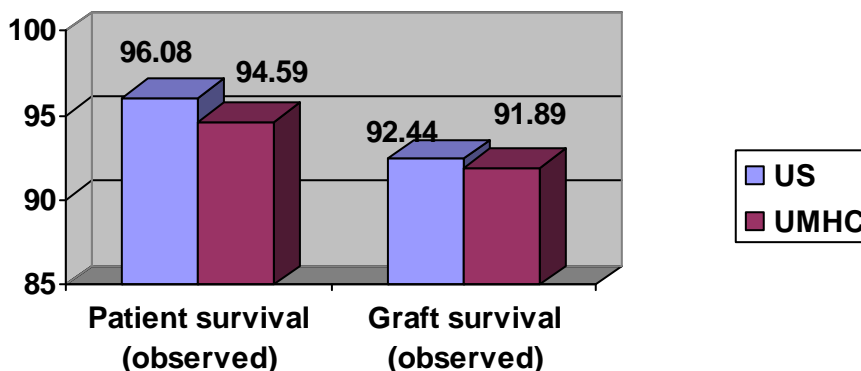
I understand that I am responsible for taking my medications, following my diet, coming to clinic for scheduled appointments, and contacting the transplant team if I become ill at home. I understand that if I fail to take my medications and to follow other discharge instructions, that I may well lose my kidney to infection or rejection. I understand that I have end-stage renal disease requiring either dialysis or kidney transplantation to maintain life. The nature and purpose of kidney transplantation, the risks involved, and the possibility of complications have been fully explained to me. No guarantee or assurance has been given by anyone as to the results that may be obtained from kidney transplantation. I understand that if my transplant fails I will return to dialysis and that I may have another transplant if medically feasible.

I have been given either in writing or verbally all the information I have needed or asked for about the transplant process. I have had time to consider and been offered informed consent about the transplant process. I understand that this process is voluntary and that I may decide not to continue at any time without any penalty. I understand that the only alternative treatment for my kidney disease rather than transplantation is dialysis, either hemodialysis or peritoneal.

I have been given and reviewed the latest patient and graft survival statistics for University of Mississippi Kidney Transplant Program. When the kidney transplant is successful, I may experience improvement in my quality of life and a longer lifespan. Currently, according to the latest 2006 annual report from the SRTR, the Scientific Registry for Transplants, patient and graft survival rates for kidney transplantation are as follows:

- | | |
|---|---------|
| • National one year patient survival rate | 96.08 % |
| • National one year graft survival rate | 92.44 % |
| • Our program one year expected patient survival rate | 96.17% |
| • Our program one year actual patient survival rate | 94.59% |
| • Our program one year expected graft survival rate | 92.21% |
| • Our program one year actual graft survival rate | 91.89%. |

**1 year Patient and Graft Survival
UMS compared to National Numbers
SRTR 2007 Annual Report**



Our center is currently a Medicare approved kidney transplant program. If at some point during the time you are waiting for a kidney transplant, the hospital does not meet CMS transplant criteria, we will notify you in writing. If you receive a transplant at a non-Medicare-approved transplant center, it could affect your ability to have your immunosuppressive drugs paid for under Medicare Part B.

Extended Criteria Donor Organs (ECD)

In late 2003, UNOS, which develops policies regarding the national kidney waitlist, implemented a system to make use of kidneys from donors who may not have been accepted prior to late 2003. These Extended Criteria Donors (ECD) are older donors or donors who may have health issues that in the past would have excluded their acceptance. These include donors:

- ◆ Over 60 years of age or
- ◆ Between 50-59 years of age who
 - Have died of stroke, or
 - Had a history of high blood pressure, or
 - At the time of death had a creatinine of greater than 1.5 (creatinine is a measure of how well the kidney is currently working)

At one year after transplant ECD kidneys have a chance of success greater than 80% compared to a 90% success rate for kidneys that are not designated ECD. At UMH, we feel ECD kidneys are suitable for diabetic patients greater than the age of 40 years old and if the center has a large waitlist and prolonged wait times.

Donation after Cardiac Death (DCD)

Organ donation is possible only when someone has died under certain medical conditions. Some patients are diagnosed with brain death, which means the brain ceases functioning before the heart stops working. Others will succumb to cardiac death, which means the heart stops working first.

Donation After Cardiac Death (DCD) is an option for families of patients who have a severe neurological injury and/or irreversible brain damage but do not deteriorate to brain death. It allows them to honor their loved one's decision to be an organ donor. After a physician has determined that a patient has no chance

for recovery and the family has decided to withdraw support, the family is offered the option of Donation After Cardiac Death. DCD donation directly helps those awaiting a life-saving organ transplant.

The potential DCD donor:

- has suffered a devastating neurological injury, such as head trauma, anoxic injury or intracranial bleeding;
- is maintained on a ventilator;
- does not meet brain death criteria
- family desires withdrawal of support
- is likely to die from cessation of cardiopulmonary function within 60 minutes following the withdraw of support

Initial clinical data show that in experienced centers function of organs from a DCD donor is often comparable to that from a brain dead donor. For DCD donor procurements from 1995 through 2004 at the Gift of Life Donor Program, Philadelphia, Pennsylvania, the 1-year patient survival rate was 96.2% compared with the 1-year patient survival rate of 93.2% in heart-beating donors. We also demonstrated better long-term results. The 5-year graft survival rate for DCD donors was 78.5% compared with 62.3% in heart-beating donors. However, the incidence of delayed graft failure (DGF) (the kidney is slower to start making urine) is higher when using these donors.

Risks of ECD/DCD Donors

The following risks are well recognized, but there may also be risks not included in this list that are unforeseen by your doctors:

1. Increased risk of primary graft failure
2. Delayed graft function
3. Higher risk of rejection
4. Need for temporary dialysis after transplantation
5. Renal artery thrombosis
6. Bleeding complications, or
7. death.
8. Poorer long term graft survival rate in ECD donors

I understand that I can choose to participate in ECD/DCD program by offering to accept one of these kidneys. **I must give my consent at time of evaluation and again at time of surgery to accept one of these kidneys.** I understand when an ECD or DCD donor is identified at UNOS, only patients on the general Wait List who have agreed in advance to accept these types of kidneys and who meet the criteria will be offered these kidneys at UMHC. I understand patients who have agreed to accept kidneys from an ECD or DCD donor maintain their place on the general waitlist.

I agree to be listed for the following:

- | | | |
|--|------------------------------|-----------------------------|
| A standard allocation organ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| An extended criteria donor organ (ECD) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A donation after cardiac death donor organ (DCD) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I understand there is no penalty or loss of points or wait time if I choose not to accept these types of kidneys. _____ (patient initials)

I understand that in accordance with the UNOS policy 3.2.3, that I am entitled to list at multiple transplant centers and may transfer my waiting time from one center to another. I have received the booklet, "Questions and Answers for Transplant Candidates and families about Multiple Listing and Waiting Time Transfer". _____ (patient initials)

My signature indicates that the above information has been fully explained to me and that I have had ample opportunity to ask questions. I understand that this is not a consent for surgery and that I will be required to sign such consent prior to my kidney transplant.

Patient Signature	Initials	Date
Transplant Surgeon		Date
Transplant Nephrologist		Date
Transplant Nurse Coordinator		Date
Dietician		Date

Social Worker

Date

Financial Coordinator

Date