



Having Your KIDNEY Donor Find YOU!

Myths & Misconceptions

In the United States most people know about the deceased donor organ program and that they could register with their Department of Motor Vehicles. Although registration rates could be higher, many consider this a successful program because more than 80% of the population say they would be an organ donor. Part of this success stems from there being a national organization, UNOS, (United Network for Organ Sharing) that facilitates deceased donation and is supported by the Federal Government. Each year, millions of dollars are spent on deceased donor education and many thousands of hours of human capital is spent to sign people up and educate the public.

No such structure exists to educate the public about living kidney donation. As a result, there is little knowledge about living kidney donation and many myths and misconceptions that need to be overcome, here are a few.

Myth: I need 2 kidneys to live a normal live

Fact: One in 750 people are born with one kidney and their life expectancy is the same as someone who is born with 2 kidneys.

Myth: You have 2 kidneys because one is a spare.

Fact: Most kidney diseases affect both kidneys as is the case with the 2 leading causes of kidney failure, diabetes and high blood pressure.

Myth: You won't be accepted as a donor if you are older than 65.

Fact: It's not someone's age, it's their health. Many people have donated who are in their 70's or even their 80's.

Myth: You are unable to reimburse a donor for any out of pocket expenses they incur.

Fact: It is legal to reimburse a donor for any pre or post transplant expenses that they might incur such as travel, lodging, food or lost wages.

Myth: Is you smoke marijuana you are not allowed to be a kidney donor.

Fact: If that were the case many people in California and other States wouldn't be able to donate.

Myth: Most Transplants are from Living Donors

Fact: There are almost 2.5 times more deceased donor transplants each year than living donor transplants.

Myth: Matching someone to donate is 1 in a million, that's why a blood relative is needed to be a donor.

Fact: A blood relative is **NOT** needed; the drugs recipients take is one of the primary reasons a blood donor isn't needed and the "matching" criteria has become much easier.

Myth: A kidney donor will have to take anti-rejection drugs the rest of their life

Fact: It's the **recipient** that take the immunosuppressant drugs, not the donor.

Myth: Kidney donors need to limit their physical activities.

Fact: Most kidney donors can return to their normal activities in 4-6 weeks following the transplant, however, they should follow their doctor's instructions. Everyone recovers differently from this procedure.

Myth: Kidney donors have to adhere to a new diet after they donate.

Fact: Kidney donors do not have any dietary restrictions.

Myth: A kidney donor can no longer consume alcohol following donation.

Fact: While excessive alcohol use is always dangerous, a kidney donor can consume alcohol in moderation – or as advised by their doctor.

Myth: A female kidney donor should not get pregnant after donation.

Fact: Women can have children after being a kidney donor. A woman should consult with her doctor before becoming pregnant.

Myth: A donor's sex life will be affected by donation.

Fact: After a period of recovery from the procedure an individual should consult their doctor but should be able to resume sexual activity when they feel well enough to do so.