Study Examines Health of Kidney Donors

Complications and hospital length-of-stay after donation have declined in recent years

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35% of US kidney transplantations involve living donors.
Newswise — Washington, DC (September 26, 2013) — The short-term risks associated with kidney donation are relatively modest, but because many donors have additional medical conditions, it is important to evaluate their ongoing health. That's the conclusion of a study appearing in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN).

In more than a third of kidney transplantations performed in the United States, the transplanted organs come from live donors. Research suggests that there are minimal health consequences for donors, but only a few comprehensive studies have looked at this issue.

To evaluate trends in the illnesses and complications experienced by donors, Jesse Schold, PhD (Cleveland Clinic) and his colleagues studied the health of more than 69,000 donors from 1998 to 2010, representing 89% of US donors from that time.

Among the major findings:

- Complications declined over time, from 10.1% in 1998 to 7.6% in 2010.
- Hospital length-of-stay following donation declined over time, from an average of 3.7 days in 1998 to 2.5 days in 2010.
- Rates of complications and length-of-stay for donors were comparable with other relatively low risk abdominal surgeries such as appendectomies.
- Depression, hypothyroidism, hypertension, and obesity increased over time.

“We were able to characterize certain patient characteristics and outcomes that are not available from standard transplant registries,” said Dr. Schold. “The data provide important information about the incidence and impact of pre-existing comorbidities among living donors that are not broadly known.”

The authors noted that while their data confirm that short-term risks associated with donation are relatively modest, the long-term impact of complications and additional medical conditions may be important to evaluate in the coming years.

In an accompanying editorial, Krista Lentine, MD, PhD (Saint Louis University School of Medicine) and Dorry Segev, MD (Johns Hopkins University) stated that “this study provides valuable information that, when framed in the context of its limitations, can be used to advance the counseling and informed consent of living donors; centers can also use this information to guide their own quality assessment and process improvement benchmarking for donor outcomes.” They noted that additional studies are needed, however. “Ultimately, by improving understanding of the short- and long-term health outcomes among representative, diverse samples of living donors, the transplant community can meaningfully improve the processes of consent, selection, and care that are vital priorities,” they wrote.

Study co-authors include David Goldfarb, MD, Laura Buccini, DrPh, Jim Rodrigue, PhD, Didier Mandelbrot, MD, Emily Heaphy, PhD, Richard Fatica, MD, and Emilio Poggio, MD.

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