



PATIENT LABEL HERE

**CONSENT FOR SURGICAL AND
MEDICAL TREATMENT AND BLOOD
TRANSFUSION (LIVING KIDNEY DONOR)**

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I, as the Patient, hereby give consent to and authorize Dr. _____ and his/her assistant(s), including supervised physician in residency training, to perform surgery or other procedures and related tasks, tests, and treatment on me including dissecting tissue, removing tissue, and retaining for research and teaching purposes tissue and specimens that would otherwise be discarded, harvesting grafts, blood transfusion and related medical treatment and specifically related to the following procedure:

Left Right laparoscopic living kidney donation surgery and such additional procedures or treatment as are considered advisable on the basis of findings during the course of this procedure(s), including conversion to open nephrectomy. The physician performing the procedure or designee has explained to me the purpose and benefits of and the usual and most frequent risks and hazards involved in such procedures and treatment, including but not limited to the following:

Laparoscopic donor nephrectomy is a major operation and carries the same potential for complications as any other operation. These potential risks include:

- | | |
|------------------------------|-------------------------------------|
| a. Death | h. Nerve injury |
| b. Heart attack | i. Anesthetic risk |
| c. Heart failure | j. Bleeding |
| d. Infection | k. Allergic reaction |
| e. Difficulty breathing | l. Blood clots |
| f. Hernia | m. Temporary artificial ventilation |
| g. Temporary incisional pain | n. Other complications |

Other foreseeable side effects after the operation include:

- Nausea
- Prolonged need for bladder catheterization
- Unusual taste in the mouth
- Psychosocial risk of depression

Long term limitations of living with one kidney:

There are no known long term health risks associated with living kidney donation. There is no measureable increase in the likelihood of subsequent kidney failure that has been measured in patients with one kidney. There have been isolated instances of patients who subsequently developed renal failure after donating a kidney, and as a consequence required dialysis. There are certain limitations that anyone with one kidney should consider prudent including:

- Avoiding dehydration
- Avoiding non-steroidal anti-inflammatory medicines
- Alerting medical personnel to your status as a past donor before taking any medication including prescription drugs, over-the-counter medications and natural or herbal remedies
- There are no benefits of this procedure to you from having the operation

I am aware that these are the usual and most frequent risks and hazards. I am also aware that other risks and hazards are possible, some of which may be life-threatening. **I am aware that I may opt out of donation at any time during the donation process.**

Medical sciences cannot produce guaranteed results and no guarantees have been made to me concerning the results of my donation surgery or postsurgical care. I am aware that any future health problems I may have related to the donation may not be covered by my insurance. I have been counseled about the long term effects and benefits of the procedure and this has been done with the surgeon and the transplant coordinator.

