

A FREE PATIENT GUIDE

Finding a Living Kidney Donor

A step-by-step guide for people with kidney disease — and the family and friends who love them

by Mohamed Ibrahim, MD, PhD
Transplant Nephrologist

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How to use this booklet

If your kidneys are failing, you have probably heard the words *transplant waiting list*. You may also have heard that a kidney from a living donor - a family member, a friend, sometimes even a kind stranger - can change everything about that wait.

This booklet explains, in plain language, how living kidney donation works, how people actually find a donor, and how to ask - because for most people, asking is the hardest part.

You do not have to read it all at once. Read the parts you need today. Share it with the people who love you. Many readers tell us the most useful thing they did was hand this booklet to someone else.

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Real talk - before we begin

This booklet will never promise you a donor, and it will never pressure anyone to become one. Donation must always be a free, informed choice. What this booklet *can* do is replace fear and guesswork with a clear picture - because people say yes far more often when they truly understand what they are being asked.

1. A letter from Dr. Ibrahim

Dear friend,

In my years as a transplant nephrologist, I have sat with hundreds of people in your chair. When I tell a patient that a living donor kidney is often the best path forward, I can almost always see the same thought cross their face:

"How could I ever ask someone for something like that?"

If that is your thought too, please hear this first: **you are not a burden.** Needing help is not a flaw in your character. It is a medical situation - the same as needing any other treatment - and the people who love you are usually far more willing to help than you dare to hope.

Here is something else I have seen, again and again: donors very often describe donation as one of the most meaningful things they have ever done. Many say it changed their life too - in a good way. You are not only asking for a gift. You may be offering someone the chance to do something extraordinary.

I will not pretend this road is easy. Asking is hard. Waiting is hard. Sometimes the answer is no, and that stings. But I have also watched coworkers, old friends, in-laws, and complete strangers step forward in ways nobody predicted. The one thing that almost never works is staying silent. People cannot say yes to a need they have never heard.

So let this booklet be your voice where your own voice feels stuck. Learn the facts. Share your story honestly. Then let people decide for themselves - freely, with full information and no pressure. That is all anyone can ask, and it is enough.

With respect and hope,

Mohamed Ibrahim, MD, PhD
Transplant Nephrologist

2. Why a living donor?

A kidney transplant can come from two kinds of donors:

- **A deceased donor** - someone who has died and whose family, or their own earlier wishes, allowed their organs to help others. These kidneys are shared through a national waiting list, and the wait is often long - in many areas, years - because far more people are waiting than there are kidneys.
- **A living donor** - a healthy person who chooses to give one of their two kidneys while they are alive. A person can live a full, normal life with one healthy kidney, which is why this is possible at all.

Why do doctors so often recommend looking for a living donor? Three main reasons:

- **The wait is usually much shorter.** You are not waiting for your turn on a long list. Once a donor is approved, the surgery can be scheduled.
- **The surgery can be planned.** Everyone - you, your donor, and the surgical team - is rested, prepared, and ready on a chosen day, instead of a middle-of-the-night call when a deceased-donor kidney becomes available.
- **Living-donor kidneys tend to work sooner and last longer.** A kidney from a living donor usually starts working right away, and on average, according to UNOS and transplant-center experience, living-donor kidneys keep working longer than deceased-donor kidneys. Every kidney is different, but this is a consistent pattern.

It can even happen before dialysis. If your kidney function is falling and a donor is found and approved in time, you may be able to have your transplant before you ever need to start dialysis. Doctors call this a *preemptive* transplant, and it is often the smoothest path of all. This is one reason not to wait until you feel desperate before starting the conversations in this booklet.



Your transplant team will take time to explain your options. Bring your questions - and bring this booklet.

Real talk

A living donor is the better path for many people - but not the only path. Plenty of people receive a deceased-donor kidney and do very well, and dialysis keeps many people going for years. Finding a living donor is worth real effort. It is not a test you can fail, and your worth as a patient never depends on finding one.

3. Who can be a living donor?

More people than you think. A living kidney donor is usually someone who:

- Is **18 or older** (a few centers consider donors slightly younger in special family situations, but 18 is the usual minimum).
- Is in **generally good health** - physically and emotionally.
- Has **two working kidneys** and kidney function strong enough to live well on one.
- Is **willing and fully informed** - donating because they choose to, never because they were pressured.
- Is willing to complete the medical evaluation and take time to recover.

Your donor does not have to be a relative. Spouses and partners, friends, coworkers, neighbors, members of your faith community, and even people you have never met - altruistic donors who simply want to help a stranger - all become living donors every year. Love and biology are two different things, and either one can save your life.

Some health conditions rule a person out. Diabetes, uncontrolled high blood pressure, kidney disease itself, recent cancer, certain infections, and a few other conditions usually mean someone cannot donate. Being told 'no' by the transplant center is not a rejection of *you* - it is the center protecting the donor, and it is the center's decision to make, not yours and not the donor's. There is no appeal and no arguing with it, and that firmness is a good thing: it means the safety net works for everyone.

Older adults can often donate, too. There is no single age cut-off at most centers; what matters is the donor's overall health, not the number on their birthday cake.

> **Real talk**
>
> Do not rule people out in your head before they have had the chance to decide for themselves. 'He's too old,' 'She has kids,' 'They would never...' - these guesses are wrong surprisingly often. Your job is to share the need and the facts. Their job is to decide. Let people surprise you.

4. Blood types and matching

The first matching question is blood type. The chart below shows which donor blood types can give a kidney to which recipients. (The '+' or '-' after a blood type does not matter for kidney donation.)

Recipient's blood type:

	O	A	B	AB
O	**Yes**	**Yes**	**Yes**	**Yes**
A	No	**Yes**	No	**Yes**
B	No	No	**Yes**	**Yes**
AB	No	No	No	**Yes**

Figure 1 - Blood-type compatibility for kidney donation. A type O donor can give to anyone. A type AB recipient can receive from anyone.

Compatible is not the same as perfect. If a donor's blood type works for you, that is called *compatible* - and compatible is enough to move forward. You may hear that a type O kidney is 'ideal' for some recipients, but please do not turn away a willing, compatible donor while waiting for an 'ideal' one. A good kidney offered with love beats a perfect kidney that never comes.

There is a second test, called tissue typing and a crossmatch. Your blood carries 'antibodies' - defenses that remember certain other people's tissue, sometimes from pregnancy, a transfusion, or an earlier transplant. Before surgery, the lab mixes a sample of your blood with your donor's cells. If your antibodies attack their cells (a 'positive crossmatch'), that particular pairing is not safe, and the team will look at other options - including the swaps in the next chapter. This is why the final word always comes from the lab and your transplant team, not from a chart.

Real talk

If your blood type is O, your road is a little narrower: you can only receive from a type O donor. The good news is that swaps and chains (next chapter) were built for exactly this problem - a willing donor with the 'wrong' type can still save your life, by giving to someone else while another donor gives to you.

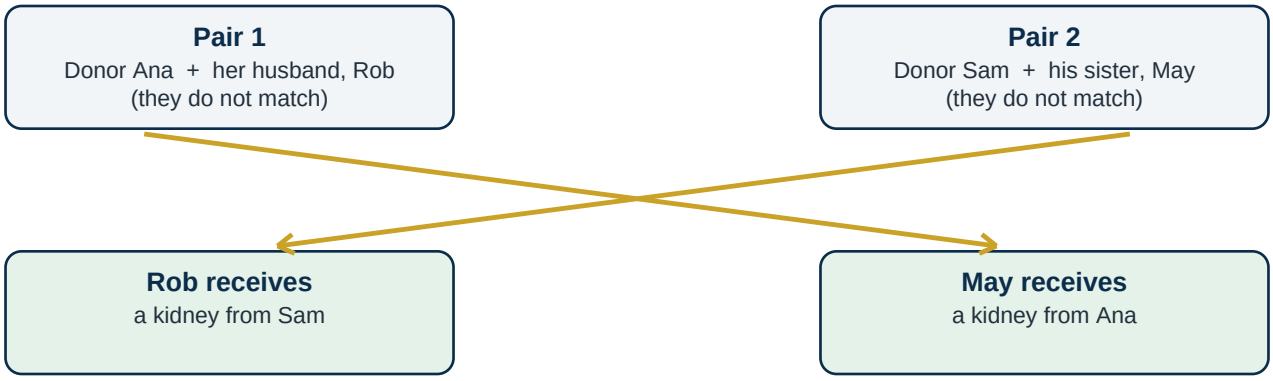
5. What if my donor doesn't match me?

Here is the problem: someone loves you, is healthy, and wants to give you a kidney - but their blood type or tissue does not match yours. Years ago, that was the end of the story. Today, it often is not. The answer is called **paired kidney exchange**, or a *swap*.

How a swap works. Imagine two pairs. In each pair, the donor cannot give to their own loved one - but each donor *can* give to the other pair's patient. So the donors swap: each gives to the other's loved one, and both patients get a living-donor kidney. Hospitals and national registries - such as the National Kidney Registry - match pairs from all over the country, so your swap partner might live in another state. The kidneys travel; the donors usually have surgery at their own hospital.

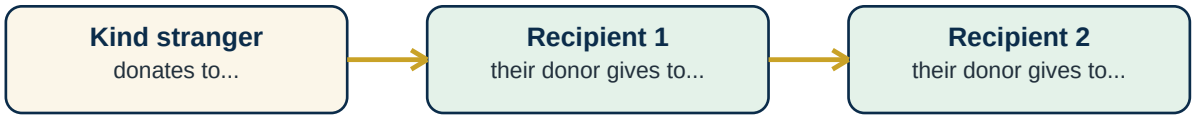
Chains go further. Sometimes a person with no patient of their own - an altruistic donor - gives a kidney to a stranger. That stranger's loved one then gives to the next stranger, and so on. One generous gift can set off a chain that transplants many people. Some chains have gone on for dozens of transplants.

A. A swap between two pairs



the donors swap, so both loved ones get a kidney

B. A chain, started by one kind stranger



...and the chain keeps going.

Figure 2 - A paired exchange (top) and a donor chain (bottom). A donor who cannot give to you directly may still be the reason you get a kidney.

What this means for you: never tell a willing donor 'you can't help me.' If they are healthy and willing, your transplant center may be able to use their gift in a swap or chain - and get you a matching kidney in return.

One more option: vouchers and advanced donation. In some programs, a donor can give a kidney now - when it suits their life - and receive a 'voucher' that a named loved one can redeem later, if that person ever needs a transplant. This helps, for example, a grandparent who wants to donate while they are still young and healthy enough, for a grandchild whose kidney disease is progressing slowly. Ask your center whether it takes part in a voucher program.

6. The donor's journey, step by step

People are far more willing to say yes when they know exactly what they are saying yes to. Here is the road your donor will travel. Timelines vary by center, but the steps are much the same everywhere.

1. **First hello.** The donor calls the transplant center or fills in its online donor interest form. A short health screening chat follows. There is no cost and no obligation.
2. **Health screening.** Blood tests (including blood type), a health history review, and basic checks. Some people are ruled out at this early stage - kindly and privately.
3. **Evaluation day(s).** A fuller work-up: more labs, scans of the kidneys, heart and lung checks, and meetings with the surgeon, kidney doctor, social worker, dietitian, and others. It may take one long day or a few visits.
4. **Meeting the advocate.** The donor meets their own Independent Living Donor Advocate - a person whose only job is to protect the donor's interests.
5. **The team decides.** The donor's own team (separate from the recipient's team) reviews everything and decides if donation is safe for the donor. The donor can pause or stop at any point.
6. **Surgery day.** The kidney is usually removed with keyhole (laparoscopic) surgery, through small incisions. Most donors stay in the hospital a few days.
7. **Recovery.** Most donors are back to light activity in about 2 weeks and to most normal routines in about 2 to 6 weeks. Heavy lifting waits longer.
8. **Follow-up.** The center checks on the donor after surgery and over the following years, and the donor keeps seeing their own doctor as usual.

Figure 3 - The living donor's journey, from first phone call to follow-up.

What the evaluation usually includes: blood and urine tests, blood-pressure checks, scans that take pictures of the kidneys and their blood vessels, heart and lung testing, cancer screening appropriate to the donor's age, screening for infections, and honest conversations about health history, emotional readiness, finances, and support at home. It sounds like a lot - it is really the most complete free health check-up most people ever get.

The donor always has their own team. By law and by ethics, the donor is cared for by doctors and nurses who do *not* care for you, and whose only loyalty is to the donor's safety. The donor also gets an **Independent Living Donor Advocate** - a person outside the team whose job is to make sure the donor's choice is free, informed, and truly theirs.

Real talk - the promise that protects everyone

A donor can change their mind at any time, right up to the moment of surgery - no questions, no penalty, no hard feelings allowed. And if a donor quietly decides not to go ahead, the team will simply tell you the donor 'was not approved.' You will never be told the real reason. This privacy is not a loophole. It is what makes honest decisions possible, and it protects your relationships, too.



Most donors are back to walks, work, and ordinary life within weeks - and stay in touch with the person they helped for life.

7. The hardest part: how to ask

Let us name it plainly: this chapter is the hard one. There is no way to make asking easy. But there are ways to make it *easier* - for you and for the person you ask.

First, reframe the job. You are not begging. You are sharing important medical information with people who care about you, and giving them the chance to consider something. What they do with that information is their decision. Inviting is your job. Deciding is theirs.

Find a donor champion

Here is the secret of the people who find donors: **many of them did not do the asking themselves.** A spouse, an adult child, a best friend, or a sibling becomes their **donor champion** - the person who tells the story, shares the posts, organizes the family meeting, and keeps the search going on the days you are too tired or too discouraged. Asking someone to be your champion is a much smaller, easier ask than asking for a kidney - and champions are often astonishingly effective. If you take one idea from this booklet, make it this one.

Tell your story

People respond to a story, not a statistic. Your story does not need to be dramatic or polished. It needs four honest things:

- **Your situation, in one or two lines.** 'My kidneys have failed. I am on dialysis three days a week, four hours at a time.'
- **What life looks like now.** The fatigue, the diet limits, the things you miss. Be real, not pitiful - you are informing, not performing.
- **What could change.** 'A transplant from a living donor could give me my life back - and it could happen much sooner than the waiting list.'
- **What donation involves, and where to learn more.** Point people to this booklet, to your transplant center, and to the resources at the back. Facts calm fear.

Ways to share it

- **A family meeting.** Gather the people closest to you. Share your story, hand out this booklet, and let people ask questions. Do not ask for an answer on the spot - ask them to read, think, and call the center if they want to learn more.

- **A letter or email.** For many people, writing is easier than speaking. A letter also lets the reader absorb the news privately, at their own pace. A template is on the next page.
- **Social media.** A single honest post - your photo, your story, and a link to learn more - can travel far beyond your own circle. Many donors are found through a friend of a friend of a friend. A template follows.
- **Your community.** Faith congregations, workplaces, clubs, teams, and alumni groups are communities of people who already wish each other well. A notice in a bulletin or a few words from a trusted leader can carry your story a long way.
- **Everyday conversation.** Mention it the way you would mention any major fact of your life. You never know which listener has been waiting for a chance to do something that matters.

Two templates you can copy

Change the words to sound like you. Shorter is kinder. Always include the way to take the next step - calling your transplant center's living donor team or visiting its website - because a willing person with no next step is a door that closes.

Template 1 - a letter or email

Dear _____,

This is a hard letter to write. My kidneys have failed, and I am now on dialysis to stay alive. My doctors tell me a kidney transplant is my best path back to a normal life - and that a kidney from a living donor works best and can happen much sooner than waiting on the transplant list.

I am writing to everyone I trust, not to pressure anyone, but because most people simply never hear that this is possible. Living donors are healthy people who give one of their two kidneys and go on to live full, normal lives. The testing is thorough, it costs the donor nothing medically, and the donor can change their mind at any time.

If you would like to learn more - just to learn, with no obligation at all - you can call the living donor team at my transplant center, or read the booklet I have attached. If it is not for you, please know that your friendship already means the world to me, and nothing about us changes.

Thank you for reading this far. That alone is a gift.

With love, _____

Template 2 - a social media post

Friends, I need to share something personal. My kidneys have failed, and I spend 12 hours a week on dialysis to stay alive. A transplant would give me my life back - and a living donor could make it happen years sooner than the waiting list.

Living kidney donors are healthy people with two kidneys who share one, then live completely normal lives. You do not need to be family. You do not even need to match me - swap programs can still make your gift save my life.

I am not asking anyone to decide today. I am asking you to share this post, and - if your heart moves you - to read the guide linked below or call my transplant center's living donor team to learn what is involved. Testing is private and free of obligation.

Thank you for reading, for sharing, and for caring. - _____

What NOT to do

- **Never offer money or anything of value for a kidney.** Buying or selling an organ is illegal in the United States under the National Organ Transplant Act - for the buyer and the seller. Legitimate help with a donor's travel and lost income is different and is covered in the next chapter.
- **Never pressure, guilt, or campaign against a hesitant person.** A donation made under pressure helps no one - and transplant teams screen for it and will stop it.
- **Do not ask the same person again and again.** Ask once, clearly, with the facts. Then let them come to you.
- **Protect the donor's privacy.** If someone is being tested, that is their news to share, not yours.

Real talk - hearing 'no'

Some people will say no. Some will go quiet. A 'no' to donating is not a 'no' to you. People decline because of health, fear, family, work, or reasons you will never know - and the center may decline them without either of you ever learning why. Thank them for considering it. Keep the relationship. The person who cannot donate may become the person who drives you to appointments, cooks for your family, or shares your post with the one person who says yes.

8. Money questions, answered honestly

Money worries stop more donors than fear does. Here are the honest answers, so you can pass them on with confidence.

Who pays for the donor's medical care? The donor's evaluation, surgery, hospital stay, and donation-related follow-up are billed to *your* insurance (the recipient's), not the donor's. Donating a kidney should never come with a medical bill for the testing and surgery itself. If a stray bill ever arrives, the transplant center's financial coordinator sorts it out - that is part of their job.

What about travel and time off? This is where it gets less tidy, and you deserve the truth:

- **Travel help exists.** The National Living Donor Assistance Center (NLDAC) can help eligible donors with travel, lodging, and meal costs for evaluation and surgery trips. Eligibility is based on the *recipient's* household income, and your transplant center will help with the application.
- **Time off work varies.** Some employers offer paid donor leave; some states have their own donor-leave laws or tax credits; federal employees receive paid organ-donor leave. Many donors use a mix of sick days, vacation, and short-term disability.
- **Lost wages are not always covered.** Some programs and some employers make donors whole; others do not. NLDAC has, at times, been able to help with lost wages for eligible donors, but this is not guaranteed. A donor should ask the center's social worker and financial coordinator exactly what applies in their case *before* committing - this is a normal, expected question.
- **A donor's own unrelated care is still their own.** The donor's regular health insurance stays theirs. Their routine care before the evaluation and after the follow-up period is not billed to you.

A word about fundraising. Families sometimes raise money to help with a donor's travel or lost wages. If you do, keep it clean: use a reputable platform, describe honestly what the money is for (expenses, never payment for the organ itself), and keep records. Money must never change hands *as the price of a kidney* - that is the illegal line described in the last chapter. When in doubt, ask your center's social worker before you raise a dollar.

Real talk

Encourage your donor to ask every money question out loud, early. Transplant teams expect these questions and respect them. A donor who understands the true costs - and the help that exists - can make a decision that holds up. Surprises are what break decisions later.

9. Risks for the donor - the honest picture

Your donor will ask, 'What are the risks for me?' They deserve a straight answer - and so do you, because you will carry this question too. Here it is, without sugar-coating and without fear-mongering.

Donation is major surgery, and all surgery has risks. These include bleeding, infection, blood clots, injury to nearby organs, and problems from anesthesia. Serious complications are uncommon - donors are among the healthiest people who ever enter an operating room, and they are screened exhaustively for exactly this reason - but 'uncommon' is not 'never,' and any center that promises zero risk is not being honest with you.

The remaining kidney grows and takes over. After donation, the donor's one kidney enlarges and does much of the work two kidneys did. Most donors return to their normal energy, work, exercise, and life, and large follow-up studies reported by organizations such as the National Kidney Foundation find that donors, as a group, live just as long as similar people who did not donate.

The long-term kidney risk is real but small. A donor's chance of developing kidney failure over their lifetime is slightly higher than it would have been had they kept both kidneys - because there is no spare. In absolute terms the risk stays low, and it is one of the main reasons the evaluation is so strict: centers only accept donors whose starting kidney health is excellent. Donors are also advised to keep regular check-ups, control blood pressure, and protect their one kidney for life.

If the worst ever happened, donors are not left at the back of the line. Under the national allocation system run by UNOS/OPTN, a person who has been a living donor receives priority points if they ever need a kidney transplant themselves.

Pregnancy. Many donors go on to have healthy pregnancies. Donation is associated with a somewhat higher chance of high blood pressure and preeclampsia in later pregnancies, so timing matters - a woman who hopes to donate and also hopes to become pregnant soon should talk through the order of events with the donor team.

Feelings matter too. Most donors say they would do it again. But if a transplant does not go well, a donor can feel grief or guilt that is not theirs to carry. Good centers prepare donors for this and support them afterward - one more reason the donor's own team and advocate matter so much.

Real talk

Share this chapter as freely as every other. A donor who hears the risks from you - plainly, without flinching - will trust everything else you tell them. Honesty is not the enemy of finding a donor. It is the foundation of it.

10. While you wait

Finding a donor takes time, and the waiting months are not dead time. Use them well:

- [ ] Stay as healthy as you can: keep dialysis appointments, take medicines as prescribed, and follow your diet and fluid guidance - being in the best possible shape makes surgery safer whenever it comes.
- [ ] Keep your transplant listing active: tell your center about changes in your health, hospital visits, new medicines, or infections.
- [ ] Tell your center about EVERY potential donor who steps forward - even ones you think will not match. Swaps and chains start with willing people, not matching people.
- [ ] Keep your insurance and paperwork current, and make sure the center can always reach you - keep your phone numbers and emergency contacts up to date.
- [ ] Keep your vaccinations and routine screenings current, as your team advises.
- [ ] Stay findable and keep telling your story - your champion can keep the search moving on the days you cannot.
- [ ] Care for your own heart, too. Waiting is emotionally hard. Support groups, your faith community, counseling, and other patients who understand are real medicine - ask your center what exists near you.

11. Myths and facts

Myth: A donor has to be a family member.

Fact: Spouses, friends, coworkers, and even strangers donate every week. What matters is health, blood/tissue matching (or a swap), and a free choice - not a family tree.

Myth: If my donor does not match me, they cannot help me.

Fact: Paired exchange swaps and chains exist for exactly this. A willing, healthy donor almost always has a way to help.

Myth: Donating shortens the donor's life.

Fact: Donors are screened to be exceptionally healthy, and as a group they live as long as comparable non-donors. They live normal lives with one kidney.

Myth: I will owe my donor forever, and it will change our relationship in a bad way.

Fact: Most recipients and donors describe the bond afterward as deeper, not burdened. The healthiest frame is simple gratitude - no ledger, no debt. Your donor gave freely; receive it freely.

Myth: I am too old to receive a transplant.

Fact: There is no fixed age limit for recipients either. Centers judge overall health and whether transplant would help you - many people in their 70s and beyond are transplanted successfully.

Myth: My donor will have to pay for all of this.

Fact: The donor's evaluation, surgery, and related follow-up are billed to the recipient's insurance. Travel help exists through NLDAC for those who qualify.

Myth: Religion forbids living donation.

Fact: Nearly all major faith traditions support or permit organ donation as an act of generosity. If it matters to you or your donor, a conversation with your own faith leader can settle it.

Myth: The '+' or '-' in our blood types must match too.

Fact: The Rh factor (+/-) does not matter in kidney donation - only the O, A, B, or AB group matters.

Myth: If I find a living donor, I am jumping the line and taking a kidney from someone else.

Fact: The opposite is true. Every living-donor transplant also frees a place on the deceased-donor waiting list, helping the next person in line.

12. Checklists and worksheets

Worksheet A - people who might champion my story

Your champion is the person who helps you tell your story. Write down names as they come to you - spouse or partner, adult children, siblings, close friends, faith or community leaders, a coworker everyone listens to.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Worksheet B - people and places my story could reach

Family branches, workplaces, congregations, clubs, teams, online communities - list them all. Your champion can help you work through the list.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Questions to ask your transplant center

☐	Do you have a living donor program, and who is my contact on the living donor team?
☐	What is the very first step for someone who wants to be tested for me - a phone number, a website, a form?
☐	Do you take part in paired exchange (swaps and chains)? Through which registry?
☐	Do you offer a voucher / advanced donation program?
☐	Can I have my transplant before starting dialysis if a donor is approved in time?
☐	What should my donor know about costs, travel help (NLDAC), and time off work?
☐	Do you offer a mentor program - someone who has been through this and will talk with me or my donor?
☐	How will you keep me updated while I wait, and how do I report a new potential donor?

The donor's first step card

Cut this out, copy it, or photograph it and hand it to anyone who asks, 'What would I actually have to do?'

Thinking about being a living kidney donor?

Here is the whole first step - it takes a few minutes and commits you to nothing:

1. Call the transplant center's **living donor team** (ask the patient for the center's name, or find it on the center's website) - or fill in the center's short **donor interest form** online.

2. Have a short, private health screening chat. That is all the first step is.

Your information stays confidential. The patient will not be told details - only, if you choose, that you called. You can stop at any time, for any reason, and no one will ever be told why.

13. Resources that can help

These organizations are real, established, and free to use. Start with your own transplant center - then explore here.

UNOS - United Network for Organ Sharing (unos.org)
Runs the national transplant waiting list under federal contract. Clear patient pages on how matching and allocation work.

National Kidney Foundation (kidney.org)
The largest kidney patient organization in the US - plain-language education on kidney disease, dialysis, transplant, and living donation, plus local programs and peer support.

National Living Donor Assistance Center (livingdonorassistance.org)
The program described in Chapter 8 - help with travel, lodging, and meal costs for eligible living donors. Applications usually go through your transplant center.

National Kidney Registry (kidneyregistry.org)
The largest paired-exchange registry - the swaps, chains, and voucher programs described in Chapter 5 - with education for donors and families.

American Transplant Foundation (americantransplantfoundation.org)
Education about living donation, a mentor program that pairs you with people who have been through it, and patient assistance grants.

Your transplant center
Above all of these: your own center's living donor team. They know your case, your center's programs, and your next step. If you do not have their number, ask at your next visit - and write it on the inside cover of this booklet.

One last word

Somewhere, there may be a person whose life is about to be changed by being asked - or by simply hearing your story. You will never find them by staying silent. Tell your story. Tell it kindly, tell it honestly, and then let people amaze you. They often do.

Disclaimer. This booklet is for education only. It is not medical advice and does not replace the guidance of your own doctors and transplant team, who know your situation best. Programs, rules, and assistance change over time - confirm details with your transplant center.

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