

A Guide to Living Kidney Donation

St. Luke's Episcopal Hospital
Texas Medical Center/Houston, Texas

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St. Luke's Episcopal Hospital
Texas Medical Center/Houston, Texas
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Preface

This handbook was written for people who are interested in donating a kidney and would like to be informed of the process. Deciding voluntarily to donate a kidney to someone is an important decision and can be an extremely rewarding experience. Transplantation of a kidney from a living related or unrelated donor has a 90 to 95 percent rate of success. For someone with chronic renal disease, it is the best hope for good health and a normal lifestyle.

Since 1986, the Renal Transplant Service at St. Luke's Episcopal Hospital has performed over 1500 transplants. The service currently performs 80-100 kidney transplants a year, one third which are from living donors.

This handbook will introduce you to St. Luke's Hospital kidney donor program. By knowing the facts, you can make an educated decision that you can feel comfortable with, now and in the future. Your medical and psychological evaluation will be coordinated by your living donor coordinator. The living donor coordinator is your advocate and will answer your questions throughout the evaluation and donation process. We are here to help.

The Staff of the Renal Transplant Service

This material is provided as a service to St. Luke's patients and their families. The information herein is intended to help you become better informed, but is not meant to take the place of advice from a physician. This handbook provides general recommendations and should be followed only with the consultation of the living donor coordinator and under the direction of a physician.

Answering Your Questions about Living Donation

What is living donation?

Living donation takes place when a living person donates an organ or part of an organ to be transplanted to someone in need. The living donor is most often a close family member, such as a parent, child, brother, or sister. A living donor can also be a more distant family member, spouse, friend, or an unrelated individual.

What organs can come from living donors?

The kidney is the most commonly given organ by living donation. People usually have two kidneys, and one is all a healthy adult needs to live a normal life. Parts of other organs including the lung, liver, and pancreas have also been transplanted from living donors.

What are the advantages of living donation?

A living donor kidney transplant has a number of advantages in comparison to a transplant from a deceased donor. A kidney from a living donor typically works better and has a longer life span. The transplant can be scheduled ahead of time, which cannot be done when the patient receives a kidney from a deceased donor. Usually, kidneys that come from living donors begin to function immediately after the transplant, while deceased donor kidneys may take longer before they begin to function normally. Living donation allows other transplant candidates on the waiting list to have their kidney transplant sooner. For some patients with kidney failure, a living donation may be life saving.

What determines who can become a living donor?

Acceptable living donors must be 18 or older. Many different tests are performed to determine if you are a suitable donor. You must have a compatible blood and tissue type matching to the recipient as determined by testing. Diagnostic tests are completed to ensure normal kidney function and to show the presence of two normal kidneys. Additional studies are performed to determine how well other organs are functioning. You are given a thorough physical examination by a nephrologist and a psychological evaluation by the social worker. Results from these interviews and tests are presented to the Medical Review Board, which meets weekly and you will be notified of these results promptly.

Can someone who is not a close relative be a living donor?

Most transplant centers allow transplants from living unrelated donors. Living unrelated kidney transplantation has an estimated success rate of about 90% one year graft survival.

How does living donation affect the donor?

Studies have shown that one kidney functions adequately to remove waste and excess fluid from the blood in healthy adults. After donating one of your kidneys, the remaining kidney grows bigger and takes over the work of both kidneys. Living donation does not change your life expectancy, and after recovery from the surgery, you can continue to

live a normal life. The usual recovery time after the surgery is short, and you can generally resume normal home and working activities within a few weeks.

Suppose someone decides against being a living donor?

A decision to become a living donor should be voluntary and free from internal and external pressures. You have the right, after discussing and considering the facts, to decide that kidney donation is not right for you. Your decision as the potential donor must be respected. Likewise, individuals who have kidney failure have the right to decide that they do not want a transplant.

What does the operation involve?

Once the evaluation is completed and you are deemed acceptable for donation, the surgery is scheduled. During surgery, you and the recipient are usually in adjacent operating rooms. Your kidney will be carefully removed and transplanted into the recipient. The hospital stay for donors is usually 3-5 days following donation. You will follow up with the physician within 7-10 days after discharge from the hospital. You should be seen by the Nephrologist or a primary care physician at one month post donation and every six months for the first two years. The visit should include lab work and a blood pressure reading. We recommend that after the two year follow up you see your personal physician annually.

Who pays for the renal evaluation and the surgery?

The costs of the donation, which includes laboratory, x-ray, doctor's fees and hospital charges, are paid by Medicare or the recipient's insurance. There is no cost to you as the donor. However, if you decide to donate, you are not reimbursed for missed days at work, travel or lodging by St. Luke's Hospital. You may want to look into whether your short term disability insurance covers kidney recovery. The National Living Donor Assistance Center may provide financial support to persons who want to donate, but cannot otherwise afford travel and subsistence expenses associated with donation. For more information on how to apply, please visit www.livingdonorsassistance.org or call 703-414-1600.

Are transplants from living donors always successful?

It is important to realize that, although living related or non-related kidney transplants are highly successful with a 90-95% one year graft survival, problems may occur. Sometimes, the kidney is lost to rejection or other complications. In certain cases, the original disease that caused the kidney failure may reoccur in the recipient causing the donated kidney to fail.

LifeGift

LifeGift is a local, federally designated organ procurement organization serving Houston, Fort Worth, and Lubbock that promotes organ donor awareness. Those who have a family member or friend with kidney disease are usually more aware of the need for organ donors than the general public. If you or anyone you know would like more information about organ donation, please call LifeGift at 713-523-4438.

UNOS

The United Network for Organ Sharing (UNOS) provides a toll-free patient service line to help transplant candidates, recipients, living donors, and family members understand organ allocation practices and transplantation data. For more information, call 1-888-894-6361

The National Kidney Foundation of Southeast Texas

The National Kidney Foundation of Southeast Texas offers general information and assistance to kidney transplant patients, donors, and their families. For more information, call 713-952-5499.

Characteristics for Living Kidney Donation

One of the reasons people do not consider living donation is a lack of knowledge. The following is a summary of the necessary characteristics of a potential living donor:

- Willingness to donate a kidney without monetary gain or psychological coercion
- Willingness to donate with full knowledge of risks and complications associated with kidney donation
- Age 18 or older
- No evidence of:
 - Malignancy
 - HIV
 - Hepatitis B
 - Sickle cell disease or the trait
 - Diabetes
 - Uncontrolled hypertension
 - Kidney disease
 - Active mental illness
- Blood type compatibility with the recipient:

| <u>Recipient</u> | <u>Compatible Donor</u> |
|------------------|-------------------------|
| O | O |
| A | A or O |
| B | B or O |
| AB | A, O, B, or AB |

- Negative cross match (This is a blood test)

Your Medical Evaluation

If you are interested in donating a kidney, you will undergo a thorough medical and psychosocial evaluation as an outpatient to make sure that you will not be harmed by donating. The results of the medical workup will help the renal team in making a final decision regarding your suitability to donate a kidney.

The evaluation includes the following:

1. **Three Blood Pressure Readings**: You will provide three blood pressure readings (One daily for 3 days) with a date and time.
2. **Blood Type**: A blood test will be done to determine if your blood type is compatible to the recipient.
3. **Finance Counselor Consult**: During the evaluation the finance counselor will meet with you to address any questions regarding financial matters. You should not be billed for any charges related to donation.
4. **Living Donor Coordinator/Advocate Consult**: Provides education regarding the donation evaluation process and patient responsibilities before and after transplant. This meeting is intended to provide you with an opportunity to ask questions and to become fully informed about kidney donation and the transplant process.
5. **Social Worker Consult**: Provides an opportunity to discuss your feelings about donation and how it will affect your life. This interview will help determine kidney donation is the best decision.
6. **Psychiatry/Psychology Consult**: May be recommended to conduct a more in-depth evaluation of your psychosocial/psychiatric history and your readiness for kidney donation.
7. **Nutritional Consult**: The dietician will provide information on how to maintain a heart healthy life and make recommendations as needed.
8. **Nephrology Consult**: A thorough physical examination and a review of your medical history will be completed by a kidney specialist. The physician will assess your kidney function and the safety of your donation.
9. **Diagnostic Tests**: The following tests will be performed as a part of your evaluation:
 - Collect a 24 hour urine specimen to assess the function of your kidneys. You will receive instructions on how to collect this specimen.
 - A Glofil may be done to evaluate the GFR (the amount of blood filtered by the kidneys each minute). The Glofil is an indicator of the health of your kidneys. It involves an injection of Glofil-125 which is an agent that has a small amount of radiation (smaller than what you are exposed to during a chest x-ray). This test also involves a collection of small blood samples during a period of 3-5 hours.

- A series of laboratory tests will be performed. These tests include hepatitis, HIV, general chemistries, lipid profile, liver panel, complete blood count, and coagulation studies.
- Hemoglobin A₁C and fasting glucose tests are done to evaluate the presence of diabetes.
- A urine test includes 2 complete urine analysis and 2 urine cultures.
- A pregnancy test is performed on women who are within child bearing age.
- All women are required to have a pap smear and women over the age of 40 are required to have a mammogram through their primary care physician or gynecologist.
- PSA testing is performed on men who are 50 years or older.
- A chest x-ray is done to detect lung abnormalities.
- An electrocardiogram (EKG or ECG) measures the rhythm and regularity of your heartbeat.
- A CT angiogram is ordered to identify the blood supply to and from your kidneys. This test will help assist the surgeon in determining your candidacy for laparoscopy versus open nephrectomy. **Inform the coordinator if you are allergic to iodine or shellfish before the test is scheduled.**

Medical Review Board

Results from the renal donor evaluation are presented to the Medical Review Board which usually meets once a week. This team consists of a Transplant Surgeon, Nephrologists (kidney specialists), the Living Donor Coordinator/Advocate, a Registered Dietician, and a Social Worker. Based on the information presented, the transplant team will decide whether you are an acceptable candidate for donation. You will be notified of the Board's decision by the Living Donor Coordinator/Advocate following the meeting and you will receive a letter by mail.

Kidney Paired Donation

If you are a willing but incompatible living kidney donor, you and your recipient can participate in a Paired Donor Exchange Program. Kidney paired donation matches one incompatible donor/recipient pair to another pair. In other words, the two pairs swap kidneys. This program is sponsored by the Alliance of Paired Donation which uses a computer database to find other registered pairs who might be a match with you and your recipient. To register for this program you will need to contact the living donor coordinator at St. Luke's Hospital for information about the program. The Living Donor Coordinator/Advocate will have you sign a consent form stating that you understand this program and agree to participate and will schedule your evaluation.

Scheduling the Renal Transplant

You and the recipient will provide the coordinator with a date of surgery and the coordinator will work diligently with the transplant team to accommodate your request.

Preparing for Surgery

If you are an acceptable donor you will go through the following steps to prepare for surgery:

- A fresh blood sample will be drawn three to seven days prior to the scheduled surgery for a final crossmatch with the recipient. Occasionally, recipients will have a positive cross match (that is, they are not compatible) at this time, even though their stored blood from a previous cross match was negative (compatible). If this happens, surgery must be cancelled.
- Occasionally, an infection or other medical condition may be identified which can cause the surgery to be cancelled. It is imperative that the coordinator is informed of any signs and symptoms of infection as soon as possible prior to surgery.
- You and the recipient will be scheduled to meet with the finance counselor for pre-registration.
- A surgeon is assigned to both you and the recipient. You as well as your families will have the opportunity to meet with the surgeons prior to the day of surgery to review and sign the surgical consent, the consent for blood transfusion and to discuss the risks associated with the surgery.
- Blood transfusions are utilized at St. Luke's only when absolutely necessary. The surgeon will address this with you prior to surgery. Your family and friends may want to consider donating blood before surgery in case you may need blood during the operation. For more information about blood donation, contact St. Luke's Blood Donor Center at 832-355-4483.
- You may have another chest x-ray and EKG, depending on how closely the surgery follows the donor evaluation.
- The Living Donor Coordinator/Advocate will prepare you and the recipient for surgery through further education.
- The anesthesiologist will meet with you and the recipient on the day of surgery.

The Operation

On the day of surgery, you and the recipient will arrive at the hospital as instructed by the coordinator. Just before you leave for the OR, you will need to give your glasses, contact lens, dentures, hearing aids, and jewelry to a family member or friend for safekeeping. Of course, it is always better to leave your valuables at home.

Two operating rooms will be assigned to you and the recipient. You will leave for surgery first and the kidney recipient will follow soon afterward. While you and the recipient are in the OR, the family members may wait in the Surgery Waiting Area. Two teams of doctors will perform the operations, one team for you and the other team for the kidney recipient.

The anesthesiologist will give you the anesthesia. After you are completely asleep, a breathing tube will be inserted to help you breathe during surgery and a Foley catheter will be placed in your bladder to monitor your urine output.

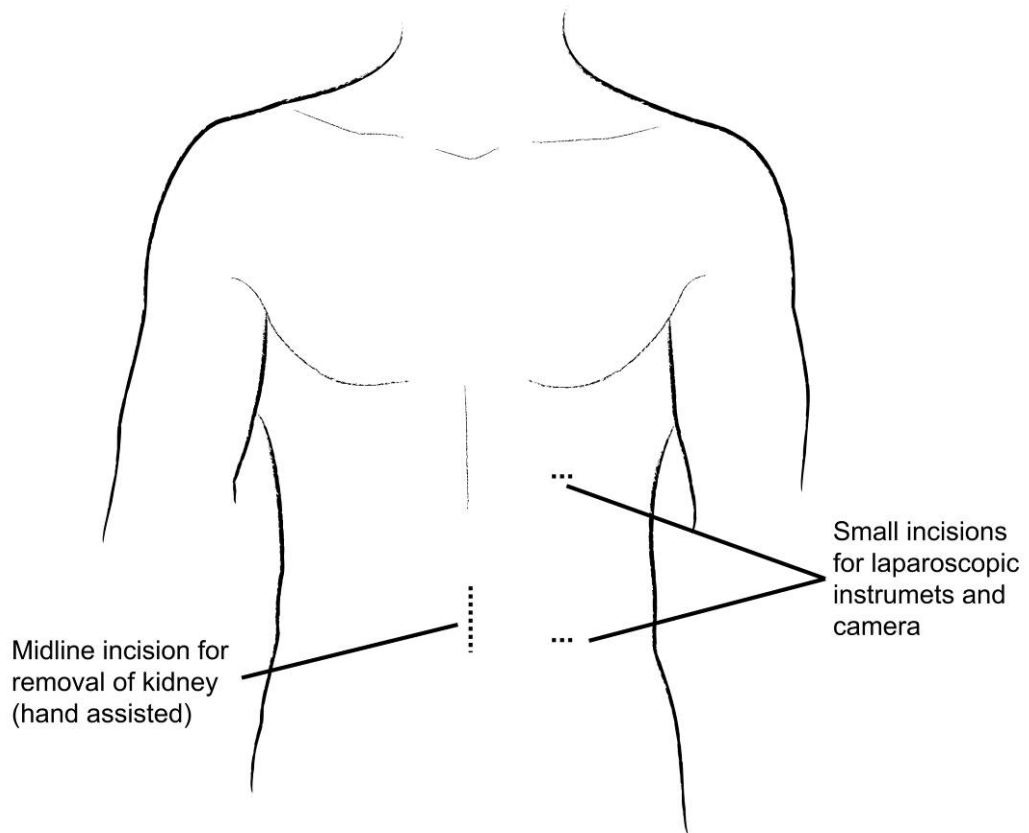
There are two different techniques to remove one of your kidneys along with the artery vein and ureter. The surgeons will decide on how to remove the kidney based on the information obtained during your medical testing and your physical examination.

- **Laparoscopic Nephrectomy (Removal of the kidney using laparoscopy):**
The surgeon will place three small holes in your abdomen for a camera and surgical instruments and a small central incision near the belly button will be made to remove the kidney. The abdomen will then be stitched closed. The recovery period is approximately 2-4 weeks. Occasionally, the laparoscopic technique may be converted into open nephrectomy to preserve patient safety, increasing the recovery period to approximately 4-6 weeks.

Some donors may not be candidates for laparoscopy nephrectomy due to a prior history of abdominal surgeries causing extensive scar tissue. In other cases, the donor's complex anatomical characteristics may not be suitable for this technique. Currently, across the country, more donor kidneys are removed laparoscopically than by open nephrectomy.

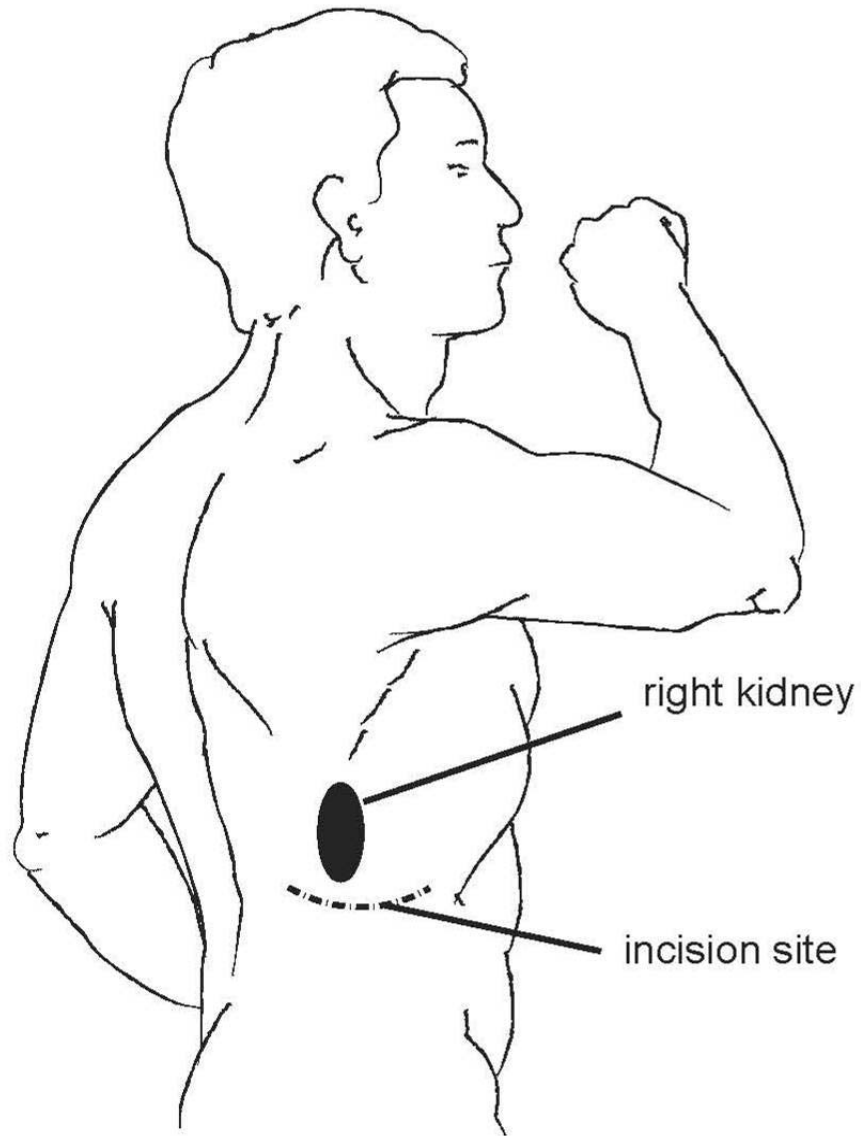
- **Open Nephrectomy (Removal of the kidney using the flank approach):**
The surgeon will make an incision in the side or the flank area to remove the kidney. The incision will then be stitched closed. The recovery period is approximately 4-6 weeks.

Laparoscopic Nephrectomy



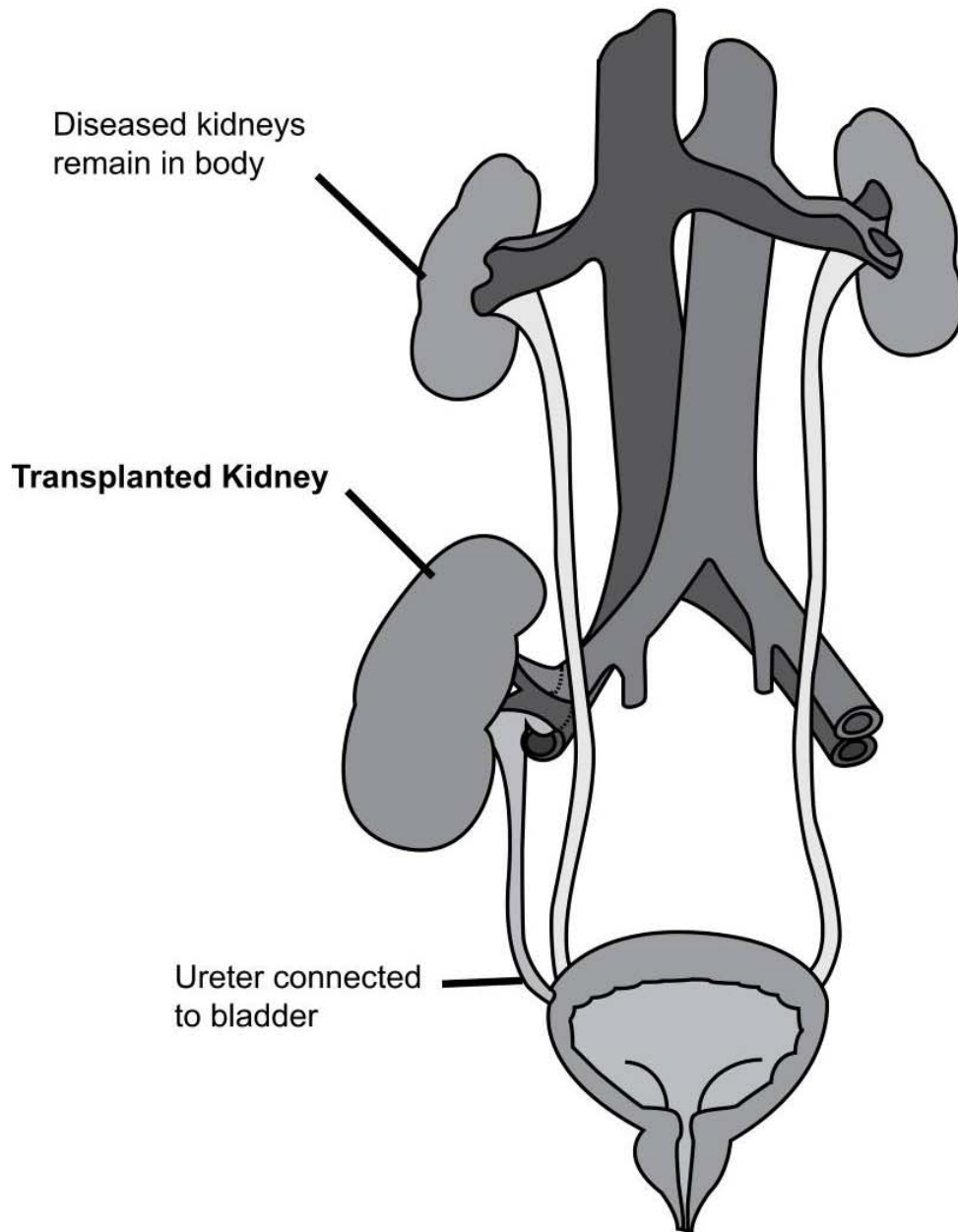
Open Nephrectomy Using the Flank Approach

Donor



Surgery Incision Site

Kidney Transplant



Your blood vessels (an artery and a vein) are connected to the new kidney and the ureter of the new kidney is connected to your bladder.

Your Health Care Team

During your stay at St. Luke's Episcopal Hospital, you will be cared for by many different people. The Inpatient Transplant Coordinator will work with you and your family to keep you informed of procedures, medications, and other important aspects of your treatment including discharge from the hospital. The Living Donor Coordinator/Advocate will be available to you during this time as well.

Other members of your team will include your transplant surgeon, an anesthesiologist, the bedside nurses, a social worker, medical residents, interns, and students. You may also request a chaplain from the Pastoral Care department, representatives from Patient Services, and interpreters for non-English speakers.

Your Personal Belongings

Because you move from one area to another during periods that you are in the hospital, your family and friends will be responsible for your personal belongings. The hospital will not be responsible for your belongings, so please bring as little as possible with you. We highly recommend that you leave any valuable items at home.

Important Hospital Locations

Throughout various stages of your treatment, you and your family will need to be familiar with the following areas of the hospital:

- The Texas Heart Institute Clinic– THI (1st floor Bates Lobby)

The Texas Heart Institute Outpatient Clinic is an area where you can have your lab work and consult the nephrologist, surgeon, social worker, and the living donor coordinator/advocate. It is located on the first floor, just inside the Bates lobby and is open from 8 am to 5 pm, Monday through Friday. Most of the renal donor work up evaluation and the preparation for surgery will take place in the THI Clinic.

- The O’Quinn Medical Towers (6624 Fannin, Houston, TX 77030)

The Towers houses the ambulatory care center and many physicians’ offices. You can reach the medical tower from the hospital by walking across the skybridge on the 2nd level of the hospital.

- The 6th Tower Outpatient Unit (6th floor/Green Elevators)

You and the recipient will be instructed to arrive to this floor for final preparation the morning of surgery.

- The Cardiovascular Operating Rooms (2nd floor/Purple elevators)

Your kidney will be removed in the operation room which is located on the second floor. While you are in the operating room (the O.R.), your family and friends can wait in the Cardiovascular Surgery Waiting Area.

- Cardiovascular Recovery Rooms 1 and 2 (2nd floor/Purple elevators)

After surgery, you and the recipient will go to Cardiovascular Recovery Room 1 or 2. While recovering, families and friends will use the Cardiovascular Surgery Waiting Area.

While you and the recipient are in the recovery room, visitors are restricted to two persons at a time for no more than 30 minutes. Visiting hours are as follows:

| | |
|-----------------|---------------------|
| Monday – Sunday | 5:30 am – 6:30 am |
| | 10:00 am – 10:30 am |
| | 5:00 pm – 5:30 pm |
| | 8:15 pm – 8:45 pm |

- The Transplant Unit (12th floor/Yellow Elevators)

You may be transferred to the Transplant Unit (“12 Tower”) after leaving the recovery room. All rooms are private, have a bathroom, and a day bed for a family member or friend to stay overnight. Your family and friends can visit at any time. However, children under the age of 10 and any persons who may have colds or other contagious illnesses are not allowed on this floor. Please inform your friends and family that live plants, flowers, and fresh fruit baskets are not allowed. Silk flowers, balloons bouquets, or greeting cards are suggested items to give.

Recovery after Kidney Donation

Immediately after surgery, you will go to the Cardiovascular Recovery Room 1 or 2. The length of time varies from one patient to another according to the care you need and the progress you make.

A nurse and the doctors will be there to take care of you. During recovery, if you feel uncomfortable or have questions, let your nurse know. Pain relief allows for easier breathing and moving, which are both important for recovery. If coughing is painful, get someone to support your abdomen and back with his or her hands or a pillow while you cough. The medical staff will be constantly monitoring your vital signs. They will also order lab work and monitor your progress.

Your diet will be advanced as tolerated starting with ice chips and progressing to solid foods.

After the surgery, you will use the following medical equipment:

- **Oxygen Cannula or Oxygen Mask**: Provides oxygen as needed once the breathing tube has been removed.
- **Pulse Oximeter**: Measures the saturation of oxygen in the blood. A sensor is placed on the finger or the toe.
- **Incentive Spirometer**: It is used to help you expand your lungs and prevent pneumonia.
- **Foley Catheter**: This catheter is placed within the bladder in the operating room when you are under anesthesia. It drains urine from the bladder and stays in place for a couple of days. After the tube is removed you may feel some burning when you urinate.
- **Intravenous Catheter (IV)**: This tube is placed in your vein to administer fluids and medications as needed.
- **EKG (Heart Monitor)**: An electronic device attached to the skin to record your heartbeat.

The morning after surgery, your nurse will help you out of bed. From then on, you will be encouraged to walk a good part of each day. This activity helps prevent most common surgical complications by increasing circulation and promoting bowel function. Your nurse will encourage you to cough and take frequent deep breaths to avoid possible complications after surgery.

Visiting for family members is individualized and is arranged by your nurse when you are in the recovery unit.

Kidney Donation Discharge Instructions

1. No heavy lifting greater than 5 lbs. for 6 weeks. You also should not lift more than 20-25 lbs until 3 months after surgery.
2. Increase fluid intake and walking to avoid constipation related to pain medications. You may take an over-the-counter laxative if needed.
3. You may shower after 3-4 days, pat incision dry. Your incision may not be under water (no baths) for 3 weeks. Do not put any lotion, powder, or perfume on your incision.
4. No sexual intercourse for 4 weeks.
5. Avoid NSAID'S (Aleve, Ibuprofen, Nuprin, Advil, Motrin).
6. You may take Tylenol as directed (not more than 4,000 mg/4 grams per day).
7. Always make sure every doctor that prescribes medications for you remembers that you have donated a kidney.
8. Signs and Symptoms to report immediately
 - Redness, swelling, and/or bulge of the wound
 - Drainage from the wound
 - Wound opening or separation
 - Bleeding
 - Shortness of breath
 - Unexplained pain (or swelling) in the legs
 - Frequent urination or problems urinating
 - Burning during urination
 - Cloudy or bloody urine
 - Foul smelling urine
 - Temperature >101°
 - Abdominal pain

Post Donation Follow-Up

7-10 days post donation:

Follow up with the physician after you have lab work in the THI clinic. The inpatient coordinator will give you an appointment prior to discharge home and will arrange for you to take your pain medicine home as prescribed by the physician.

1 month post donation:

- Blood pressure reading
- Serum creatinine, urine protein/creatinine ratio
- Appointment with the nephrologist or your primary care physician (PCP)

6 months post donation and every 6 months for the first 2 years:

- Blood pressure reading
- Labs: serum creatinine, urine protein/creatinine ratio
- Appointment with the nephrologist or your primary care physician (PCP).

It is imperative that the transplant team review the results of your lab work, blood pressure readings, and PCP notes. Please ensure these are forwarded to the transplant office.

We recommend that after your 2 year follow-up, that you follow up with your PCP at least once yearly.

Follow-up Appointments after Kidney Donation

7-10 Days: _____

Comments: _____

1 month: _____

Comments: _____

6 months: _____

Comments: _____

12 months: _____

Comments: _____

18 Months: _____

Comments: _____

24 months: _____

Comments: _____

After the 2 year follow up, I should follow up with my Primary Care Provider (PCP) at least once yearly.

PCP: _____ **Phone:** _____

Travel and Accommodations in the Texas Medical Center

This is a partial list of hotels and services in the area. The list is provided solely as a courtesy reference for our patients. We do NOT endorse any business listed in this reference, nor can we guarantee the safety of a patient during their stay. If you have any questions regarding a particular property or service, please call a local travel agent, the business itself, or the local police department.

HOTELS WITHIN 2 MILES OF TMC:

Hampton Inn and Suites

1715 Old Spanish Trail, Houston, TX
(713) 797-0040

**Holiday Inn Hotel & Suites Houston
(Medical Center)**

6800 S. Main St, Houston, TX
(877) 863-4780

**Lexington Hotel Houston Medical Center
(Efficiency rooms Hotel)**

1026 Swanson St., Houston, TX
(713) 790-1617

**Marriott Hotels Resorts Suites: Houston
Marriott Medical Center**

6580 Fannin St, Houston, TX
(713) 796-0080

Renaissance-Houston

6 E Greenway Plaza, Houston, TX
(713) 629-1200

Residence Inn Houston-Medical Center

7710 Main St, Houston, TX
(713) 660-7993

Hotel ZaZa Houston

5701 Main Street, Houston, TX
(713) 526-1991

Extended Stay America

1301 Braeswood Blvd, Houston, TX
(713) 794-0800

Execustay By Marriott

7550 Kirby Dr, Houston, TX
(832) 778-1392

Hilton Houston Plaza

6633 Travis Street, Houston, TX
(713) 313-4000

Springhill Suites-Medical Center

1400 Old Spanish Trail, Houston, TX
(713) 796-1000

**Best Western Plaza Hotel & Suites at
Medical Center**

6700 S Main St, Houston, TX
(713) 522-2811

FOR ONLINE HOTEL BOOKINGS:

www.hotwire.com

www.kayak.com

www.travelocity.com

www.orbitz.com

www.expedia.com

www.hotels.com

www.priceline.com

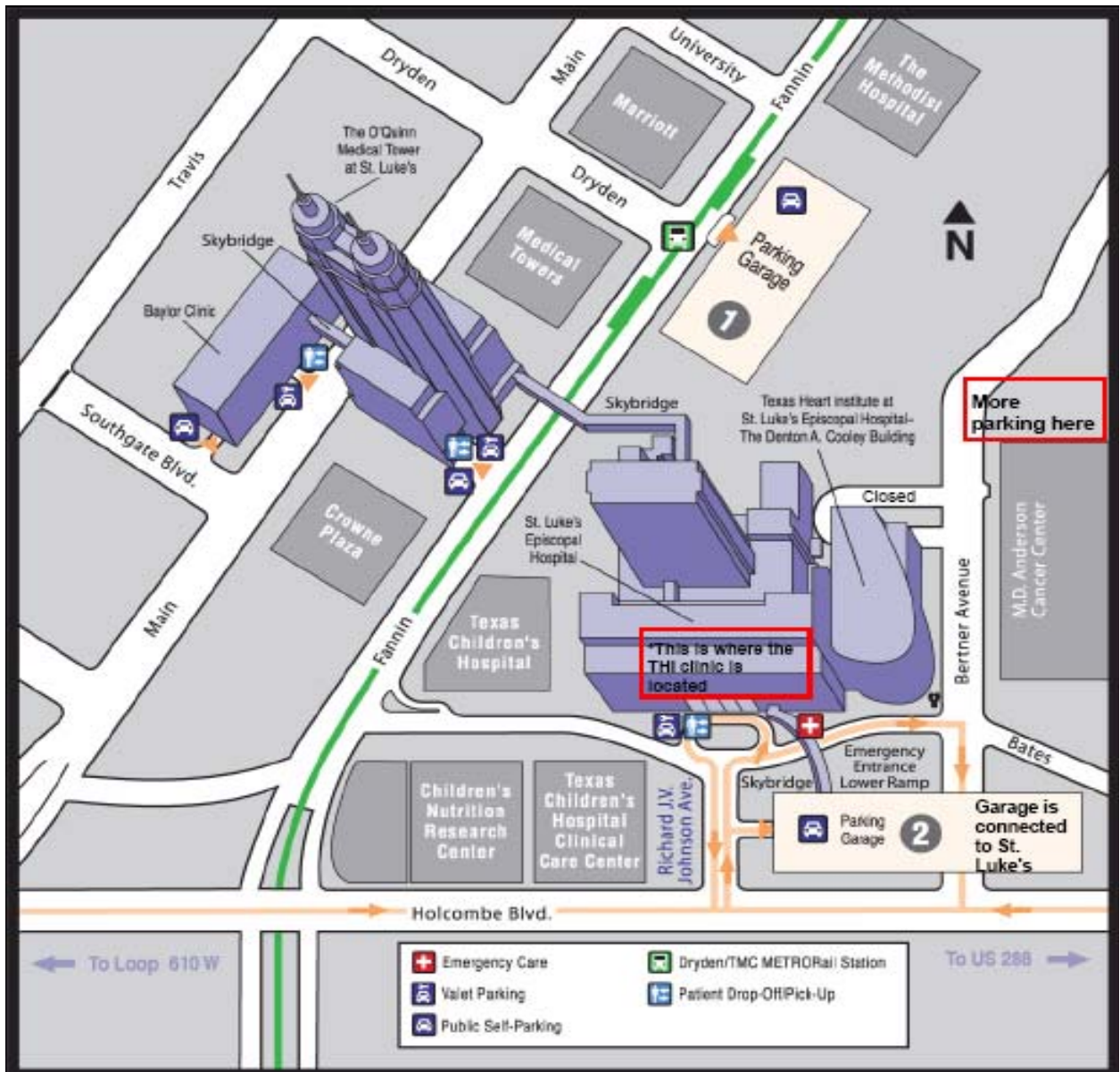
www.lowestfare.com

POINTS OF INTEREST:

| | |
|---------------------|------|
| The Galleria | 8 mi |
| Downtown Houston | 4 mi |
| Minute Maid Park | 5 mi |
| Rice Village | 1 mi |
| The Museum District | 2 mi |
| Hermann Park | 1 mi |
| Houston Zoo | 1 mi |

Public Transit and Parking

Maps of Medical Center circulars and shuttles are located under the “Schedules/Maps” at this website, or you may call the METROLIne at 713-635-4000. The Texas Medical Center has outlying parking lots that operate at a reduced rate. You may also use the METRORail to get to your destination. Since the cost of parking is climbing, it is highly suggested that you evaluate if you can add public transit to your route. www.ridemetro.org



Quick Phone Directory

If you are dialing from outside the hospital, **add area code 832 and 355 to the extensions** with no other prefix.

| | |
|--|--------------|
| Gift Shop..... | 3658 |
| Information (Bertner Lobby) | 4317 |
| Information (Bates Lobby) | 2905 |
| Nursing Support Services or Nutritional Services | 3857 |
| Outpatient Clinic..... | 4925 |
| Parking (TMC)..... | 713-790-9022 |
| Pastoral Care | 3258 |
| Patient Guest Relations..... | 2900 |
| Patient Guest Services..... | 4000 |
| Patient Mail... .. | 3879 |
| Pharmacy (St. Luke's Medical Tower)..... | 8444 |
| Social Services | 2035 |
| St. Luke's Main Number..... | 2011 |
| Kidney Transplant Service..... | 3128 |
| Living Donor Transplant Coordinator/Advocate..... | 7061 |
| Transplant Financial Counselor | 7081 |

Patient Areas and Waiting Rooms

| | |
|--|------|
| Transplant Unit (12-Tower)..... | 4124 |
| The 6 th Tower Outpatient Unit..... | 3346 |
| Cardiovascular Waiting Area..... | 3236 |
| Recovery Room 1 | 3091 |
| Recovery Room 2 | 3092 |

Names and Phone Numbers to Remember

Date of Donation: _____

Surgeon: _____

Nephrologist: _____

Living Transplant Coordinator/Advocate: _____

Inpatient Coordinator: _____

Outpatient Coordinator: _____

Social Worker: _____

Financial Counselor: _____

Dietician: _____

