



1. Identification and description of the procedure.

A nephrectomy consists of removing one, presumably healthy, kidney, which will subsequently be implanted in the body of a recipient with Chronic Kidney Disease (CKD).

The nephrectomy can be performed as open (conventional) surgery or via laparoscopic surgery.

This procedure is performed under general or neural-axis anaesthesia, and the incision is usually in the lumbar or abdominal area, below the ribs. With open conventional surgery, an incision is made below the ribs to provide access to the kidney for removal. With laparoscopic surgery, the organs are reached by inserting special instruments (trocars), creating a space after the insertion of gas. This prevents the usual larger incisions as small incisions are made, through which the instruments are inserted. The surgical technique is no different from the usual one. In cases in which technically or due to findings during the operation, it is not possible to complete surgery this way, the usual incision shall be made. This procedure is meant to avoid making a larger incision, leading to less postoperative pain and faster recovery. Since smaller incisions are made, the risk of postoperative hernias decreases. Either of the two methods (open or laparoscopic procedures) is a good option for kidney removal, and no relevant differences have been shown regarding the results of operations with the two methods.

Both methods represent a serious operation. The difficulty and seriousness of it depends on the patient's health and characteristics. The risks increase in very obese and elderly patients and in those with health problems. This operation is easier in organ donors for transplants, as their health is excellent and the organ removed does not display any pathologies whatsoever during the evaluation testing.

Kidney transplant is a treatment used for individuals whose kidneys do not work.

This procedure aims to improve the quality of life and chances of survival of the recipient, eliminating some of the restrictions of dialysis.

The transplant can be performed with kidneys from deceased individuals (deceased donors) or with a kidney donated by a living person, as is the case here (live donor).

The results of a transplant from a live donor are better than those from a deceased donor. The percentage of live donor kidneys that are still working one year after the transplant is 90-96% compared to 82-86% in deceased donor transplants.

2. Purpose of the procedure and benefits that are expected to be achieved

Obtain a kidney with optimal characteristics for transplant.

3. Reasonable alternatives to this procedure

Deceased donor. Haemodialysis and peritoneal dialysis.

4. Predictable consequences of the procedure

After the intervention you will be on saline solution for 1 or 2 days. Normal postoperative is from 7 to 10 days, and in the event of laparoscopic procedures, the hospitalisation time is usually shorter. Slight discomfort may persist in the incision area, generally disappearing in a few days.

5. Predictable consequences if not performed

The recipient must remain in substitution treatment for Chronic Kidney Disease (CKD) until an organ is received from a deceased person or another live donor.

6. Risks

From this operation it is possible but not common to expect the following side effects or complications: these possible complications are infrequent. In addition, the rate of reintervention due to complications ranges from 0.4-1% due to haemorrhaging, intestinal occlusion or hernia, and from 0.3-1% for non-surgical complications such as prolonged ileus, infection in the wound, pneumothorax or pulmonary embolism.

- Not achieving the kidney extirpation.
- Development of a urinary infection as a consequence of the postoperative bladder catheter if it is required.
- Incoercible haemorrhage, both during the surgery as well as postoperative. The consequences of said haemorrhages may vary greatly depending on the type of treatment that is needed, ranging from minimal severity to the possibility of certain death as a direct result of the bleeding or due to side effects of the treatments applied.

Pulmonary complications as a consequence of an aperture in the thorax:

1. Pneumonia.
2. Haemothorax (bleeding in the thoracic cavity).
3. Pneumothorax (air in the thoracic cavity).
4. Diaphragmatic hernia (as a consequence of an aperture in the diaphragm).
5. Diaphragmatic paralysis as a consequence of a lesion to the phrenic nerve and with respiratory repercussions more or less serious depending on the intensity of the lesion.
6. Pyothorax or massive infection of the thoracic cavity with a possible result of death.
7. Respiratory insufficiency as a consequence of previous complications or previous pathologies that can range from very mild to very serious with death as a result. Problems and complications derived from the surgical wound.

Other complications

1. Infection with varying degrees of severity.
2. Undone sutures (wound or muscle wall opening), which may require a second operation.
3. Intestinal eventration (intestinal loops coming out), which may require a second operation.
4. Permanent or temporary fistulas.
5. Aesthetic defects derived from some of the previous complications or abnormal scarring processes.
6. Intolerance to the suture material that could even lead to the necessity of a re-intervention for extraction.
7. Neuralgias (nerve pain), hyperesthesias (increase in sensitivity) or hypoesthesias (decrease in sensitivity).

Lesions to other viscera (intestine, spleen, liver...) sometimes with unpredictable consequences.

Relevant vascular lesions (cava vein, aorta, artery and suprarenal vein, etc).

There is even a risk of death estimated at 0.03% in studies conducted in the past on kidney donors.

Laparoscopic surgery

If the nephrectomy is performed using laparoscopic surgery, despite the appropriate technique and proper performance, undesirable effects may arise that are specific to this procedure, in addition to the common ones in any operation.

- Spread of the gas into the subcutaneous tissue or other areas, infection or bleeding of the surgical wounds, pain, usually in the shoulder, prolonged pain in the area of the operation.
- This may occur, but it is infrequent. Lesion of blood vessels or of viscera when inserting the trocars, gaseous embolism, pneumothorax, thrombosis in lower extremities.

- Laparoscopic surgery

- Advantages:

- less postoperative pain
- fewer scars
- rapid return to daily activities (4 weeks)
- shorter hospital stay
- better view of the vessels to be dissected





- Disadvantages:

- delay in recovery of graft renal functions
- loss of donated organ
- persistence in abdomen of gas insufflated for operation
- longer operation time
- tendency to obtain shorter vessels

7. Risks depending on the donor's clinical situation

You must inform us of any possible allergies to medicines, problems with coagulation, cardiopulmonary and renal diseases, existence of prosthesis, pacemakers, current medicines or any other relevant circumstance that might complicate the operation or aggravate postoperative recovery.

a. Individual circumstances that may modify the risks of the operation

b. Regarding my future with a single kidney

You need to know that living with just one kidney does not have to represent any physical disability for you. People who are born with a single kidney or those who have had one removed for donation or due to accident or illness, for example, are not compromised if the remaining kidney is healthy.

The future development of diseases that may damage your only kidney, after the donated one has been removed, is completely unpredictable, although it is preferable that you do not currently have any known risk factors for such diseases.

c. Regarding possible psychological or psychosomatic complications with the donation

You also need to know that occasionally you may display symptoms of anxiety, fear, depression, etc. at some time in your future life, but in general, the periods of wellbeing, spiritual calm, sensations of being useful to society, etc., should predominate over the others if, as expected, everything progresses successfully.

d. Regarding ethical and legal issues

Once the case has been studied overall, it shall be analysed by the assistance Bioethics Committee in the department where the hospital authorised for the transplant is located. The Committee shall issue the relevant report which shall be sent to the judge of the civil registry, along with the required documentation, for authorisation of the procedure.

8. Declaration of consent:

The undersigned Mr/Ms....., of years of age, with home address at with Identification No..... and SIP No..... after being informed, has decided freely, consciously and selflessly to donate one of his/her kidneys to Mr/Ms..... (name of recipient) with Identification No. in order to improve his/her health.

In..... on

Signed: (Donor):

Signed by Dr..... (Doctor issuing the donor assessment report):

With National Identity Card No

Associate number

Signed by Dr.....(Doctor performing the extraction):

With National Identity Card No

Associate number

Signed by Dr.....(Doctor responsible for the transplant):

With National Identity Card No

Associate number

Revocation of the consent

I hereby revoke the consent granted on the date of, 2.....
and I do not wish to carry on with the treatment that I hereby terminate on this date.

In on, 2.....

Signed: The patient

With National Identity Card No

Signed: The Doctor

With National Identity Card No

Associate number

