



Human Tissue Authority

Information about living donor transplants

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This leaflet provides information about living organ donation and addresses the following areas:

- The role of the Human Tissue Authority (HTA).
- The need for living donor transplants.
- The options for living donor transplants.
- The Independent Assessment process.

We recommend that you read this leaflet alongside the other information provided by your transplant unit. This will help to inform you about what is involved for both the living donor and the organ recipient.

The role of the Human Tissue Authority

The Human Tissue Act 2004 (HT Act) provides a legal framework for organ donation in England, Wales and Northern Ireland. In Scotland the framework is provided by the Human Tissue (Scotland) Act 2006.

The HTA provides advice and guidance about the HT Act and makes the decision on whether cases of living organ donation in the UK can go ahead. A robust process is in place providing donors and recipients with the reassurance of an independent check, which ensures that the donor understands the risks involved, is not under any pressure and that no reward has been offered.

Why living donor transplants?

The need for a transplant arises when vital organs fail and cause life threatening illnesses.

Historically, donations of organs for transplantation have come from people who have died. However, as the need for organs suitable for transplant continues to grow, there is not enough supply to meet the demand. Living kidney transplants now account for more than one in three of all kidney transplants that take place in the UK.

Kidneys are the most commonly donated organs from living donors and these transplants have very high success rates. The donor receives a thorough medical assessment before donating their organ. Donating a kidney involves major surgery with small (but significant) risks that the donor must fully understand. In the long term, donating a kidney should not affect the health of someone who has been assessed as healthy and suitable to donate a kidney.

Liver lobes (parts of liver) can also be donated, although this is less common. Donating part of the liver is a more complicated procedure and the risks to the donor must be carefully considered.

Living donors do not commonly donate other organs.

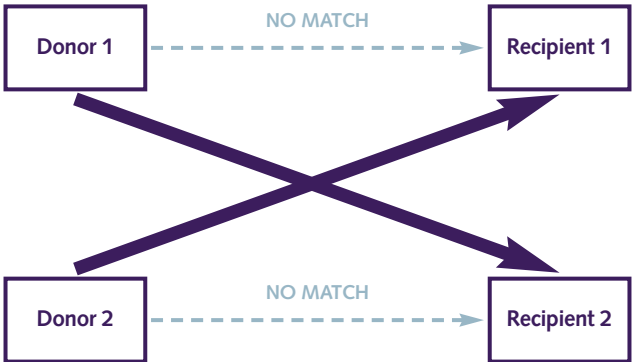
Your local transplant unit will be able to give you more information about the options available to you so that you know exactly what is involved. The donor is completely free to withdraw from the procedure at any time up until the transplant.

What are the options for living donor transplants?

Any fit and healthy adult can be considered as a living organ donor.

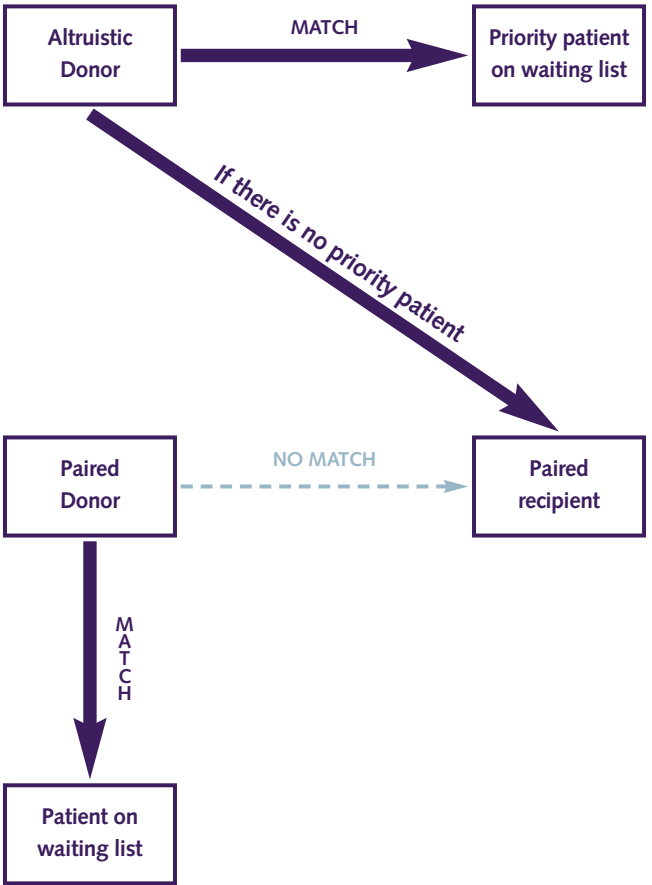
- Directed donation – a form of donation where a healthy person donates an organ to a specific, identified recipient. This usually takes place between people with a genetic or emotional relationship, but the HTA can consider cases where there was no pre-existing relationship.
- Paired and pooled donation – a form of donation where a healthy donor is incompatible with the recipient they wish to donate to. It is possible that they can be matched with another donor and recipient in the same situation, and for the donor kidneys to be swapped. When two pairs are involved it is a paired donation (see figure 1), and where more than two pairs are involved it is a pooled donation.

Figure 1 – Paired donation



- Non-directed altruistic donation – a form of donation where a healthy person donates a kidney to a person that is unidentified and not known to the donor.
- Non-directed altruistic donor chains (see figure 2) – a form of donation where a non-directed altruistic donor donates their kidney into the paired/pooled scheme. By matching two or more donors and recipients, a chain of operations can be carried out. The remaining kidney at the end of the chain is then donated to the best matched recipient on the national waiting list.

Figure 2 – Non-directed altruistic donor chains



The Independent Assessment process: what is involved?

All donors and recipients are required to see a local Independent Assessor who is trained and accredited by the HTA. The Independent Assessor interviews the donor and recipient on our behalf and is independent of the healthcare teams who are involved with the transplant. The purpose of the interview is to ensure that the donor has not been offered a reward, the donor and recipient are not under any pressure to go ahead with the transplant, and the donor has a good understanding of the risks involved. The Independent Assessor will then submit a report to the HTA; this report will be used to make a decision on the case.

Note

It is a criminal offence to carry out a transplant operation between two living people if the conditions of the HT Act are not met. This means valid consent must have been given. It is also an offence to be involved in the buying or selling of human organs. The penalty for these offences is a prison sentence of up to three years, a fine, or both.

More information

This leaflet is a guide only. For more information about the HTA visit www.hta.gov.uk or contact:

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This leaflet is available on our website in Welsh, Urdu, Gujarati, Punjabi, Hindi and Bengali.

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