

The Donation Process



TRAUMA/INJURY

The opportunity for organ, tissue and cornea donation most often results from an individual sustaining an injury that causes brain death, which means the brain has stopped working and will not work again. Common causes of brain death are motor vehicle crashes, head injuries or strokes, as well as drug overdoses.



LIFE-SAVING EFFORTS

A person is evaluated for organ donation only after all life-saving measures have been taken. The sole purpose of first responders, hospital staff and doctors is always to save a patient's life. The hospital staff working to save a patient's life are separate from the transplant team. A patient is not evaluated for donation until tests confirm that recovery is not possible.



DEATH

Organ donation requires a patient to be in a hospital and on a ventilator when the individual is pronounced brain dead. Hospital personnel notify the OPO, such as CORE, of each death within their hospital.



DONOR EVALUATION

An initial screening, done by the OPO, determines the donor's suitability for organ, tissue and cornea donation. If found to be a suitable candidate, and after authorization has been confirmed or obtained, the OPO works with the donor's family to compile a complete medical and social history before proceeding.



MATCHING & RECOVERY

The donor's information is entered into a national database and the computer matches the organs with transplant candidates in most critical need. A team of organ transplant surgeons and OPO staff recovers the organs, tissue and corneas.



FOLLOW-UP CARE

Following recovery of the organs, tissue and corneas, the donor's family can proceed with funeral arrangements. Donor families receive bereavement care for a minimum of 13 months after their loved one's donations.

The Transplant Process



DIAGNOSIS

Many diseases can destroy the body's organs. In fact, half the people who have received heart transplants were healthy until a virus destroyed their heart muscle. Kidneys often are damaged by untreated high blood pressure or diabetes, while the liver can be damaged severely by hepatitis, hereditary illnesses or environmental causes.



LISTING

A physician determines, that because of end-stage organ failure, a patient could be helped through transplantation. The patient then goes to a transplant hospital for a series of tests to determine if the patient meets medical, psychological and insurance requirements for a transplant. The patient's name is then entered on the national transplant waiting list. Major insurers, including Medicare, will cover the costs of transplants. If someone does not have insurance, the individual often will hold fundraisers and work with the organ transplant hospital to establish a payment plan.



WAITING

Depending on how sick a patient is and when an organ donor match is made, he or she may have to wait from one day to several years for a transplant. Another name is added to the national transplant waiting list every 10 minutes. More than 6,500 die every year without receiving a second chance through transplantation.



THE CALL

Through CORE, the transplant surgeon accepts an organ for a transplant candidate. If the patient is not in the hospital, the surgeon or a transplant nurse will call the candidate, who has to get to the transplant hospital typically within four hours. The doctors and nurses ensure that the candidate is prepared for the transplant. If the first candidate on the list who matches the donor has a cold, fever or other condition that will make him unstable for surgery, the organ will be offered to the next candidate who matches.



THE TRANSPLANT

Once the organ arrives at the hospital, the transplant can begin. The length of time necessary for the organ transplant will depend on many factors, including the type and number of organs being transplanted.