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### RESEARCH ARTICLE

#### PSYCHOLOGICAL ASPECTS OF LIVING KIDNEY DONORS: ABOUT 212 DONORS

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#### Abstract

Kidney transplantation from living donors is increasingly encouraged because of its excellent results. Live nephrectomy exposes the surgeon to a challenge and must consider ways to minimize morbidity and mortality linked to the operation. Many studies have described the positive aspect for the donor, mainly the physical impact of kidney donation which does not put the donor at risk of physical deterioration, but what about the psychological aspect after donation. The main objective of our study is to describe the impact of kidney donation on the quality of life of donors and to determine the psychological and social effects of donation using an evaluation based on a questionnaire established by our team.

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#### Introduction:-

Donation and transplantation materialize one of the most sublime expressions of the notions of citizenship and fraternity. Grafting from a living person is the ideal solution: better quality and survival of the graft. Through this alternative a question arises: "The health safety of the donor". It appeared necessary to assess the outcome, the physiopathological changes; psychological thus to ensure the absence of long-term sequelae in this population occurring after nephrectomy for kidney donation. Important to ensure the safety of this procedure.

Renal transplantation from living donors (Fig 1) is increasingly encouraged because of its excellent results (5). Live nephrectomy exposes the surgeon to a challenge and must consider ways to minimize morbidity and mortality associated with the operation.

Many studies have described the positive aspect in the donor mainly the physical impact of kidney donation which does not put the donor at risk of physical deterioration, but what about the psychological aspect in the long term.(5).

The main objective of our study is to describe the impact of kidney donation on the quality of life of donors and to determine the psychological and social effects of donation using a questionnaire established by our team.

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**Materials and Methods:-**

This is a retrospective analytical study which involved 212 living kidney donors, cared for and followed in our department over a period of 07 years, having benefited from a nephrectomy.( Fig 4) as part of a living donor transplant performed by Lombotomy ( Fig 5)for 47% M and 53% F; The average age is 46 years old. ( Fig 2-3)

Our questionnaire was decision-based; physical functioning health problems encountered after donation stress during hospitalization as well as quality of life and the donor-recipient relationship after donation. ( Fig 6)

**Results:-**

More than half of our donors were unemployed. Kidney donation was from ascendants (42%), descendants (03%), collaterals (53%) and spouses (02%).

During the selection stage, donor preparation is necessary in order to obtain free and informed consent. The choice must be considered, voluntary, free during the consultation and pre-donation interview. It was noted that 62% of DVAs made their decision instantaneous. and rapid without consideration of risk.

The donor is free and autonomous for the donation and must be informed about the risks but the doctor can refuse the donation if there is a significant risk for the donor.

The decision to donate was made by the donor himself (89%), without hesitation and early on given the worsening of the recipient's kidney disease. Donor satisfaction was completed by 209 donors (53% women and 47% men.

Our work revealed that living donors were in an excellent state of physical health according to our questionnaire, 98% of donors are very satisfied with their choice, experience an increase in self-esteem, and have a better relationship with the recipient after donation, only 2% declared that the donation had a negative impact on their health and 1.5% regretted their gesture with negative consequences on their quality of life.

**Discussion:-**

For the first time the psychological benefit for the donor was mentioned in 1992 ( flener ) ( 1 ). In the post-donation suites; no harmful consequences; Rewarding experience with strengthening of self-esteem and even at 5 years, their self-esteem higher than a control group of non-donor relatives (1). As for the majority of our donors say they do not regret their choice, consider the experience extremely positive and are able to do it again with strengthening of their self-esteem. But we noticed a slight indifference in 3 donors.

Some studies have reported mixed and harmful reactions to relational difficulties between donor – recipient (after graft failure) in 5% of 133 donors ( Kempf ) ( 3 ) as well as sometimes parents who give to children (no attention to their regard) some authors reported depression just after nephrectomy with anxiety, 1% ( Benett )(4)

On the quality of life of positive changes in the lifestyle of donors with more frequent sporting practice, cessation of alcohol and tobacco. A study of 36 donors and 30 potential donors noted significant satisfaction among donors, with no difference in quality of life. (Gouged). A second, more recent Norwegian study which studied 494 donors demonstrated that their quality of life was higher than the Norwegian adult population. ( westlie )(4)

These studies reveal, in general, that the donor is affected by the donation in a positive way, unless if the transplant fails, there will be a risk of psychological complications.

On life expectancy; normally donating a kidney has no impact on life expectancy but a study done in Sweden by ( Ellisson and Kauffman ) on 430 donors, their life expectancy was 29% higher than the general population. Another study in 1997 by ( Flhener and Ekholm ) ( 2 ) demonstrated that donor survival at 20 years is 85%, higher than the general population (60%). (2)

But psychological side effects can be observed: fear of donating, arduousness of the evaluation period, risk of complications in the donor or failure of the graft, anxiety of the partners.

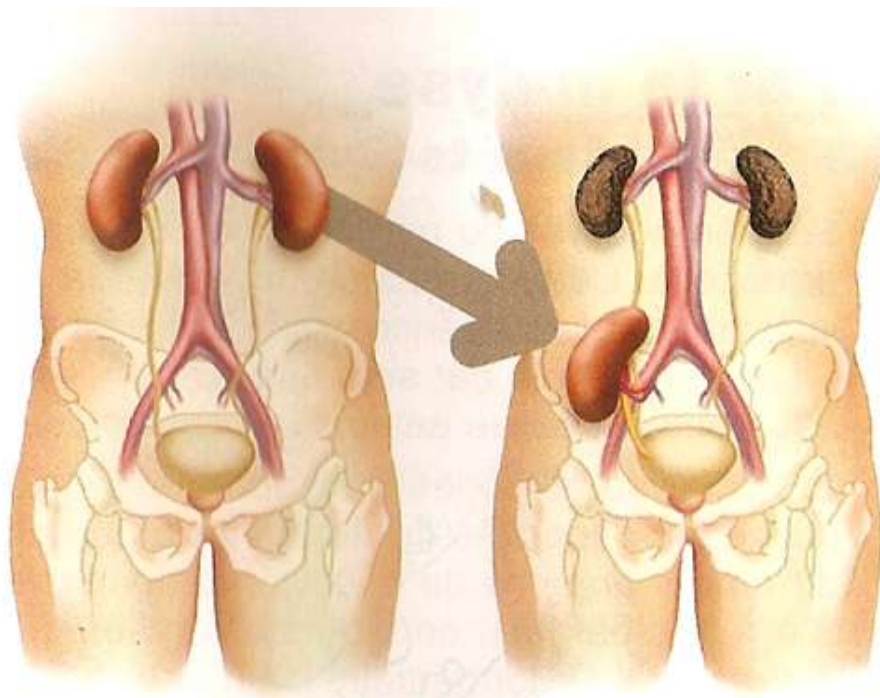


Fig 1:- Kidney transplantation.

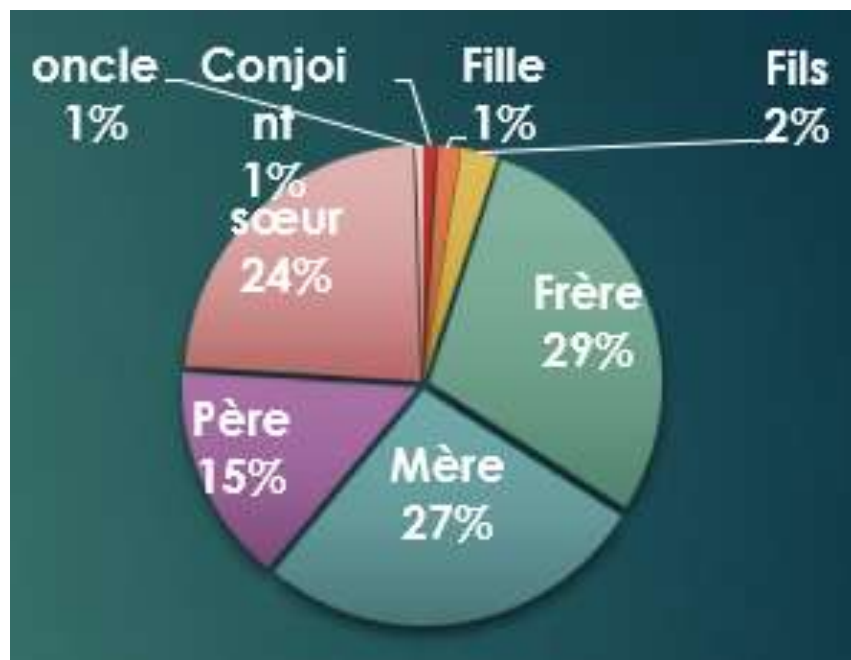


Fig 2:- Study donor population.

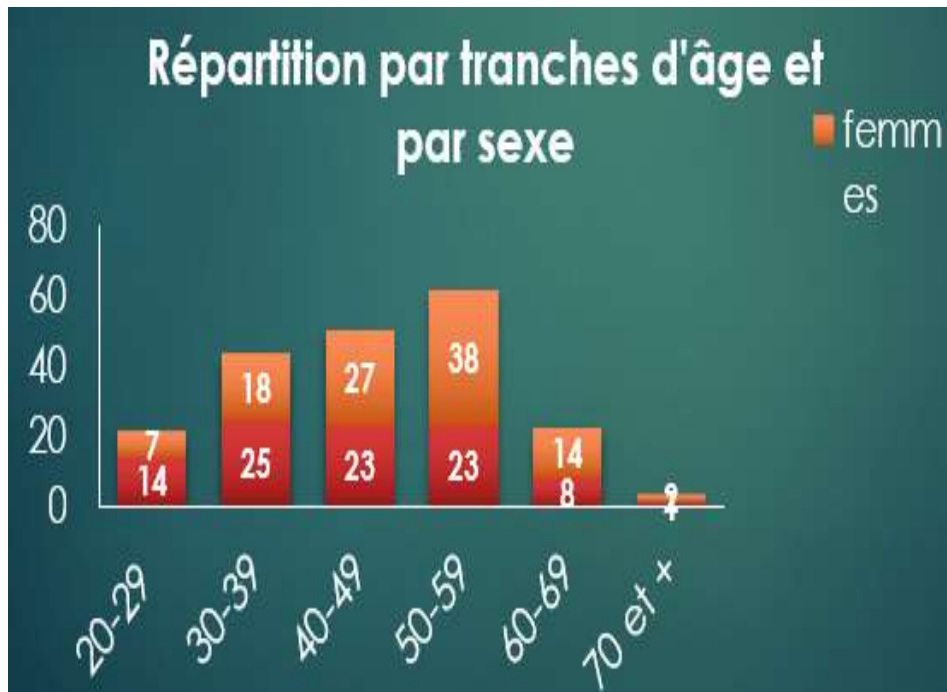
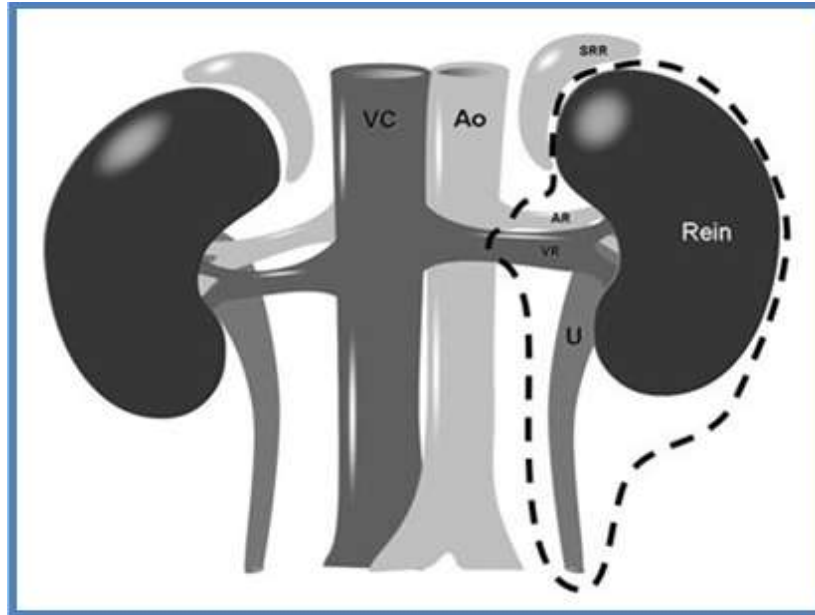
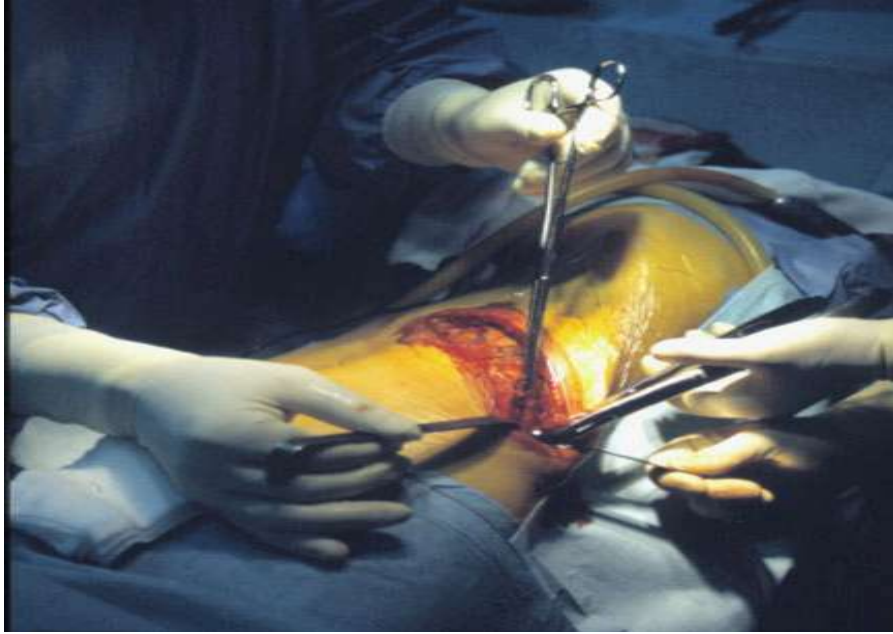


Fig 4:- Uretero-nephrectomy for kidney donation. Fig3: Distribution according to age and sex.



**Fig 5:-** Lumbotomy for kidney removal.



**Fig 6:-** A Kidney transplanted into the recipient ( K. .MESKOURI collection).

### **Conclusion:-**

Living donor kidney transplantation appears to be the most appropriate for the treatment of patients with end-stage renal disease, especially since the quality of life of kidney donors is not affected by nephrectomy. Psychological care before donating a kidney is recommended and must be offered systematically. Our results agree with those of the literature and show that the positive aspects of donation are numerous with an improvement in self-esteem and quality of life. Regrets after donation are rare and relationships between donor and recipient after the transplant are generally good and strengthened.

Better psychological preparation for collection and more consistent monitoring helps reduce negative results among donors.

**Conflict of interest:**

No conflict of interest for the authors.

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