



Donating Your Kidney

Considering Being a Living Kidney Donor



Allina Health

Donating Your Kidney

Third edition

Developed by Allina Health. This surgery is currently being performed at Abbott Northwestern Hospital.

© 2022 Allina Health System

The publisher believes that information in this manual was accurate at the time the manual was published. However, because of the rapidly changing state of scientific and medical knowledge, some of the facts and recommendations in the manual may be out-of-date by the time you read it. Your health care provider is the best source for current information and medical advice in your particular situation.

All rights reserved. No part of this book may be reproduced in any form or by any means, electronic or mechanical, including photocopying, without permission in writing from the publisher.

Disclaimer

This publication is for general information only and is not intended to provide specific advice or recommendations for any individual. The information it contains cannot be used to diagnose medical conditions or prescribe treatment. The information provided is designed to support, not replace, the relationship that exists between a patient and his/her existing physician.

For specific information about your health condition, please contact your health care provider.



Table of Contents

Introduction	5
Kidney Donation	5
Qualifying for a Donation	6
Tests and Consultations You May Have	7
Blood Tests to Determine Compatibility	8
CT Scan	9
The Kidney Transplant Team	10
The Living Donor Advocate Team.....	11
Team Providers.....	12
Donor Coordinator	12
Donation Benefits for the Recipient	13
Donation Risks	13
Emotional Adjustments	14
Physical Adjustments	15
Transplant Team Approval	16
Your Approval	16
Changing Your Mind	16
Costs	17
Scheduling Surgery	18
Preparing for Surgery	18
Your Surgery	20
Your Recovery	22
Follow-up Visits	23
Abbott Northwestern Hospital Map	24
Getting to Abbott Northwestern Hospital	25
About the Kidney (drawing)	26



Introduction

Living Donor Transplant Coordinator

You will partner with a living donor transplant coordinator during the evaluation process. They will answer your questions and get you the information you need.

This person will be referred to as the “donor coordinator” in this booklet.

As you consider donating a kidney you may have some mixed emotions. The decision may be easy or difficult depending on your situation.

The decision to donate a kidney is personal. There are many things you will need to think about but, most important, you must choose what is right for you. You should not feel any pressure or feel rushed into making a decision.

The decision to donate a kidney is yours and yours alone. You will work closely with the members of your health care team for the best care possible. The transplant team will answer all of your questions and listen to your concerns.

Jot down notes and questions for your health care team in this booklet. Share it with family members or friends who may be helping with your decision. Bring this booklet with you to your appointments.

Kidney Donation

Tip

The length of time it takes to be evaluated depends on:

- your ability to come to Abbott Northwestern Hospital to be tested
- if any of your test results are abnormal.

You may donate a kidney to:

- a blood relative (such as a parent, sibling or a cousin)
- an unrelated person (such as partner, colleague, friend or stranger).

If you decide to begin the donor evaluation, there are many tests you will need to complete. There are blood tests that will show if your blood and tissue will work with the recipient. This will tell you if you can donate directly to the recipient. Other blood tests will also show if you have any health concerns.

You can decide at any time for any reason that you do not want to continue testing as a kidney donor. Your donor coordinator will respect your decision and help you withdraw from the program in a way that is confidential and protects your privacy.

Tip

The recipient in the kidney transplant program will also be evaluated before they can receive a kidney.

If the recipient cannot find a living donor, they may receive a kidney from a deceased donor. The recipient’s name is placed on a nationwide deceased donation waiting list. Finding a match may take several years. During this time, the recipient may need to have dialysis. Once a match is found, surgery needs to happen within 24 hours.

Qualifying for a Donation

Did You Know

You will be screened for high blood pressure and diabetes because they are the leading causes of kidney disease.

Did You Know?

Most often, the left kidney is donated.

Tip

As a donor, you are encouraged to have health and life insurance in place **before** starting the evaluation even though the evaluation and surgery are not billed to your insurance.

It may be more difficult to qualify for a policy once you start the donor process.

The members of the transplant team will review the results of your evaluation to see if you qualify to be a kidney donor.

You **may** qualify if you:

- are older than 18 years and you know your recipient, or if you are older than 25 and you do not know your recipient
- are in good general health
- have normal blood pressure or if you are older than age 50 and your blood pressure is in the normal range if you take no more than 2 low-dose high blood pressure medicines
- have two normal-sized kidneys
- have normal urine and blood tests
- are willing to donate a kidney
- are able to understand the risks and benefits of donation
- are able to sign an informed consent stating you knowingly agree to surgery.

You **will not** qualify if you:

- have kidney (renal) disease
- have diabetes
- are younger than age 50 and have high blood pressure
- have major health problems (such as emphysema, cancer or heart disease)
- have a drug or alcohol problem
- have feelings of being forced to donate.

It will be important to talk with the transplant team if you have a hobby or work in a job that puts your physical safety at risk (such as a police officer, firefighter or in the military).

All information will be kept between you and the transplant team. You decide how much information is shared with the recipient.

Tests and Consultations You May Have

You may have one or more of the following tests:

- blood type
- urinalysis
- 24-hour urine test
- fasting lab work
- crossmatch
- chest X-ray
- EKG
- physical with a team doctor
- CT scan
- consult with the surgeon
- consult with the social worker
- consult with the dietitian.

Your donor coordinator will schedule these tests.

After each test, the donor coordinator will review the results with you and let you know if you are eligible to continue the process. The transplant team will review all results. **Important:** tell your donor coordinator if you want to continue.

Blood Tests to Determine Compatibility

Tip

There are 2 areas that look at compatibility with the recipient:

- blood type
- blood test for tissue typing.

The rest of the evaluation is looking at your health.

Blood type

Testing to see if you can donate a kidney begins with a blood test. The test will determine your blood type and if it will match the recipient's blood (compatibility). If your blood type is compatible with the recipient, more blood tests will be done for tissue typing and crossmatching.

A simple blood test can tell your blood type. The four basic blood types are A, B, AB and O. (Type O is the most common blood type and is compatible with every blood type.)

The blood types must be compatible.

If you are incompatible with your recipient, you will not be able to donate directly to them. The Kidney Paired Donation (KPD) Exchange Program would be an option. Talk with your donor coordinator to learn more.

Your blood type	Blood types which can accept your kidney
O	O, A, B, AB
A	A or AB
B	B or AB
AB	AB

O is the universal blood type. If you have an O blood type, you can donate to anyone. The Rh factor (+ or -) of blood does not matter in a transplant.

Tissue typing

Tissue typing is a blood test that shows your genetic makeup. The transplant team can see the number of antigens the donor and recipient share.

Each person has 6 basic tissue typing antigens (or markers). A person receives 3 markers from their mother and 3 markers from their father. A parent and child would have a 50 percent match while siblings could have a 0 to 100 percent match.

The best match for the recipient is to have 6 out of 6 antigens match. (This is known as a "zero mismatch.") A successful transplant does not depend on matching antigens.

Crossmatch

A crossmatch is a blood test that pairs the donor tissue typing with the recipient's immune system. You and the recipient will have the test at least 2 different times to see if the recipient will react to your kidney.

- The first crossmatch happens at the same time as the tissue typing.
- The second crossmatch happens just before transplant surgery.

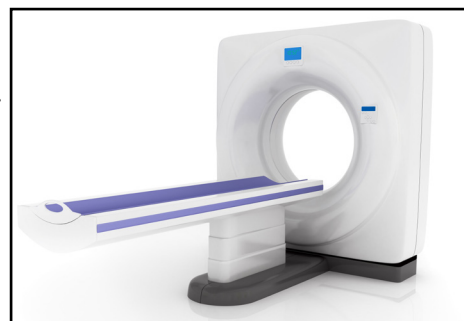
A negative crossmatch means you may be able to donate to your intended recipient.

CT Scan

Tip

The scan is painless and takes about 15 minutes. You can expect the appointment to take up to 60 minutes total.

A CT scan uses X-ray and a computer to get an in-depth look at your kidneys and tissues. The result is a cross-sectional image that shows a more clear and accurate picture.



The CT scan will get unique pictures of your kidneys and tissues.

Before the scan

- Do not eat 3 hours before the scan.
- You may continue to drink water and clear liquids until the time of your scan.
- You can drive yourself to the appointment.

During the scan

- You will lie on a table.
- A large doughnut-shaped machine with an opening in its middle circles the table. The table will move you in and out of the opening.
- You will be asked to hold your breath. The X-rays are picked up on a scanner and shown on a computer screen.
- The person doing the scan will inject contrast into your arm.
 - You may feel a warmth or a flushing right after the injection.
 - The contrast will help your kidney show up better on the CT scan. More images will be taken.

After the scan

- You may return to your normal activities and foods.
- Drink extra water to help flush the contrast from your body.

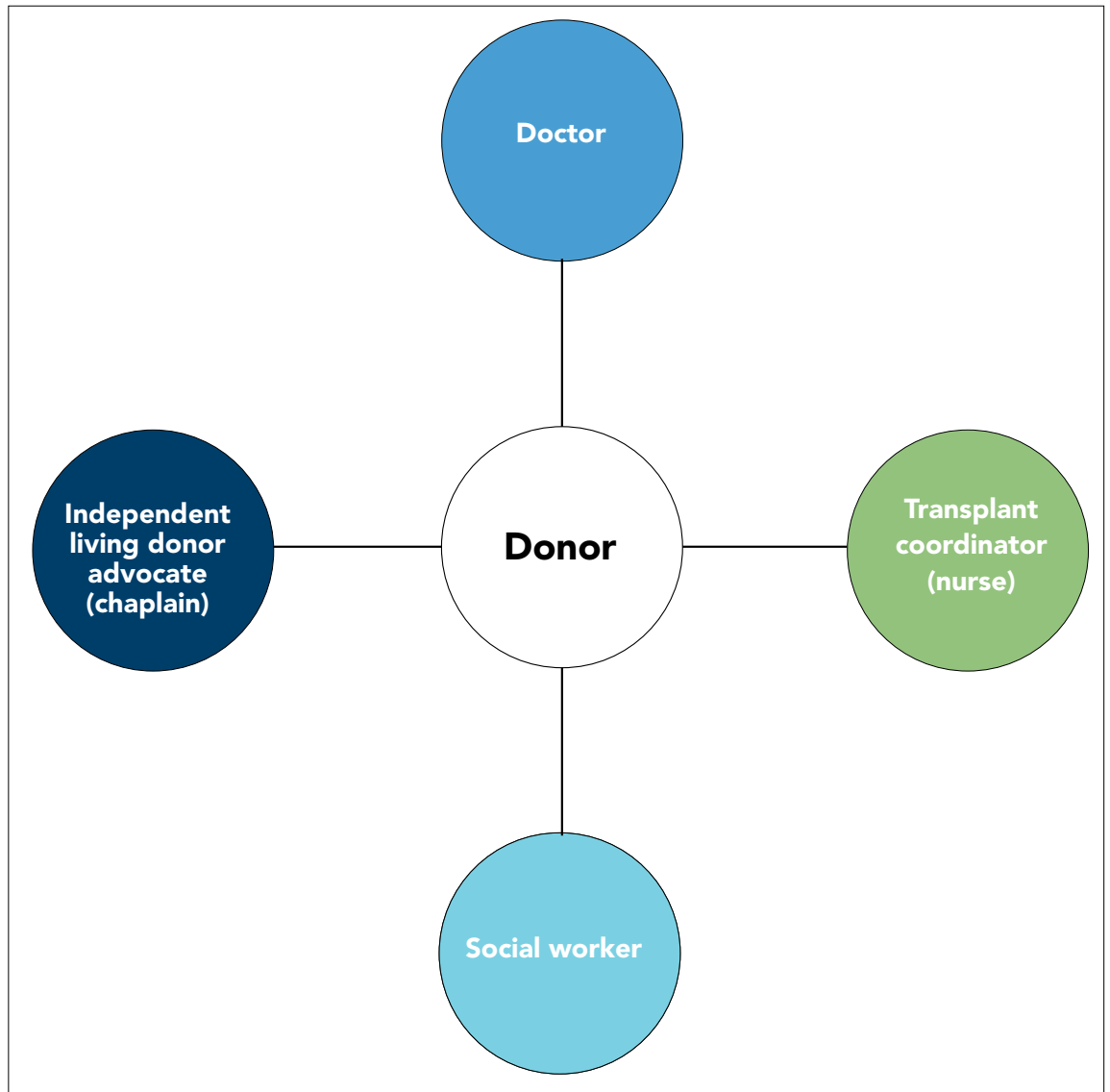
The Kidney Transplant Team



The members of the kidney transplant team work together with both the donor and recipient.

The Living Donor Advocate Team

You will work with a living donor advocate team through your evaluation, hospital stay and recovery.



Did You Know?

The living donor advocate team only works with the donor. Another team works only with the recipient.

This team consists of:

- **donor coordinator (nurse):** organizes the living donor process and is your main contact
- **social worker:** talks with you about how kidney donation will affect work and family life during surgery and recovery.
- **doctor:** gives you a physical, looks at your health history, and identifies any risks that may affect your surgery, recovery or future health
- **independent living donor advocate (known as an ILDA) (chaplain):** supports you, advocates for your rights as a kidney donor, and talks with you about your feelings and motivations to be a kidney donor.

Team Providers

Tip

The donor coordinator will schedule the appointments with the team providers.

You will also meet with:

- **dietitian:** provides written guidelines about general healthful nutrition. Your weight, height and diet will be reviewed. The dietitian will talk with you about why it's important to maintain a healthy weight for your height.
- **pharmacist:** reviews your current medicines and sees if you are taking any medicine that might interfere with being a kidney donor.
- **doctor:** talks with you about your lab results, family history and past medical history and how it relates to a possible kidney donation.
- **surgeon:** talks with you about the risk and benefits of surgery and answers your questions.

Donor Coordinator

Tip

The donor coordinator may need to leave messages on your voice mail. Tell them if it's **not** OK to leave personal messages about your health care.

You will work most closely with the donor coordinator. Make sure the donor coordinator has your most current information at all times.

Call the donor coordinator any time you:

- have any questions for any member of the transplant team
- would like review your test results
- would like to be scheduled for more tests
- would like to be scheduled to donate your kidney
- have any questions or concerns.

The donor coordinator will not pressure you to donate. The decision to donate is totally yours.

Your Donor Coordinator

Name: _____

Phone: _____

Donation Benefits for the Recipient

Tip

The benefits may be personal to you. In general, donors feel fulfilled by helping someone have an opportunity for better health.

Donating a kidney positively affects the recipient's life. Kidney transplant surgery offers several benefits for the recipient, including:

- an improved quality of life
- fewer health challenges
- no more dialysis
- the ability to schedule transplant surgery
- fewer complications (problems) than from a deceased donor's kidney
- usually the kidney works faster than one from a deceased donor's kidney
- more time to do what they enjoy
- no food or beverage restrictions
- a greater chance for a longer life.

Donation Risks

Members of the transplant team will explain all of the possible short- and long-term risks. Ask if you don't understand something.

As with any surgery, possible risks include:

- reaction to anesthesia
- infection
- bleeding.

If you develop a future kidney disease, you may develop kidney failure faster than if you still had both kidneys.

Emotional Adjustments

Tip

The [National Kidney Foundation](#) can help you talk with someone who has already donated a kidney.

Go to kidney.org/patients/peers or call 1-855-653-7337 (855-NKF-PEER) to learn more.

Tip

The recipient must show they are able to follow up with medical care before the transplant occurs.

Did You Know?

It is not possible to put your kidney back in you if the recipient's immune system rejects it. The rejection process destroys the kidney and it would no longer work.

In thinking about donating a kidney, you may have many questions. The most obvious is how you and the recipient will feel before and after surgery. But there are other areas you need to consider: your relationship with the recipient, what the rest of your family thinks about the donation, and the surgery's effect on your current home, and job responsibilities.

Questions you may have include:

- "I really want to help, but can I really do this?"
- "Will the doctor find something wrong during the tests?"
- "How uncomfortable or painful are the tests?"
- "What will it be like to have surgery and be in the hospital?"
- "How painful is the recovery from surgery and how will I handle it?"
- "What if the recipient's immune system rejects the kidney I donated?"
- "How will I feel if the recipient gets sick after the transplant?"
- "How will donation affect my family and me?"
- "Can I afford to take 2 to 6 weeks off from work?"

Your feelings and concerns are real. You will need to take time to be honest about your feelings and to get information to answer your questions.

The kidney recipient's recovery

Before donating, it is important to explore your feelings about the following.

- Many transplant recipients have some problems after surgery.
- Most problems are minor and easily treated.
- Some problems are serious and may even result in kidney rejection.
- You may be concerned about how the recipient takes care of himself or herself after surgery.
- You may feel like the recipient "owes" you for your donation.
- You may unknowingly place extra pressure on them to be healthy to not disappoint you.

Know that what happens with the recipient's recovery after surgery is not in your control.

Feelings of loss, depression or both

You may find yourself feeling sad or depressed after surgery. Feelings of loss and grief after donation are usually mild and go away during recovery.

Call your donor coordinator if you have:

- feelings of sadness that last longer than 2 weeks
- a loss of interest in day-to-day activities
- changes in your appetite
- sleep problems (too much or too little), feel tired and have little energy
- feelings of hopelessness.

Physical Adjustments

Donating a kidney should not have a negative effect on your life.

- Your remaining kidney will do the work of both, removing waste products and extra fluid from your blood. You are not at an increased risk of kidney disease or problems.
- After you recover from surgery you will be able to return to your regular lifestyle.
- Your long-term health is not affected.
- Other than taking pain medicine for a short time after surgery, you will not need to take any other medicines or follow a special diet.
- Talk with the transplant team if you have plans to start or add to your family.
 - Men may father children after recovery.
 - Women have an increased risk for pregnancy-related complications (problems) after donating a kidney.

After kidney donation:

- Your donor coordinator will call you to schedule follow-up lab work at 6 months, 1 year and 2 years.
- Stay hydrated with water.
- Keep a healthy weight for your height.
- Check your blood pressure on a regular basis. Talk with your primary care provider if you notice an increase.

- Regular use of nonsteroidal anti-inflammatory drugs (NSAIDs) can lead to kidney damage. Common NSAIDs include aspirin and ibuprofen (Advil®, Motrin® and Aleve®). Avoid regular use of these medicines for the rest of your life.
 - Ask your pharmacist if you have any questions about any over-the-counter medicines you want to take. (They may contain NSAIDs.)
- Remind each of your health care providers that you donated a kidney.
- See your primary care provider for yearly well checkups.

Transplant Team Approval

After you finish the donor testing, the transplant team will review all of your information together. They will determine if you need more testing or if you are approved to donate.

Your Approval

If you are approved, you make the final decision about whether or not to move forward with donating a kidney.

- **if yes:** talk with your donor coordinator to schedule surgery.
- **if no:** your decision will be respected and no information will be shared with the recipient.

Changing Your Mind

If any time for any reason you decide kidney donation is not right for you, you may stop the process. Talk with your donor coordinator about your feelings.

Costs

Tips

You may qualify for short-term disability, Family Medical Leave Act or other benefits while recovering from surgery. Talk with your employer for more information.

There is a federal grant through the National Living Donor Assistance Center available to help with costs related to travel to Abbott Northwestern Hospital for those who qualify. Ask your donor coordinator for details.

Costs that are covered

All charges related to kidney donation are covered by the kidney transplant program or the recipient's insurance provider.

You should not receive a bill for any costs related to your kidney donation. If you receive a bill, contact your donor coordinator **as soon as possible**.

Costs that are not covered

Costs you would need to pay for include:

- preventive care with your primary care provider (such as flu shot, pelvic exam, mammogram or colonoscopy)
- travel costs to and from Abbott Northwestern Hospital for testing
- lodging (such as a hotel)
- parking costs
- food
- daycare or childcare
- loss of time at work.

It is best to have health and life insurance before starting the donor evaluation. After starting the evaluation or donating your kidney, it may be more difficult to qualify for a health or life insurance policy.

Scheduling Surgery

The transplant team will review all results from your donor evaluation. If the team approves and you are emotionally ready, surgery can be scheduled.

One week before surgery you will go to Abbott Northwestern Hospital to have a pre-surgery physical exam, final lab tests, receive instructions for surgery and sign a consent for surgery. This will be done in a 3-hour visit. The donor coordinator will schedule this visit.

On the same day, you and the recipient will have the final crossmatch.

- If the crossmatch is negative, surgery can go ahead as planned.
- If the crossmatch is positive, surgery will be canceled. This means the recipient's immune system would not accept the kidney.

Preparing for Surgery

Prepare for Returning Home

- Consider having a family member or friend help you for a couple of days when you return from the hospital.
- If you have small children, consider making arrangements for their care for 1 to 2 weeks while you recover.

What to bring to the hospital

- Bring a current list of your medicines, including the dosages and the times you take them.
- Bring a copy of your health care directive, if you have one.
- Bring personal care items that you prefer to use.
- Bring your glasses or contacts case.
- You may bring your own pajamas.
- Bring your phone and phone charger.
- Bring clothes to wear home that are comfortable around your waist.
- Leave valuables at home or with a member of your care circle.

Anesthesia

General anesthesia puts you to sleep so you do not feel the surgery. You will be in the care of an anesthesiologist and a certified registered nurse anesthetist (CRNA).

The anesthesia affects your entire body. You will receive it through an intravenous line (IV) or by breathing it. A breathing tube helps you breathe while you are asleep. The anesthesiologist or CRNA stays with you during the entire surgery.

After surgery, you may have a few side effects from the anesthesia for up to 24 hours. They are:

- dry mouth
- sore throat
- headache
- hoarseness
- nausea
- drowsiness.

Food and drink directions before surgery

These directions are based on your scheduled arrival time. Not following these directions could mean your procedure will be delayed or canceled.

The day before surgery

Alcohol and tobacco

- Do not drink any alcohol 24 hours before your scheduled arrival time.
- Do not smoke, vape, use chewing tobacco or use any other tobacco products 24 hours before your scheduled arrival time.

Food

- Eat light meals such as toast, granola bar, protein bar or oatmeal.
- Drink liquids that contain dairy products such as milk, yogurt, coffee with cream or solid components such as juice with pulp.
- Avoid high-fat solid foods such as meat, fried or fatty foods.

Starting at 11 p.m. the night before surgery

- Stop eating foods.
- You may drink clear liquids.
 - Examples include water, fruit juice without pulp or black coffee or tea (no creamer).
- Do not chew gum.

Starting at 3:30 a.m. the morning of surgery

- Stop drinking clear liquids.
- Take your medicines as directed with a small sip of water.

What to do the day before surgery

- Tell your donor coordinator if you have any changes in your health. Surgery may need to be postponed.
 - If you call the Kidney Transplant Department at 612-863-5638 after hours or on weekends, you will be connected to the answering service. Ask for the kidney transplant nurse on call. You will receive a call within 20 minutes.
 - If you do not receive a call within 20 minutes, call the department again.
- Take a shower with the special soap (Betasept®).
- Take the bowel prep as directed by your donor team.

What to do the morning of surgery

- Take a second shower with the Betasept.
- Arrive at the hospital 2 hours before your surgery.

When you arrive at the hospital

- You may bring members of your care circle with you.
- To find the Pre-Operative Care Center, go to the Virginia Piper Building. It is located at the corner of 26th Street and 10th Avenue. There is limited free street parking. Lot parking and valet parking are available for a fee.
- Check in at the admitting desk, located on the first floor of the Virginia Piper Building.

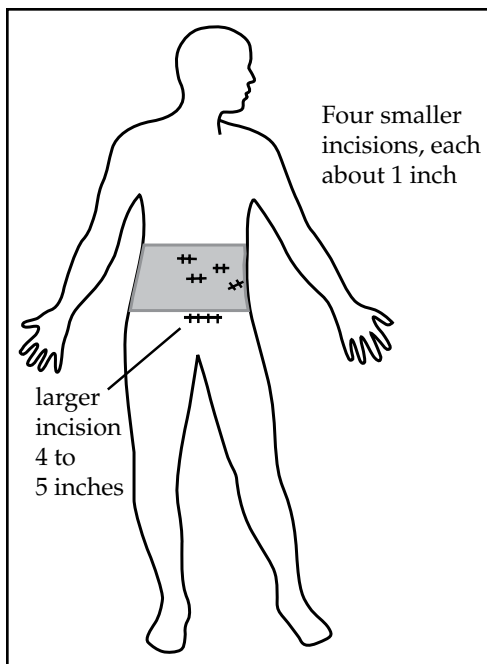
Your Surgery

Tips

- You will stay in the hospital for about 2 to 3 days.
- Talk with your surgeon and donor coordinator for instructions if you are traveling a long distance home by car or plane, or if you plan to fly during your recovery after surgery.

Before surgery

- You and care circle members will be taken to the Pre-Operative Care Center.
- You will wear a hospital gown for surgery.
- You will meet with the medical members of your transplant team, including your surgeons, nurses, nurse anesthetist, the anesthesiologist, and donor coordinator.
- An IV line will be started in your hand or arm.
- When you are taken to the operating room, your care circle members will be taken to the visitor lounge.



© Allina Health System

Laparoscopic surgery uses 4 smaller incisions to remove the kidney.

During surgery

- The anesthesiologist will give you the general anesthesia to put you to sleep.
- A Foley catheter will be placed in your bladder to collect urine while you are asleep.
- The surgeon will make 4 small incisions in your abdomen. The incisions are about 1 inch long. A longer incision will be made underneath the small incisions.
- They will guide the laparoscope and camera through the incisions.
- The camera will show images of your kidney and blood vessels on a computer monitor.
- The surgeon will remove the kidney through the longer incision.
- The kidney will be taken to the recipient. They will be having surgery in an operating room close to yours.
- Your surgery takes about 3 hours. Your recipient's surgery takes about 3 hours.

After surgery

- You will be taken to the recovery area to wake up from surgery.
- You will then be taken to your room.
- Your care circle members can join you in your room.

Your Recovery

In the hospital

- You will feel tired. This is your body's reaction to the surgery and the anesthesia.
- You will be asked to cough and take deep breaths often to help keep your lungs clear.
- You will be up and walking as soon as possible to help your circulation. You will also have a special device on your lower legs to help prevent blood clots.
- The nurse will remove the Foley catheter the day after surgery.
- The nurse will stop the IV fluids when you are drinking enough liquids.
- You may have some discomfort at the incision site.
- You may have some shoulder discomfort because of the gas used for your surgery.
- Medicines are available to help make you comfortable.

Tip

You will recover at home for about 2 weeks after surgery.

- Do not lift anything heavier than 10 pounds (such as grocery bags or laundry baskets) for about 6 weeks after surgery.
- Do not use a twisting or swinging motion (such as a golf swing) for about 6 weeks after surgery.
- Increase your activity slowly.

At home

- Follow your directions from your transplant team.
- Take pain medicines and stool softeners as directed.
- You may drive when you are no longer taking prescription pain medicine.
- Balance rest with a gradual increase in activity.
- You may take a shower but do not take a tub bath until after your follow-up visit with your surgeon.
- Return to your normal diet.
- Avoid heavy lifting (anything heavier than 10 pounds) for 6 weeks after surgery.
- At your follow-up visit with your surgeon, you will talk about when you can return to your normal activities.
- You may have some itching as the incisions heal.
- Stop any activity that causes pain.
- Call your donor coordinator at 612-863-5638 if you have any questions, concerns or signs of infection:
 - any fever
 - chills
 - redness or drainage from your incision.

Follow-up Visits

Tip

The donor team follow-up does not take the place of your regular and preventive health care with your regular health care provider(s).

Tell all of your health care providers that you have donated a kidney.

- You will be scheduled to see your surgeon 2 weeks after surgery.
- Your donor coordinator will call you 6 months, 1 year and 2 years after your surgery to get your current weight and blood pressure, and to arrange for a blood draw (a serum creatinine) and a urine test.
- Tell your donor coordinator if you have a phone number or address change.
- Call your donor coordinator if you have questions or concerns at any time.

Abbott Northwestern Hospital Map



Getting to Abbott Northwestern Hospital

From the east on I-94

Exit I-94 at Cedar Avenue (Exit 234C), turn left. Follow Cedar Avenue (Cedar veers to the right at the traffic lights) to E 26th Street and turn right.

■ **If visiting the Piper Building**, take E 26th Street west. Just past 10th Avenue S, take the first left for Piper parking, located between 10th Avenue S and Chicago Avenue.

■ **If visiting the Heart Hospital or main hospital**, take E 26th Street to Chicago Avenue and turn left. Proceed to E 28th Street and turn left. Turn left again onto the hospital campus.

■ **Leaving the Heart Hospital, main hospital or Piper Building**: Exit the parking ramp or lot, turning left onto 10th Avenue S and proceed to E 26th Street. Turn left onto E 26th Street and proceed to Chicago Avenue. Turn right on Chicago Avenue. Proceed to Franklin Avenue, turn left. Turn right on 5th Avenue. Proceed north on 5th Avenue to I-94 East entrance ramp.

From the north on I-35W

Exit I-35W at the Hiawatha/Highway 55 Exit (Exit 17A). Follow Hiawatha/Highway 55 to E 26th Street. Turn right onto E 26th Street.

■ **If visiting the Piper Building**, take E 26th Street west. Just past 10th Avenue S, take the first left for Piper parking, located between 10th Avenue S and Chicago Avenue.

■ **If visiting the Heart Hospital or main hospital**, take E 26th Street to Chicago Avenue and turn left. Proceed to E 28th Street and turn left. Turn left again onto the hospital campus.

■ **Leaving the Heart Hospital, main hospital or Piper Building**: Exit the parking ramp or lot, turning right onto 10th Avenue S and proceed to E 28th Street. Turn left onto E 28th Street and follow to Hiawatha/Highway 55. Turn left and proceed to 35W North.

From the northwest on I-94:

Exit I-94 at the Hiawatha/Highway 55 Exit (Exit 234A). Follow Hiawatha/Highway 55 to E 26th Street. Turn right onto E 26th Street.

■ **If visiting the Piper Building**, take E 26th Street west. Just past 10th Avenue S, take the first left for Piper parking, located between 10th Avenue S and Chicago Avenue.

■ **If visiting the Heart Hospital or main hospital**, take E 26th Street to Chicago Avenue and turn left. Proceed to E 28th Street and turn left. Turn left again onto the hospital campus.

■ **Leaving the Heart Hospital, main hospital or Piper Building**: Exit the parking ramp or lot, turning right onto 10th Avenue S and proceed to E 28th Street. Turn left onto E 28th Street and proceed to Hiawatha/Highway 55, turn left and follow to I-94 West entrance ramp.

From the west on I-394:

Follow I-394 to I-94 East (Exit 8B). Exit I-94 at the Hiawatha/Highway 55 Exit (Exit 234A). Follow Hiawatha/Highway 55 to E 26th Street. Turn right onto E 26th Street.

■ **If visiting the Piper Building**, take E 26th Street west. Just past 10th Avenue S, take the first left for Piper parking, located between 10th Avenue S and Chicago Avenue.

■ **If visiting the Heart Hospital or main hospital**, take E 26th Street to Chicago Avenue and turn left. Proceed to E 28th Street and turn left. Turn left again onto the hospital campus.

■ **Leaving the Heart Hospital, main hospital or Piper Building**: Exit the parking ramp or lot, turning right onto 10th Avenue S and proceed to E 28th Street. Turn left onto E 28th Street and proceed to Hiawatha/Highway 55, turn left and follow to I-94 West entrance ramp. Follow I-94 West to I-394 West.

From the south on I-35W

Exit I-35W at the 31st Street/Lake Street Exit (Exit 15). Proceed north on the frontage road (which is S 2nd Avenue). Turn right onto E 28th Street and proceed to Chicago Avenue.

■ **If visiting the Piper Building**, cross Chicago Avenue and turn left on 10th Avenue S (one block beyond Chicago Avenue). Go north on 10th Avenue S to the traffic light at E 26th Street. Turn left, and then immediately turn left again into the Piper Parking Lot.

■ **If visiting the Heart Hospital or main hospital**, cross Chicago Avenue and immediately turn left onto the hospital campus.

■ **Leaving the Heart Hospital, main hospital or Piper Building**: Exit the parking ramp or lot, turning left onto 10th Avenue S and proceed to E 26th Street. Turn left onto E 26th Street and proceed to Chicago Avenue. Turn left onto Chicago Avenue, proceed to E 35th Street, turn right. Proceed over the interstate and turn left immediately to enter the I-35W South entrance ramp.

From the southeast on Hiawatha/Highway 55

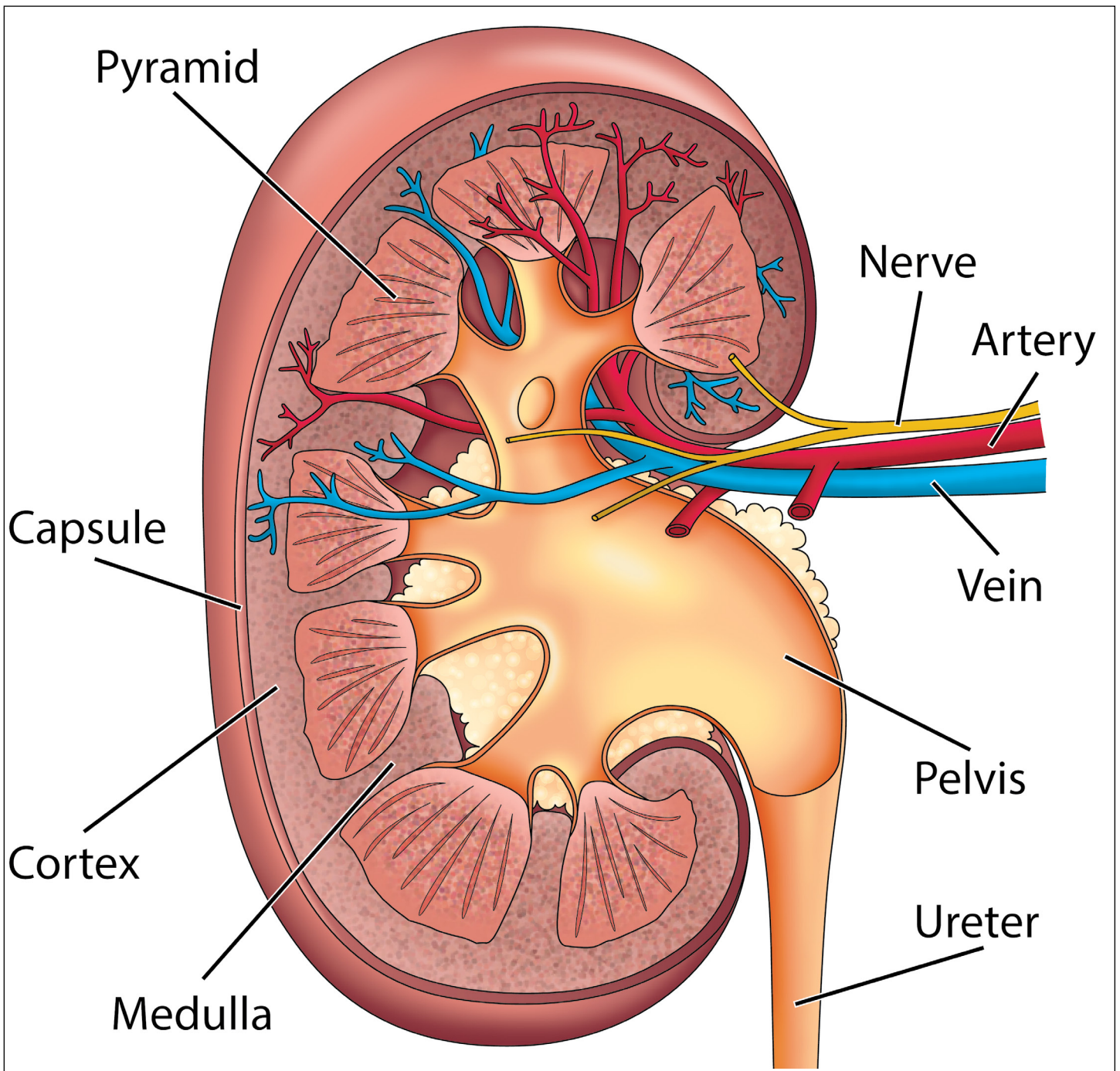
Turn left off Hiawatha/Highway 55 onto E 26th Street.

■ **If visiting the Piper Building**, take E 26th Street west. Just past 10th Avenue S, take the first left for Piper parking, located between 10th Avenue S and Chicago Avenue.

■ **If visiting the Heart Hospital or main hospital**, take E 26th Street to Chicago Avenue and turn left. Proceed to E 28th Street and turn left. Turn left again onto the hospital campus.

■ **Leaving the Heart Hospital, main hospital or Piper Building**: Exit the parking ramp or lot, turning right onto 10th Avenue S. At E 28th Street, turn left. Follow E 28th Street to Hiawatha, turn right.

About the Kidney





Learn more about the Allina Health account



Easy appointment scheduling
In-person and virtual visits,
appointment reminders and updates



Care for the whole family
Gain access to another person's
account (proxy access)



Virtual care options
On-demand urgent care and
scheduled virtual visits



Prescriptions and billing
Manage payments, order refills and
track prescriptions



Info all in one place
Health records, lab results and
appointment notes



**Communicate with your
care team**
Send and review messages

Make health care easier with an online, all-in-one way to manage care.

Get started at
AllinaHealth.org/account

Allina Health 

Nondiscrimination in Health Programs and Activities

Affordable Care Act – Section 1557

Allina Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex. Allina Health does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity or sex.

Allina Health:

- provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - ◊ qualified sign language interpreters, and
 - ◊ written information in other formats (large print, audio, accessible electronic formats, other formats)
- provides free language services to people whose primary language is not English, such as:
 - ◊ qualified interpreters, and
 - ◊ information written in other languages.

If you need these services, ask a member of your care team.

If you believe that Allina Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a grievance with:

Allina Health Grievance Coordinator
P.O. Box 43
Minneapolis, MN 55440-0043
Phone: 612-262-0900
Fax: 612-262-4370
GrievanceCoordinator@allina.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Allina Health Grievance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



allinahealth.org