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## **How to manage live kidney donors after donation**

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Living donor kidney transplantation is steadily increasing with persistent increase in end-stage kidney disease. Kidney donors may be at increased risk of acute kidney injury (AKI) or chronic kidney disease (CKD) due to the absolute reduction of nephron mass after donor nephrectomy and underlying diseases or conditions affecting renal function. Increased life expectancy may increase the likelihood of acquiring conditions prone to the development of kidney disease and end-stage kidney disease in donors. Despite thorough pre-kidney donation evaluation and the above average health status of kidney donors, long term safety concerns still exist in kidney donors regardless of donors' age due to the single kidney status per se and increased risk of CKD related to westernized lifestyle. Risk factors for the development and progression of CKD include prediabetes or diabetes mellitus, hypertension, proteinuria, nephrolithiasis, and hyperuricemia. Proper management for donors after donor nephrectomy is critical in facilitating renal adaptation during the immediate postoperative period and preserving renal function as much as possible during donors' entire life. Long-term managements include appropriate treatment of underlying disease and risk reduction through active lifestyle modification. Abstaining from smoking is also an important issue to minimize the risk of atherosclerosis and malignancies especially in lung and genitourinary tract.

In this session, we will review important management points for living kidney donors during 1) immediate postoperative period and 2) regular follow-ups to preserve renal function.