

What is life really like with one kidney? What changes? What restrictions apply? And what does the long-term outcome look like for living kidney donors?

WHAT HAPPENS TO THE REMAINING KIDNEY AFTER DONATION

The human body is remarkably adaptive. Within weeks to months of kidney donation, the remaining kidney undergoes compensatory hypertrophy - it increases in size and functional capacity to partially compensate for the lost organ. The GFR of the remaining kidney typically rises from its pre-donation baseline to approximately 70-75% of the original two-kidney total. This means a donor's eGFR after donation will be lower than before donation - usually in the range of 55-70 mL/min/1.73m² depending on the baseline - but significantly higher than half their original value due to this compensatory response. The remaining kidney's enhanced function stabilizes within 6-12 months of donation and then declines slowly with normal ageing thereafter.

RECOVERY TIMELINE - THE FIRST WEEKS AND MONTHS

DAYS 1-7: Hospital discharge is typically 2-4 days after laparoscopic (keyhole) donor nephrectomy. Fatigue is the dominant symptom. Pain is manageable with regular paracetamol and sometimes short-course opioids for the first few days. **WEEKS 1-4:** Gradual return of energy. Most donors can manage light activities of daily living within 1-2 weeks. Return to desk or office work: typically, 2-4 weeks. Still restricted from driving (check with your surgical team - usually 2-4 weeks minimum), strenuous lifting, and contact sports. **WEEKS 4-8:** The majority of donors feel fully recovered in terms of energy and pain. Return to physical work: typically, 4-6 weeks. Return to exercise including gym and running: typically, 6-8 weeks, beginning with light exercise and building gradually. **MONTHS 3-12:** Full recovery is typically complete by 3-6 months. Kidney function stabilizes at its new post-donation baseline within 12 months.

WHAT CHANGES PERMANENTLY AFTER DONATION

KIDNEY FUNCTION: As described above, eGFR is permanently lower after donation - approximately 70-75% of the pre-donation total. For the vast majority of donors who were healthy prior to donation, this level of function is entirely adequate for normal daily life, with no dietary restrictions, no medication requirements, and no symptoms. **FLUID AND BLOOD PRESSURE:** The remaining kidney manages fluid balance and blood pressure effectively in most donors. A minority of donors develop mild blood pressure elevation in later years, which is managed with standard antihypertensive medications. **PREGNANCY AFTER DONATION:** Women who donate a kidney and subsequently become pregnant have modestly elevated rates of hypertensive complications of pregnancy (pre-eclampsia) compared to non-donors - approximately 5.7% vs 2.6% in one large study. Pre-pregnancy

counselling with an obstetrician and nephrologist is recommended for women who wish to conceive after donation. **MEDICATIONS:** Donors must avoid NSAIDs (ibuprofen, naproxen, diclofenac) for pain management after donation - as with CKD patients, NSAIDs can harm the remaining kidney. Paracetamol is the safe alternative. Very high doses of protein supplements (common among athletes) should be avoided - high protein intake increases the filtration demand on the single remaining kidney. Regular IV contrast CT scans should be discussed with a doctor given the reduced filtration reserve - minimizing contrast volume and ensuring adequate hydration.

LONG-TERM HEALTH OUTCOMES FOR DONORS

This is the most important section for anyone considering donation: the comprehensive evidence from multiple large registry studies shows that carefully selected living kidney donors have a long-term life expectancy similar to or slightly better than age-matched members of the general population. The 15-year risk of kidney failure in living donors is approximately 0.3-0.5% - compared to approximately 0.03% in matched non-donors. This small but real elevated risk is why donor evaluation is so thorough. Blood pressure in donors remains generally well-controlled. Quality of life in long-term donors is consistently reported as high - with many donors reporting that the decision to donate was among the most meaningful of their lives.

THE MONITORING THAT CONTINUES FOR LIFE

Living donors should have annual health monitoring for life: eGFR (kidney function test), urine test for protein (UACR), blood pressure measurement, and general health assessment. In the UK, this is coordinated through the transplant center for the first 2 years and then through the GP. In the US, follow-up requirements vary by transplant center. Many transplant centers lose contact with their donors over time - donors themselves should proactively maintain annual blood pressure and kidney function monitoring with their GP if transplant center follow-up lapses.

FOR THOSE CONSIDERING DONATION

The most important message: living kidney donation, in carefully selected donors, does not significantly shorten life expectancy and does not prevent the donor from living a full, active, healthy life with one kidney. The risks are real but small, and they are managed through careful selection and ongoing monitoring. If someone in your life has kidney disease and has mentioned the possibility of donation, or if you are considering altruistic donation - the information in this post gives you an honest starting point for the conversation.

💬 Are you a kidney donor - and what has life been like since you donated? What would you tell someone who is considering giving their kidney? Share below. Your experience is the most honest and most persuasive thing this community can offer to someone weighing this extraordinary decision. ❤️

📖 RESOURCES

- > Life after kidney donation - NKF: [kidney.org/transplantation/livingdonors/life-after](https://www.kidney.org/transplantation/livingdonors/life-after)
- > Living donor follow-up: nhsbt.nhs.uk (search 'living donor aftercare')
- > Long-term outcomes for kidney donors: [nejm.org](https://www.nejm.org) (search 'Ibrahim kidney donor outcomes')