



**VCU**Health™

Hume-Lee  
Transplant Center

## **Becoming a Liver Donor**

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# VCUHealth™

## Hume-Lee Transplant Center

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# VCUHealth™

## Hume-Lee Transplant Center

*Welcome to VCU Health's Hume-Lee Transplant Center!*

### **Introduction**

Liver Transplantation is a surgical operation, in which a donated human liver is placed into a person whose liver is failing. A transplanted liver comes from either a deceased organ donor or a living donor.

The liver transplant program at the Hume-Lee Transplant Center began in 1964. Since that time our center has performed over 1,400 liver transplants. Over 150 of these transplants were living donor transplants. The physicians at our center are pioneers in both the treatment of liver diseases and liver transplantation.

Enclosed in this booklet you will find information regarding your liver donor transplant evaluation. We hope this information will help answer the many questions you may have regarding your upcoming week and the weeks to follow. Please bring this booklet with you to all of your appointments during your evaluation; this information will be reviewed with you by one of the liver transplant coordinators. Please write down any questions you may have in the space provided at the end of this booklet. This will help you remember to discuss them with the members of the transplant team.



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### A great need for donor organs

Many thousands of people with liver disease are on the national waiting list for a liver transplant and are waiting for a donor organ to become available.

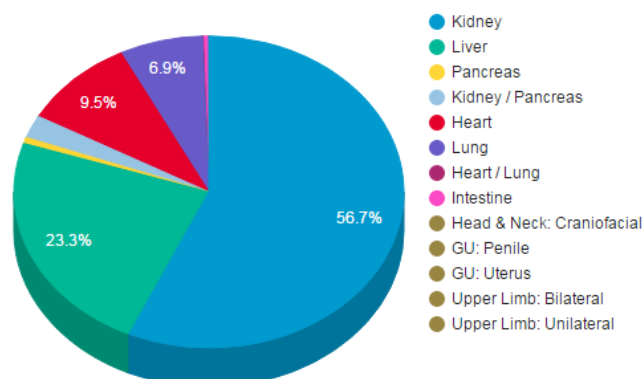
Unfortunately, there are not enough organs to fulfill this demand. As of May 2017, there were over 14,000 waiting for a deceased donor liver transplant. Annually, there are approximately 7,800 liver transplants performed. This organ shortage has led people to a specialized and complex procedure, which entails using a living donor for transplantation. A living donor is able to donate a portion of their liver to someone in need of a liver transplant. Fortunately, the liver is the only organ that can regenerate and will grow back to nearly 100% of its size in a short amount of time.

### U.S. Waiting list candidates by organ

#### Transplants By Organ Type - 2016

Based on OPTN data as of June 13, 2017

Organ	Transplants
Kidney	19,061
Liver	7,841
Pancreas	215
Kidney / Pancreas	798
Heart	3,191
Lung	2,327
Heart / Lung	18
Intestine	147
Head & Neck: Craniofacial	1
GU: Penile	1
GU: Uterus	6
Upper Limb: Bilateral	3
Upper Limb: Unilateral	2
Total	33,611



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Data subject to change based on future data submission or correction.

Data from unos.org on June 14, 2017

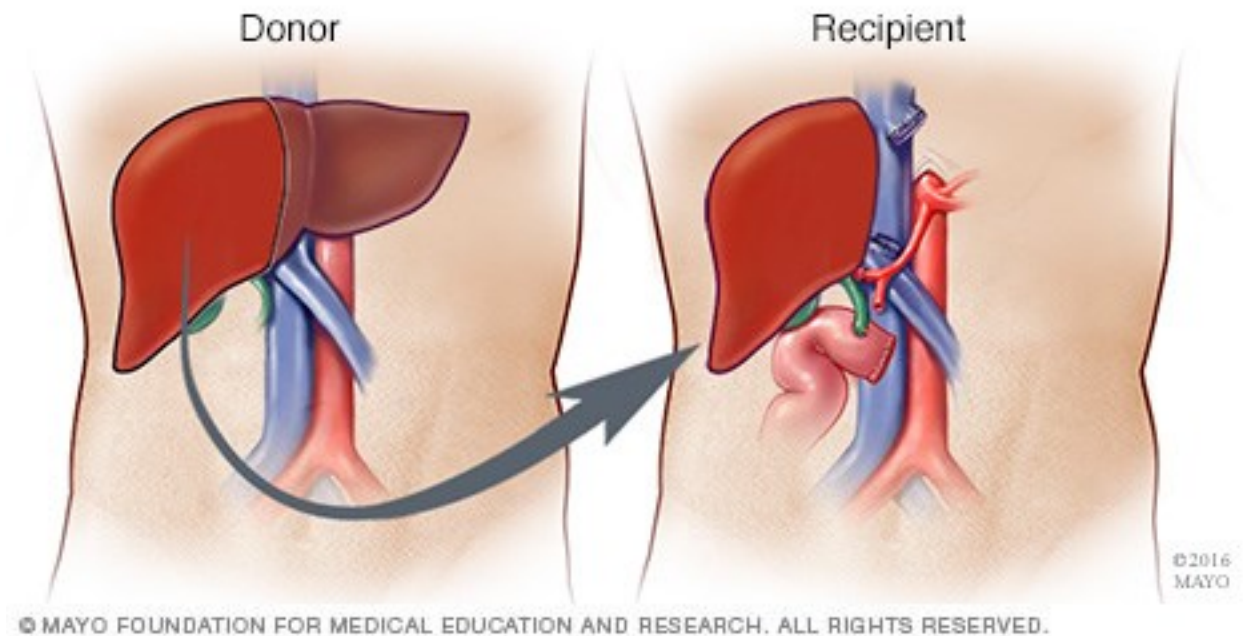


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### **What is living donor liver transplantation?**

A living donor liver transplant is a surgical procedure that involves the removal of the recipient's native liver (the one they were born with) and replacing it with a portion of the living donor's liver. The remaining liver of the donor will regenerate to normal functional volume within one month after the donation. The recipient's transplanted liver will also regenerate to almost full size in 2-4 weeks. This procedure was developed as a result of the national shortage of organs from deceased donors. Adult to Adult Living Donor Liver Transplantation originated in Europe and was adopted in the United States in 1997. In 1998, VCU Medical Center performed the second adult-to-adult living donor liver transplant in the country.





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### **Types of Living Donors**

#### **Living Related Donor:**

A living related donor is any healthy blood relative of the recipient. They can be brothers and sisters, parents, children over 18 years of age, or other blood relatives, such as aunts, uncles, cousins, half brothers and sisters, or nieces and nephews

#### **Living Unrelated Donor:**

A living unrelated donor is a healthy individual who is emotionally close to, but not related by blood, to the transplant candidate. They may be spouses, in-laws, close friends, co-workers, neighbors, or other acquaintances.

**“Good Samaritan” Donor:** A “Good Samaritan” Donor, also known as a non-directed donor, is a living donor individual who is not related to or known by the recipient but makes their donation purely out of selfless motives. This type of donation is also referred to as anonymous, altruistic, altruistic stranger, or stranger-to-stranger living donation. Individuals considering this option should contact the Hume-Lee Transplant Center to discuss the possibility of becoming a donor.

**Please know, it is a federal crime for any person to knowingly acquire, obtain or otherwise transfer any human organ for anything of value including, but not limited, to cash, property, and vacations.**



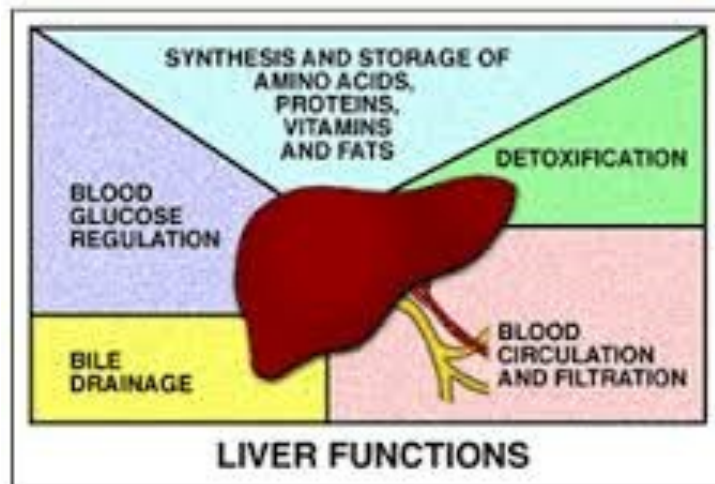
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### **About your Liver**

The liver is the largest and most important solid organ in the body. It serves many functions. These four are the most important:

- ❑ The liver receives all of the blood and nutrients absorbed from the intestine, and processes these nutrients. Any toxins absorbed from the intestine are neutralized in the liver.
- ❑ The liver produces bile that is emptied into the intestine through bile ducts that connect the liver to the intestine. The bile is required to help the intestines digest all of the food you eat.
- ❑ The liver produces almost all of the proteins found in your body. These proteins help your body perform many of its important functions like helping your blood to clot after you cut yourself, and helping your body to fight off infection.
- ❑ The liver detoxifies waste products produced by muscle and other organs.





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### **The Decision to Donate**

The decision to donate a portion of your liver is an individual, voluntary act. When making the decision to donate, you may experience mixed feelings. Of course you'd like to help someone in need, but what does it mean for you?

#### ***How does living donation affect the donor?***

Because the liver is the only organ that can fully regenerate and grow back to almost 100% of its size in a very small amount of time, living donors can donate a part of their liver to the recipient and return to their normal lives in a short period of time.

#### ***Suppose I decide against being a living donor?***

If at any time during the evaluation process you decide that you would not like to donate your liver, the transplant team will fully support you in your decision. The decision to become a living donor is voluntary and should be free from internal or family pressures. As an individual, you have the right to decide that liver donation is not for you. If you choose not to donate, the decision is respected provided it is made after a complete discussion of the available choices and possible results. Each aspect of donor evaluation is confidential, so no matter what the reason for your decision, it will remain confidential between you and your doctor.





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### **The Decision to Donate (continued)**

#### ***How much does living donation cost? Who pays?***

All medical expenses that are related to the evaluation of a potential donor, the transplant operation and hospitalization, and the immediate follow-up care of the potential donor, are paid for completely by the potential recipient's insurance coverage. As a potential donor, you should not see any bills related to your medical evaluation, hospitalization, or post hospital care. Typically, no other costs (i.e. travel expenses, time off from work, non-medical bills, etc.) are covered by the recipient's insurance company or by the hospital. Some employers may allow this time to be taken as sick leave.

#### ***Are transplants from living donors always successful?***

It is important to understand that, although living donor transplants are highly successful, problems may occur. Sometimes, the liver is lost to rejection, or the original disease that caused liver failure may come back in the transplanted liver, causing it to fail. There may also be unforeseen surgical complications resulting in recipient death or need for re-transplant.

*The decision to become a living liver donor is complex, and it is essential that you discuss this decision with your family, the person you want to donate to, and the transplant team. You need to learn as much as possible about the procedure before you proceed with the donation process.*





## Hume-Lee Transplant Center

### **What is the first step?**

1. The person you want to donate to must be on the liver transplant waiting list in order to start your donor evaluation.
2. You must have a compatible blood type. The table below will help you know if you are compatible.

Recipient	Donor
A	A,O
B	B,O
O	O
AB	A, B, O, AB

3. You must be between the ages of 18 and 60, in good health and the ability to tolerate major surgery. You must be able to also be able to provide informed consent for both the evaluation and for surgery.
4. It is important to be approximately the same height and weight as the recipient.
5. You should have your primary care doctor perform a medical evaluation to determine if you are in good health and notify them of your interest in liver donation.
6. Contact the living donor nurse coordinator in charge of setting up the evaluation so an initial telephone health screening can be done. Please have a list of questions ready to discuss with the coordinator when you call. The telephone screening takes approximately 45 minutes. The nurse coordinator can be reached at (804) 828-9249.



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## Hume-Lee Transplant Center

### **Donor Medical Evaluation**

- ❑ The testing to become a liver donor takes approximately 4 days. The testing will be coordinated by you Living Donor Nurse Coordinator.
- ❑ You will be asked questions about your general health including your medical history, your family's medical history and your social history.
- ❑ **Laboratory Testing** of your blood and urine is done to determine if you have any obvious liver problems, unknown diseases, blood clotting problems, or an incompatible blood type. Additional testing may be warranted in cases of certain family histories such as clotting disorders or autoimmune disease or other instances that the transplant team deems necessary.
- ❑ A **Volumetric CT Scan** is a radiology test done to determine the amount of liver volume you have in various sections of your liver. This will give the transplant surgeon an estimated idea of whether you have enough volume in the right lobe of your liver for the recipient and left over volume in the left lobe to support you after donation. It also looks at blood vessels, and bile ducts, which are things that flow through your liver. The other part of this test that is important is that it looks for any possibility of fat accumulation in your liver that would hinder the functioning of the portion of liver you are about to donate. If there is any question of fat accumulation you will have a liver biopsy, which we will discuss later in the testing.
- ❑ The liver is also evaluated through **Doppler Ultrasound**, which is another picture of your liver to evaluate for fat, and the blood flow through your liver.
- ❑ An **Echocardiogram** and **Electrocardiogram (EKG)** evaluate the function and conduction of your heart. If there is an abnormality with these preliminary tests, you may need a stress test or a more advanced test called a cardiac catheterization, which is rare.
- ❑ A **Chest X-Ray** and **Pulmonary Function Tests (if a smoker or history of asthma)** evaluate the functioning of your lungs and is a baseline of the normal oxygen content in your lungs. If you are a smoker we will ask you to stop smoking in order to become a liver donor.



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## Hume-Lee Transplant Center

### **Donor Medical Evaluation**

- ☐ You will meet with a **Transplant Hepatologist**, which is a liver medical doctor. The doctor will ask you medical questions to determine your eligibility of becoming a liver donor.
- ☐ Screening for certain types of cancer may be required based on age and sex.
- ☐ A **Liver Biopsy** *may* be performed to evaluate for any fat or abnormalities in your liver. Not every donor needs this procedure. This will be determined by any risk factors that you may have based on your findings on the MRI and Ultrasound. We also look at your height and weight ratio; if you are considered obese we will schedule this procedure regardless of the radiology test results. This procedure is an all day test by which your side is injected with a numbing solution, a large needle is put through your right side, and a piece of tissue from your liver is removed. You are then placed on your right side for 4 hours to protect you from bleeding.
- ☐ The last procedure is the **MRCP\***. This is a procedure in which a large intravenous catheter is placed in a blood vessel in the upper portion of your leg. A dye solution is then injected into the catheter so that the blood supply of your liver is very clearly defined. The transplant surgeon will use this test to determine how he can safely operate on the right lobe of your liver. This is also an all day test.
- ☐ Any additional testing deemed necessary by the transplant team.
- ☐ You will then meet with the **Transplant Surgeon** who will review your testing, discuss your concerns with you, and also your risks and benefits of surgery. He will talk to you about the consent for surgery and you will be asked to sign a copy at this visit and you will sign it again the day before surgery. The surgeon will examine your abdomen and talk to you about the surgery and the recovery process.

**\*This test uses contrast dye which may cause a serious allergic reaction.**

**NOTE:** You will need someone to help drive you on the days of a liver biopsy and MRCP. If you have an allergy to dye or shellfish, please let the coordinator know at the time of your telephone screening. Any additional tests may prolong the evaluation process.



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## Hume-Lee Transplant Center

### **Information to Consider**

Health information obtained during the living donor evaluation is subject to the same regulations as all medical records and could reveal conditions that must be reported to local, state, or federal public health authorities. The recovery hospital will take all reasonable precautions to provide confidentiality for the living donor and recipient.

The following are inherent risks associated with evaluation for living donation:

- ☐ Allergic reactions to contrast
- ☐ Discovery of reportable infections
- ☐ Discovery of serious medical conditions
- ☐ Discovery of adverse genetic findings unknown to the living donor
- ☐ Discovery of certain abnormalities that will require more testing at the living donor's expense or create the need for unexpected decisions on the part of the transplant team

There are medical, psychosocial and financial risks associated with the decision to donate your liver. Those are discussed in more detail later in this packet.



## Hume-Lee Transplant Center

### **Donor Psychosocial Evaluation**

#### **Social Worker Evaluation**

The choice to become a living donor can be overwhelming. There are other factors besides your health that will need to be looked at. You will also meet with the team's social worker, and will be assigned an Independent Living Donor Advocate. They will help to guide you in making an informed decision, and assess any psychosocial issues that need to be addressed.

The living donor psychosocial evaluation will be performed by our licensed clinical social worker prior to organ recovery. This evaluation includes the following:

1. An evaluation for any psychosocial issues, including mental health issues, that might complicate the living donor's recovery and could be identified as risks for poor psychosocial outcome.
2. An evaluation for the presence of behaviors that may increase risk for disease transmission as defined by the U.S. Public Health Service (PHS) Guideline.
3. A review of the living donor's history of smoking, alcohol, and drug use, including past or present substance abuse disorder.
4. The identification of factors that warrant educational or therapeutic intervention prior to the final donation decision.
5. The determination that the living donor understands the short and long-term medical and psychosocial risks for both the living donor and recipient associated with living donation.
6. An assessment of whether the decision to donate is free of inducement, coercion, and other undue pressure by exploring the reasons for donating and the nature of the relationship, if any, to the transplant candidate.
7. An assessment of the living donor's ability to make an informed decision and the ability to cope with the major surgery and related stress. This includes evaluating whether the donor has a realistic plan for donation and recovery, with social, emotional and financial support available as recommended.

You may also meet with our transplant psychologist if the social worker thinks it is necessary.



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## Hume-Lee Transplant Center

### **Donor Psychosocial Evaluation (continued)**

#### **Independent Living Donor Advocate (ILDA)**

In addition to the Social Worker, you will also be evaluated by a donor advocate for a psychosocial evaluation. The IDLA may be a physician, a social worker, a nurse or another member of the healthcare team. The donor advocate does not regularly work with transplant recipients and is independent of the recipient's medical team. The donor advocate's role is:

- 1) To represent and advise the potential donor
- 2) To protect and promote the interest of the potential donor
- 3) To discuss any questions or concerns the potential donor may have
- 4) To assist the potential donor in getting and understanding information regarding the evaluation and potential surgery.
- 5) To respect the donor decision and ensure that the donor's decision is informed and free of coercion.

The independent living donor advocate is well-informed about living organ donation, transplantation, medical ethics and informed consent and understands the potential impact of family and the other external pressures on the prospective living donor decision whether to donate. The Living Donor Advocate has the right to file a grievance with the living donor recovery hospital when necessary to protect the rights or best interests of the living donor.

There are several psychological risks for liver transplant donation. These include, but are not limited to:

- ☐ Potential for problems with body image
- ☐ Possibility of post surgery adjustment problems
- ☐ Possibility of transplant recipient rejection and need for re-transplantation
- ☐ Possibility that the transplant recipient will have a recurrence of disease
- ☐ Possibility of transplant recipient death
- ☐ Potential impact of donation of the donor's lifestyle

You may at any time, decide not to donate for any reason. The decision to donate is personal. It is important to maintain a close relationship with both your ILDA and the living donor nurse coordinator and inform them of your decision.

**Revised 7/2017**



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## Hume-Lee Transplant Center

### **What happens if I am considered an acceptable donor?**

Transplant hospitals determine candidacy for transplantation based on existing hospital specific guidelines. If you are chosen as a potential donor, the liver transplant coordinator will be in close contact with you throughout the testing process. You will be notified if there are any problems that may exclude you from being a donor. The testing will be reviewed each day with the living donor transplant surgeon, Dr. Trevor Reichman.

If all of your testing is complete and normal, you will meet with Dr. Trevor Reichman to discuss the risks and benefits of surgery. This will be the opportunity to ask any last minute questions and to discuss any concerns with the doctor performing your surgery. We require your spouse, significant other, or other support person to be present at this appointment so that all parties involved are able to hear about all aspects of the surgery.

You will be asked to sign your first surgery consent, which is a detailed overview of any risks involved with the surgery. The consent will be signed again the day before the surgery.

You will be given a list of past donors with their phone numbers so that you can discuss their experiences with them first hand and find out what it was like to donate and what happened during their recovery period.

The donor, recipient, and the schedule of the transplant surgeons will determine the date for surgery. If a deceased donor becomes available before the date of transplant, the recipient will receive the deceased donor transplant.

The requirement at the Hume-Lee Transplant Center is to have 3-4 Attending Surgeons (senior surgeons) at all liver donor transplants.





## Hume-Lee Transplant Center

### **What happens if I am turned down as a donor?**

You may be refused as a donor. Sometimes a liver donor has an abnormal anatomy of their liver or abnormal testing that would put them or the recipient in danger if they were to have the surgery. We will determine this by analyzing all of the testing that is done. If there is any risk to you at all we will not proceed with you as a donor. If you are refused as a donor, you do have the right to be evaluated by another transplant center which may have different selection criteria.

Reasons you may be turned down as a donor may include, but are not limited to:

- ☐ Serious medical conditions, such as heart or liver disease and cancer
- ☐ Infection
- ☐ Genetic Disorders
- ☐ Inability to provide informed consent
- ☐ Strong suspicion of donor coercion
- ☐ Strong suspicion of illegal financial exchange between donor and recipient
- ☐ Active smoking or drug use
- ☐ Expected donor remnant volume less than 30% of native liver volume
- ☐ Prior living liver donor
- ☐ Psychosocial issues that might the living donor's recovery and could be identified as risks for poor psychosocial outcome.

The abnormal findings may not cause any harm to you but if there is any problem that seems significant we may refer you to one of our liver medical doctors (hepatologists) to determine if you may need any treatment.

The recipient will remain on the national liver transplant list up to the day of the scheduled living donor transplant. If an offer is made for a deceased donor liver before that time, we will proceed with the deceased donor liver transplant.



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## Hume-Lee Transplant Center

### **Surgery, Hospital Stay and Follow Up**

#### **Prior to surgery**

- ☐ The average hospital stay for the donor is 5-7 days.
- ☐ You will have an IV inserted in your hand or forearm to receive IV fluids and medications. This is also where you will receive pain medicine after surgery through a device called a PCA. The nurse will draw some blood to be sent to the lab and will also perform an EKG, which looks at the electrical activity in your heart.
- ☐ You will be asked to drink medication called Go Lytely which will help to clean out your bowels in preparation for surgery.

#### **Surgery**

- ☐ On the morning of surgery a member of the transplant team will explain the surgical procedure and review the risks with you. You will sign consent for the surgery once your questions have been answered.
- ☐ You will be taken to the operating room. Surgery usually takes between 4-8 hours. During surgery you will have a small tube called a Foley catheter inserted into your bladder to drain urine. This will remain there for 1 or 2 days. You will also have a tube inserted into your nose to drain fluids from your stomach. This may be removed right after surgery, or may remain in place for a day or two after surgery.

#### **Recovery**

- ☐ You will be sent to the ICU overnight for close observation. The rest of your recovery will occur on the transplant unit. The nurses and staff will encourage you to get out of bed to walk, and exercise your lungs by coughing and breathing deeply.
- ☐ Food and drink will slowly be re-introduced as decided by the transplant team, and as you tolerate. You will also have a PCA device which gives you pain medicine through your IV when you press the button attached. The PCA delivers a set amount of medicine and you cannot overdose.
- ☐ You will be given an injection to prevent you from having blood clots in your legs or lungs. You will be taught how to do this at home for approximately six weeks.



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## Hume-Lee Transplant Center

### **Surgery, Hospital Stay and Follow Up (continued)**

#### **Recovery (continued)**

- ❑ The liver takes about two months to fully regenerate. Although Recovery times can vary between donors, most donors return to work and normal activities in two months although some may need more time.

#### **Follow up**

- ❑ You will be scheduled a follow up visit with the transplant center a few weeks after surgery. Labs will be obtained to see that your liver is functioning correctly.
- ❑ Transplant centers are also required to follow every donor at 6 months, one year and two years following donation to make sure you are recovering properly. You must commit to these follow up appointments. Donors are followed a minimum of two years after donation. What we learn about donor outcomes can help future potential living donors make informed decisions.
- ❑ Any infectious disease or malignancy that is pertinent to acute recipient care discovered during the donor's first two years of follow-up care:
  - ❑ May need to be reported to local, state or federal public health authorities
  - ❑ Will be disclosed to their recipient's transplant hospital
  - ❑ Will be reported through the OPTN Improving Patient Safety Portal

**Surgery and recovery as well as follow up will be discussed in more detail when you meet with the transplant surgeon, Dr. Trevor Reichman**



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### **Potential Medical Risks of Surgery**

#### **Risks of surgery include, but are not limited to:**

- ☐ Bleeding that may require a blood transfusion
- ☐ Infection
- ☐ Pain
- ☐ Nausea and vomiting, or a blockage in your bowels
- ☐ Problems with numbness or tingling in your fingers and arm
- ☐ Blood clot in your lung or legs
- ☐ Hernia at the incision site
- ☐ Leakage of fluid at the incision site
- ☐ Leakage of fluid from the bile duct, requiring intervention
- ☐ Stricture of the bile duct, requiring intervention
- ☐ Wound healing problems
- ☐ An area of hair loss on the back of your head (we try to prevent this by placing a special pillow under your head during surgery, but it has been known to occur in rare instances)
- ☐ Transient liver dysfunction with recovery. The potential for transient liver dysfunction depends upon the amount of the total liver removed for donation
- ☐ Acute liver failure with need for liver transplant.
- ☐ Death—(There have been 3 reported donor deaths in the United States (none were at VCU Health))
- ☐ Other medical complications including unforeseen long term complications



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## Hume-Lee Transplant Center

### **Financial and Insurance Factors to Consider**

The transplant recipient's insurance will cover your medical expenses as a donor, such as the evaluation, surgery, and limited follow-up tests and medical appointments. However, the recipient's insurance may or may not cover follow-up services for you if medical problems occur from the donation. Your own insurance may not cover these expenses either.

The recipient's insurance coverage usually does not include transportation, lodging, long distance phone calls, childcare or lost wages. A living donor cannot be paid for the donation because it is illegal under the National Organ Transplant Act of 1984. You should talk about any financial concerns with your transplant center social worker or financial coordinator. They may have resources available for you.

Contact the National Living Donor Assistance Center at (703) 414-1600 or [www.livingdonorassistance.org/](http://www.livingdonorassistance.org/). This service may be able to provide financial help for travel, lodging, meals and other non-medical expenses connected with your evaluation, surgery and follow-up services (within 90 days after the donation).

Transplant centers must send follow-up data to UNOS on living donors for two years after the donation surgery. It is important to ask your transplant team about payment for follow-up care. The center and the recipient's insurance may not cover these costs.

Many transplant candidates have Medicare, which may provide coverage for donors who have donation-related complications. For more information, contact Medicare by phone at 1-800-MEDICARE or at [www.medicare.gov](http://www.medicare.gov). (TTY users can call 1-877-486-2048).

Some donors have reported difficulty in getting, affording, or keeping health, disability, or life insurance. It is important that you talk with your own insurance carrier before making a decision about being a living donor. Your premiums could increase. If you do not have health insurance, serving as a donor could be considered a pre-existing condition if you apply for insurance later.

If you work, talk with your employer about leave policies before committing to living donation. Also, think carefully about the financial impact on your family, especially if you and/or your caregiver during the donation recovery process may face lost wages.



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## Hume-Lee Transplant Center

### Contact Information and Hours

- ☐ The transplant office is open from 8 am to 4:30 pm Monday through Friday.
- ☐ You may call the office at **(804) 828-4104**.
- ☐ The Living Donor Nurse Coordinator can be reached at **(804) 828-9249**
- ☐ After those hours, a transplant coordinator and transplant physician are on call and can be reached by calling **(804) 828-0951**.

### Questions, Concerns or Complaints about this Transplant Center

- ☐ UNOS maintains a toll free number for that purpose which is **(888) 894-6361**.
- ☐ Please always feel free to talk to the members of the team if you have questions, concerns or problems. We cannot help you with a problem if we do not know that it exists.



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## Hume-Lee Transplant Center

### **Directions to VCU Medical Center**

#### **Arriving by I-64 West- coming from Virginia Beach, Williamsburg, etc.**

1. Take Exit 190 for 5<sup>th</sup> Street and Downtown/Coliseum
2. Turn left at the 4<sup>th</sup> traffic light onto Marshall Street
3. Drive 6 blocks and turn left onto 11<sup>th</sup> Street
4. Drive one block and turn right onto Clay Street
5. Go one and one-half blocks to the Patient and Visitor Parking Decks E&S

#### **Arriving by I-64 East- coming from Charlottesville, I-81, etc.**

1. Follow I-64 East which merges with I-95 South
2. Remain on I-95 South to Exit 74C West Broad Street
3. Proceed West on Broad Street and follow directions given under “arrive by I-95 North.

#### **Arriving by I-95 North- coming from Petersburg, North Carolina, etc.**

1. Take Exit 74C West Broad Street
2. Proceed West on Broad Street for three blocks to 11<sup>th</sup> Street, take right
3. Drive two blocks to Clay Street and turn right
4. Proceed one and on-half blocks to the Patient and Visitor Parking Decks E&S.

#### **Arriving by I-95 South- coming from Washington, Fredericksburg, etc.**

1. Take Exit 74C to West Broad Street
2. Follow directions given under “arriving by I-95 North”

#### **Arriving by U.S. Route 60 coming from Lexington, etc.**

1. Follow U.S. Route 60 which merges with 9<sup>th</sup> Street
2. Remain on 9<sup>th</sup> Street and go one block past Broad Street to Marshall Street, turn right.
3. Drive two blocks and turn left onto 11<sup>th</sup> Street
4. Drive one block and turn right onto Clay Street
5. Go one and one-half blocks to the Patient and Visitor Parking Decks E&S



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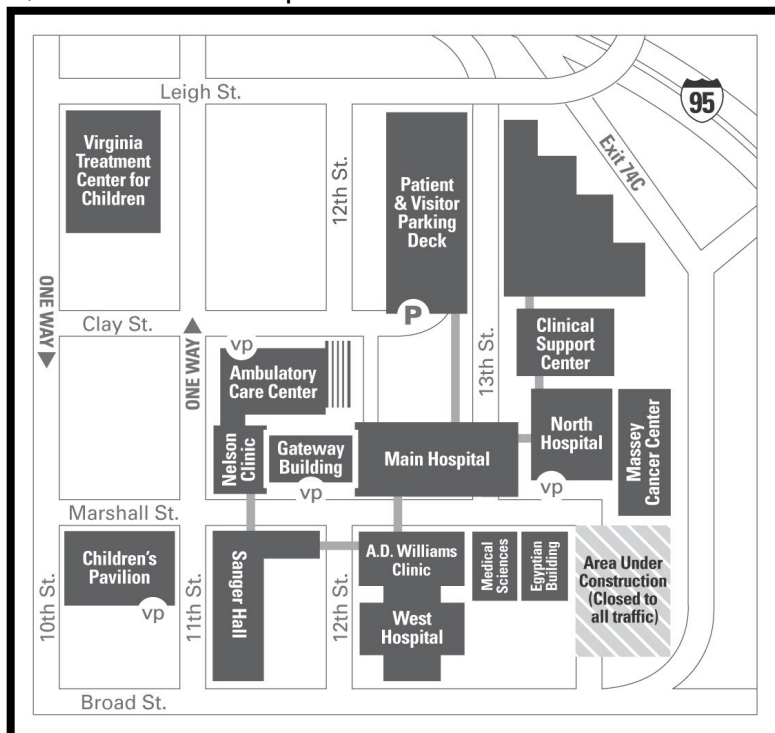
## Hume-Lee Transplant Center

Valet parking is available for \$5.00 at the entrances of the Gateway Building, ACC and North Hospital. Parking for the Children's Pavilion is available in the Pavilion's lower garage on 11th St. for \$4.00.

The VCU Medical Center has a Patient and Visitor Parking Deck located at 12th and Clay Streets. The Deck is open 24 hours daily. There is a charge for using this facility during the week.

Reduced parking rates (\$2.00 per visit) are available for patients and visitors that obtain parking validation at the Information Desks located on the first floor of Main Hospital, ACC, Nelson Clinic, the Children's Pavilion and the ground floor of the Gateway Building.

Lost parking tickets for the Patient and Visitor Parking Deck will be charged \$10.00 upon exit unless a \$2.00 validation is presented.



**VP** Valet Parking   **P** General Parking

**Revised 7/2017**





# VCUHealth™

## Hume-Lee Transplant Center

### Food and Vending

Cafeteria – Main Hospital, 1st Floor  
Subway – Main Hospital, 1st Floor  
Chick-fil-a – Main Hospital, 1st Floor  
Einstein Bagels – Gateway Building, Ground Floor  
Wendy's – Gateway Building, Ground Floor  
Au Bon Pain – Main Hospital, 1st Floor  
Vending Machines – Main Hospital, 1st Floor  
Three Bears Gift Shop – Critical Care Hospital, 1st Floor



### Security

Security staff is available at all times. Immediately report any questionable situation to your health care provider. An escort service is available to any location on the downtown campus by calling 828-WALK. This service is provided free of charge, at any time of the day. Security can also assist visitors in obtaining help for car related problems by calling 828-6595.

### Telephones

Visitors are invited to use pay telephones located throughout the medical center.



### Cell Phone Usage

The use of cell phones is allowed in any area of the medical center, unless otherwise indicated.

### Smoking Policy and Locations

Smoking is not allowed anywhere in the medical center and is also prohibited in and adjacent to all entrances. Smoking is restricted to designated outdoor smoking areas. Please check with your health care provider for the appropriate smoking locations.





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Hume-Lee  
Transplant Center

## **Online Resources**

**UNOS, United Network for Organ Sharing:** [www.unos.org](http://www.unos.org)

**Centers for Medicare and Medicaid Services:** [www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-800-MEDICARE (1-800-633-4227)  
TTY: 877-486-2048,

**Living Donors Online:** [www.livingdonorsonline.org](http://www.livingdonorsonline.org)

**American Living Organ Donor Network:** [www.helpivingdonorssavelives.org/](http://www.helpivingdonorssavelives.org/)

**National Living Donor Assistance Center:** [www.livingdonorassistance.org](http://www.livingdonorassistance.org)  
1-703-414-1600

**U.S. Government information on organ and tissue donation and transplantation:**  
[www.organdonor.gov/about/livedonation.html](http://www.organdonor.gov/about/livedonation.html)



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## Notes

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.