



THE LIVER HOPE FOUNDATION

The Complete Handbook of

Liver & Organ Donation & Transplantation

A comprehensive guide to understanding organ donation and transplantation — from registering to recovery, and where to find help.

A Patient, Caregiver & Community Education Resource

THE LIVER HOPE FOUNDATION

Liver Health Education • Community Support • Outreach
Nevada 501(c)(3) Nonprofit • Not a medical provider



Table of Contents

Part I: Foundations	4
About This Guide	5
How to Use This Handbook	5
A Message of Hope	6
Key Facts at a Glance	6
A Brief History of Transplantation	7
Understanding Organ Donation & Transplantation	7
The Need: Why Organ Donation Matters	8
Types of Organ Donation	8
Donating Your Body to Medical Science	9
Common Questions People Ask Before Deciding	10
Part II: The Organs	11
The Organs That Can Be Donated	12
Understanding Blood Type & Tissue Matching	12
In Focus: The Liver	13
Understanding Liver Disease & When Transplant Is Considered	13
Liver Transplant: What Recovery Looks Like	14
The Kidneys	14
The Heart	15
The Lungs	15
The Pancreas	15
The Intestines	16
Multi-Organ & Combined Transplants	16
Pediatric Organ Donation & Transplantation	16
Part III: How Donation Works	17
Living Organ Donation — A Closer Look	18
Becoming a Living Liver Donor	18
Becoming a Living Kidney Donor	19
Risks, Recovery & Long-Term Health for Living Donors	19
Questions Living Donors Often Ask	19
The Deceased Organ Donation Process, Step by Step	20
How the Transplant System Works	20
Liver Allocation & the MELD Score Explained	21
Organ Procurement Organizations (OPOs)	21
From Recovery to Transplant: An Organ's Journey	21
Understanding Waiting Times by Organ	22
Part IV: The Patient Journey	23
Meet the Transplant Care Team	24
Being Evaluated for a Transplant	24
Getting on the Waiting List	24
Life on the Waiting List	25
The Transplant Surgery: What to Expect	25
Recovery & Hospital Stay	25
Preventing Infection After Transplant	26
Life After Transplant	26
Immunosuppression & Anti-Rejection Medications	27
Recognizing & Preventing Rejection	27
Warning Signs to Discuss With Your Team	27
Emergency Preparedness: Being Ready	28
Nutrition, Activity & Wellness After Transplant	28



Managing Your Medications.....	29
Returning to Work, School & Daily Life.....	29
Traveling After Transplant.....	29
Mental & Emotional Health Through the Journey.....	30
Caregivers: How to Support a Transplant Patient.....	30
Talking With Children About Transplant.....	31
Building Your Support Network.....	31
Part V: Decisions, Beliefs & Practicalities.....	32
Becoming a Registered Organ Donor.....	33
Talking With Your Family About Donation.....	33
Advance Directives & Documenting Your Wishes.....	33
Religion, Culture & Personal Beliefs.....	34
Myths & Facts About Organ Donation.....	34
Financial Considerations & Assistance.....	35
Insurance & Coverage Basics.....	35
Legal Framework & Your Rights.....	36
The Ethics of Organ Donation & Allocation.....	36
Common Concerns & Fears, Answered.....	36
Part VI: Community & Legacy.....	38
Honoring Donors & Supporting Donor Families.....	39
Donor & Recipient Correspondence.....	39
Ways to Remember & Celebrate Donors.....	39
Becoming an Advocate: Raising Awareness.....	40
Sharing Your Story.....	40
Volunteering & Community Outreach.....	40
National Observances & Awareness Events.....	41
For Faith Communities: Supporting Donation.....	41
Part VII: Resources & Reference.....	42
A Transplant Journey at a Glance.....	43
Frequently Asked Questions.....	43
Resource Directory — Websites, Links & Phone Numbers.....	44
Register as an Organ Donor.....	44
The U.S. Transplant System & Waiting List.....	45
Liver Disease & Liver Transplant Support.....	45
Kidney Donation & Support.....	45
Heart, Lung & Other Organ Support.....	46
Living Organ Donation.....	46
Other Forms of Donation.....	46
If You Need Support Right Now.....	46
Glossary of Terms.....	47
Quick-Reference Checklists.....	48
Making the Most of Appointments.....	48
Questions to Ask Your Transplant Team.....	49
Where to Learn More: Topic Finder.....	49
My Transplant Notes.....	50
Personal Care Contacts.....	54
My Personal Health Record.....	54
A Closing Word of Hope.....	55
Important Disclaimer & About Us.....	55



PART I



Foundations

What organ donation is, why it matters, and the forms it takes.



About This Guide

This handbook was created by The Liver Hope Foundation to help patients, families, caregivers, and community members understand organ donation and transplantation — with the liver at the center of the story, alongside the other life-saving solid organs. For someone living with advanced liver disease, kidney failure, or a failing heart or lungs, a transplant can mean the difference between life and death, or between years of illness and a return to health.

Every transplant is made possible by an act of extraordinary generosity: a registered donor whose gift continues after death, or a living donor who shares part of themselves so another may live. Our goal is to give you clear, plain-language information so you can make an informed, unpressured choice that is right for you and your family. Because our mission centers on liver health, this guide gives the liver special attention while also covering the kidneys, heart, lungs, pancreas, and intestines in depth.

What you will find inside

- Foundations: what donation is, the different pathways, and why the need is so great.
- Detailed sections on each transplantable organ, plus multi-organ and pediatric transplantation.
- The full patient journey — from evaluation and the waiting list through surgery, recovery, and life after transplant.
- Guidance on registering, talking with family, faith and culture, finances, law, and ethics.
- An extensive Resource Directory, glossary, checklists, and questions to ask your care team.

Important — please read first

The Liver Hope Foundation is a nonprofit education and support organization. We are not a hospital, transplant center, organ procurement organization, or medical provider, and this guide is not medical, legal, or financial advice.

Nothing here replaces a conversation with your own doctors and transplant team. Donation laws, program details, phone numbers, and web addresses change over time — always confirm current information directly with the organizations listed.

How to Use This Handbook

You do not have to read this handbook from front to back. It is designed so you can turn to what matters most to you today and return to the rest later. Here are a few ways different readers might use it.

If you are...	You might start with...
Newly thinking about registering	"Becoming a Registered Organ Donor" and "Myths & Facts"
Facing a possible transplant	The section on your organ, then "Being Evaluated" and "Life on the Waiting List"
Considering living donation	"Living Organ Donation" and the living-donor step-by-step sections
A caregiver or family member	"Caregivers", "Mental & Emotional Health", and "Talking With Your Family"
A grieving donor family	"Honoring Donors & Supporting Families"
Looking for help now	The "Resource Directory" near the end



Throughout the guide, colored boxes highlight key points, cautions, and encouragement. Web links and phone numbers appear in the Resource Directory and in relevant sections. Terms in the Glossary are explained in plain language.

A Message of Hope

Every day, people wait for a phone call that could change everything — the call that a matching organ has become available. Behind every transplant is a donor whose generosity gives another person a future. And behind every donor is a legacy: the idea that one life can continue to give even after it ends, or that a healthy person can share part of themselves so that another may live.

Liver disease can progress quietly for years and then advance quickly. The same is true for kidney, heart, and lung disease. It is easy to feel overwhelmed or afraid. But knowledge brings a measure of calm, and community brings strength. Understanding how organ donation and transplantation work — and knowing that registered donors and living donors make it possible — can help you feel more prepared, whatever role you find yourself in.

Wherever you are on this journey — considering registration, waiting for a transplant, caring for someone you love, or grieving a generous loss — we hope this handbook reminds you that you are not alone, and that hope is real.

One donor, many lives

A single deceased organ donor can save up to **eight lives** — through the liver, two kidneys, the heart, two lungs, the pancreas, and the intestines — and eye and tissue donation can improve the lives of dozens more.

Key Facts at a Glance

A few facts help put organ donation and transplantation in perspective. Exact figures change over time; for the latest numbers, see the official sources in the Resource Directory.

- More than 100,000 people are on the U.S. national transplant waiting list at any given time.
- Kidneys are the most needed and most transplanted organ, followed by the liver.
- A new person is added to the waiting list every few minutes.
- Thousands of people die each year while waiting for a transplant that did not arrive in time.
- There is no strict upper age limit to register as a donor; suitability is assessed medically at the time.
- Most major religions support or permit organ donation as an act of generosity.
- Registering is free, takes minutes, and can be updated or withdrawn at any time.

The most powerful thing you can do

Register your decision and tell your family. Registered donors, and families who know their loved one's wishes, are what make transplantation possible.



A Brief History of Transplantation

Transplantation is a young science that has advanced remarkably in a single lifetime. Understanding a little of its history shows just how far medicine has come — and why the generosity of donors remains the essential ingredient.

- The mid-20th century saw the first successful kidney transplant between living identical twins, proving that transplantation could work.
- The development of medicines to prevent the body from rejecting a new organ transformed outcomes and made transplantation of many organs possible.
- Liver, heart, lung, pancreas, and intestinal transplantation each became established over the following decades.
- National systems were created to make organ allocation fair, transparent, and evidence-based.
- Living donation — first of kidneys, later of liver portions — expanded the number of people who could be helped.

Today, transplantation saves and improves tens of thousands of lives each year in the United States alone. Research continues into better anti-rejection strategies, ways to expand the donor pool, and technologies that keep organs healthy longer between donor and recipient.

Understanding Organ Donation & Transplantation

Organ donation is the gift of a healthy organ to a person whose own organ has failed. Transplantation is the surgery that places that organ into the recipient. It depends entirely on the willingness of ordinary people to give — either by registering to donate after death, or by choosing to become a living donor.

Deceased donation vs. living donation

	Deceased donation	Living donation
Who	A person who has died and was registered, or whose family authorized donation	A healthy living person who volunteers
Which organs	Liver, kidneys, heart, lungs, pancreas, intestines	A kidney, or a portion of the liver
When	Determined by the circumstances of death in a hospital	Scheduled surgery after careful evaluation
Reach	Can save several recipients at once	Typically helps one specific or matched recipient

A note on terminology

This handbook focuses on solid-organ donation. Eye and tissue donation (corneas, skin, bone, heart valves, tendons, and more) and whole-body donation to medical science are separate, also-valuable pathways. We point you to more information about them in the Resource Directory under “Other Forms of Donation.”



The Need: Why Organ Donation Matters

The need for transplants far outpaces the supply of organs. In the United States, more than 100,000 people are on the national transplant waiting list at any given time, and thousands die each year while waiting because a suitable organ did not become available in time. Many more live with worsening health, frequent hospital visits, and treatments such as dialysis as they wait.

Kidneys are the most needed and most transplanted organ, followed by the liver. People with end-stage liver disease, acute liver failure, certain liver cancers, and some inherited conditions may need a liver transplant to survive. Because demand is so high across every organ, every registered donor and every living donor genuinely matters.

Why the gap exists

Only a small fraction of people die in circumstances that make organ donation medically possible (for example, in a hospital on a ventilator).

Not everyone has registered their wishes, which can leave grieving families to decide under difficult circumstances.

Myths and misunderstandings cause some people to hesitate, even when they would want to help.

Disparities in awareness and access mean some communities face longer waits.

This is why registering — and telling your family — has such an outsized impact.

Types of Organ Donation

Deceased donation

Deceased donation happens after a person has died, in a hospital where donation is medically possible. There are two main pathways:

- **Donation after brain death (DBD):** the person has been declared dead by neurological criteria — a complete and irreversible loss of all brain function — while machines temporarily maintain circulation to keep organs healthy until recovery.
- **Donation after circulatory death (DCD):** the person has a non-survivable injury or illness, and donation proceeds after the heart stops and death is declared by circulatory criteria.

Living donation

A healthy living person can donate a kidney or a portion of their liver. Living donation shortens or eliminates the wait for the recipient and often allows surgery to be scheduled in advance, which can lead to better outcomes. It is only offered after a thorough evaluation that protects the donor's health and confirms the decision is voluntary and well-informed.

Directed, non-directed, paired, and domino donation

- **Directed donation:** the donor gives to a specific person — often a family member or friend.
- **Non-directed (altruistic) donation:** the donor gives to a stranger in need, whoever is the best match.
- **Paired exchange:** incompatible donor-recipient pairs are matched with other pairs so each recipient receives a compatible organ — most common with kidneys, and sometimes arranged in long “chains.”



- **Domino donation:** in rare situations, a transplant recipient's own removed organ is healthy enough to be transplanted into another patient.

Donating Your Body to Medical Science

Some people choose to give their whole body after death to medical science — a distinct and deeply valuable form of donation. Rather than transplantation, whole-body donation supports the education of future health professionals, the training of surgeons, and research that advances medicine. Medical students often call those who make this gift their “first teachers.”

How it differs from organ donation

Organ and tissue donation recover specific organs and tissues to transplant into living recipients, and are usually arranged through a registry and carried out in a hospital at the time of death. Whole-body donation, by contrast, gives the entire body to an anatomical program for education and research — not for transplant.

An important point to plan around

In many cases, whole-body donation and organ donation for transplant cannot both happen, because programs that accept a whole body often require that organs were not recovered first (policies vary, and some allow exceptions such as corneas). If both matter to you, discuss your priorities in advance with the programs involved and record your wishes clearly.

How donated bodies help

- Teaching anatomy to medical, dental, nursing, and other health-profession students.
- Training physicians and surgeons, and allowing them to practice and refine procedures.
- Supporting research into diseases, medical devices, and new treatments.

Arranging whole-body donation

Whole-body donation is almost always arranged in advance. Programs are commonly run by medical schools' anatomical gift programs and by state anatomical boards; accredited private donation programs also exist.

1. Contact a program — often a local medical school's anatomy or body-donation office — and request its information and enrollment materials.
2. Complete the program's consent and registration forms while living, and keep copies with your important papers.
3. Tell your family and include your wishes in your plans, since they will help carry them out.
4. Have a backup plan, because a body may not be accepted at the time of death for a range of reasons.

Questions worth asking a program

- What are the acceptance criteria, and what circumstances might make a body ineligible?
- What costs are covered (such as transportation and final cremation), and what, if anything, is not?
- Will cremated remains be returned to my family, and about how long might that take?
- How is the body used, and — for private programs — what accreditation and oversight are in place?



- What should my family do, and who should they call, at the time of death?

A gift that teaches

Many medical schools hold ceremonies of gratitude to honor those who donate their bodies, recognizing them as the very first teachers of the doctors who will one day care for others.

This section is general educational information, not legal or medical advice. Whole-body donation is governed by state law and by each program's own policies, which vary. Confirm all details — eligibility, costs, and the return of remains — directly with the specific program before making arrangements. To learn more, see the Resource Directory under “Other Forms of Donation.”

Common Questions People Ask Before Deciding

Deciding to register as a donor — or to become a living donor — often raises a mix of practical and emotional questions. There are no wrong questions, and taking time to think things through is healthy. Below are some of the reflections people commonly work through.

Practical reflections

- What does registering actually commit me to, and can I change my mind later?
- Will being a donor cost my family anything? (For organ donation, no.)
- How will my family know my wishes, and who makes decisions if I cannot?

Personal and emotional reflections

- How do my values, faith, and culture shape how I feel about donation?
- What would it mean to me to help another person live?
- What questions do I still have, and who can help me answer them?

Talking these through with family, a trusted friend, or a faith or community leader can bring clarity. The Myths & Facts and Religion, Culture & Personal Beliefs sections later in this handbook may also help.



PART II



The Organs

The liver in depth, and every other organ that can be transplanted.



The Organs That Can Be Donated

Six solid organs can be transplanted. The table below is a quick overview; the sections that follow look at each one in more detail, beginning with the liver.

Organ	Who it helps	Living donor?
Liver	End-stage liver disease, acute failure, some cancers, inherited conditions	Yes — a portion (lobe)
Kidneys	Kidney (renal) failure; the most needed organ	Yes — one kidney
Heart	Severe, end-stage heart failure and heart disease	No
Lungs	End-stage lung disease; one or both lungs	Rarely (specialized)
Pancreas	Often type 1 diabetes, sometimes with a kidney	No
Intestines	Intestinal failure, sometimes with other organs	No

Understanding Blood Type & Tissue Matching

Matching a donor organ to a recipient is about compatibility — giving the transplant the best chance of success and reducing the risk that the recipient's immune system will reject the new organ. A few concepts come up again and again.

Blood type

Just as with blood transfusions, blood type matters in transplantation. Donors and recipients are matched so their blood types are compatible. This is one reason wait times can differ from person to person.

Tissue typing and antibodies

- **Tissue typing (HLA):** looks at markers on cells that the immune system uses to tell “self” from “non-self.” Closer matches can help, especially for kidneys.
- **Crossmatch:** a test that checks whether the recipient has antibodies that would attack the donor organ.
- **Sensitization:** some people have more antibodies (from prior transplants, transfusions, or pregnancy), which can make matching harder and waits longer.

Size and other factors

For organs like the heart, lungs, and liver, body size also matters, which is why size matching is part of allocation. Your transplant team will explain which factors are most relevant for your organ and situation.

Why paired exchange helps

When a willing living donor is not compatible with their intended recipient, a paired exchange can match them with other pairs so everyone receives a compatible organ — turning an incompatibility into a chain of successful transplants.



In Focus: The Liver

The liver is the largest solid organ inside the body and one of the busiest. Roughly the size of a football and sitting in the upper-right abdomen, it performs hundreds of essential jobs at once. When the liver fails, no machine can fully take over its work for long, which is why transplantation can be the best or only option for many patients.

What the liver does

- Filters the blood, removing toxins, drugs, and waste products.
- Produces bile, which helps digest fats and absorb certain vitamins.
- Makes proteins essential for blood clotting and fluid balance.
- Stores energy (as glycogen) and releases it when the body needs fuel.
- Helps regulate cholesterol, hormones, and blood sugar, and stores vitamins and minerals.

The liver's remarkable ability to regenerate

The liver is the only internal human organ that can regenerate. After a healthy portion is removed, the remaining liver can grow back toward its original size over a matter of weeks. This makes two things possible: living liver donation (a healthy person donates a lobe, and both livers regrow), and split-liver transplantation (a single deceased-donor liver is divided to help two recipients, often an adult and a child).

Why the liver matters to this Foundation

The Liver Hope Foundation exists to educate and support people affected by liver disease. Understanding liver transplantation — and the donors who make it possible — is central to that mission, which is why the liver appears throughout this guide.

Understanding Liver Disease & When Transplant Is Considered

A liver transplant is considered when the liver is failing and other treatments can no longer keep a person healthy. Liver disease has many causes; below are some of the most common reasons a transplant may eventually be needed. This is general information — only a hepatologist and transplant team can determine whether transplant is appropriate for a given person.

Common causes of advanced liver disease

- **Cirrhosis:** advanced scarring that replaces healthy liver tissue, reducing function. It can result from many underlying conditions.
- **Viral hepatitis:** long-term infection with hepatitis B or C can damage the liver over time.
- **Fatty liver disease:** a build-up of fat in the liver, increasingly common, which can progress to inflammation and scarring.
- **Alcohol-related liver disease:** damage from long-term heavy alcohol use.
- **Bile duct diseases:** such as primary sclerosing cholangitis (PSC) and primary biliary cholangitis (PBC).
- **Inherited and metabolic conditions:** such as Wilson's disease, hemochromatosis, and others.
- **Acute liver failure:** a rapid loss of liver function, sometimes over days, which can be a medical emergency.



- **Certain liver cancers:** that meet established transplant criteria.

Signs that liver disease is advancing

As liver disease progresses, people may experience symptoms such as fatigue, yellowing of the skin or eyes (jaundice), fluid build-up in the abdomen or legs, easy bruising or bleeding, and confusion. Anyone experiencing worrying symptoms should seek medical care promptly. Regular follow-up with a liver specialist helps catch changes early.

This is not a diagnostic tool

The information above is educational and general. It cannot diagnose or stage liver disease. If you have concerns about your liver, please talk with a qualified healthcare professional.

Liver Transplant: What Recovery Looks Like

For many people, a liver transplant restores health and quality of life. Recovery is a process that unfolds over months, and every person's path is different. Understanding the general shape of it can help patients and families prepare.

The early weeks

- An initial hospital stay with close monitoring of the new liver and lab tests.
- Starting and learning about anti-rejection medications.
- Gradually rebuilding strength and activity with the team's guidance.

The following months

- Frequent follow-up visits at first, spacing out as recovery progresses.
- Careful attention to medications, infection prevention, and overall wellness.
- A gradual return to work, activities, and daily life as energy returns.

Because the liver regenerates, living-donor recipients and split-liver recipients can do very well, with the transplanted portion growing over time. Your transplant team will explain what to expect for your specific situation and how to protect your new liver for the long term.

The Kidneys

The kidneys filter waste and extra fluid from the blood, balance the body's minerals, help control blood pressure, and support the production of red blood cells. When the kidneys fail, a person may need dialysis — a treatment that filters the blood artificially — or a transplant. Kidneys are the most commonly transplanted organ, and the need is enormous.

Chronic kidney disease and kidney failure

Chronic kidney disease develops over time and is often measured in stages, with the most advanced stage being kidney failure (also called end-stage renal disease). Common causes include diabetes and high blood pressure. Many people with kidney failure rely on dialysis while waiting for a transplant.

Living kidney donation

A healthy person can live a full life with one kidney, which is why living kidney donation is well established and common. A living-donor kidney often works sooner and lasts longer than a deceased-donor kidney, and it can spare the recipient years of dialysis and waiting. When a willing donor is not a



direct match for their intended recipient, a paired exchange can match them with another donor-recipient pair so both recipients receive a compatible kidney.

- Deceased and living donation are both routine for kidneys.
- Compatibility is based on blood and tissue typing; paired exchange helps overcome mismatches.
- Preemptive transplant — receiving a kidney before starting dialysis — is sometimes possible with a living donor.

The Heart

The heart pumps blood throughout the body, delivering oxygen and nutrients to every organ. In severe, end-stage heart failure — when medicines, devices, and other treatments can no longer keep the heart working well enough — a heart transplant may be the best option. Because the heart can only come from a deceased donor, and because it must be matched and transplanted quickly, heart transplantation depends heavily on registered donors.

- Heart donation is from deceased donors only.
- Matching considers blood type, body size, medical urgency, and time-sensitive logistics.
- Some patients are supported by mechanical circulatory-support devices (such as an LVAD) while they wait for a matching heart.
- After transplant, lifelong follow-up and anti-rejection medication are essential.

The Lungs

The lungs bring oxygen into the body and remove carbon dioxide. People with end-stage lung diseases — such as advanced COPD, pulmonary fibrosis, cystic fibrosis, or pulmonary hypertension — may need a transplant of one or both lungs. Lungs are especially sensitive and time-critical, which makes donor availability crucial.

- Most lung transplants use deceased-donor lungs; living-donor lobe donation is rare and highly specialized.
- A patient may receive a single lung or both lungs, depending on their condition.
- Careful size and blood-type matching is essential, and lungs must be transplanted quickly.
- Pulmonary rehabilitation and follow-up support recovery after transplant.

The Pancreas

The pancreas makes insulin, the hormone that controls blood sugar, and also produces enzymes that help digestion. A pancreas transplant is most often considered for people with type 1 diabetes, sometimes performed together with a kidney transplant when diabetes has also affected the kidneys. A successful pancreas transplant can free a person from insulin injections and help stabilize related complications.

- Pancreas donation is from deceased donors.
- Often combined with a kidney transplant (simultaneous pancreas-kidney, or SPK).
- Islet cell transplantation — transplanting only the insulin-producing cells — is a related, specialized approach used in some centers.



The Intestines

The intestines absorb nutrients and water from the food we eat. Intestinal failure — when the intestines can no longer absorb enough nutrition — can sometimes be managed with specialized intravenous nutrition (parenteral nutrition), but some patients need an intestinal transplant, occasionally along with other organs such as the liver. Intestinal transplantation is less common and is performed at specialized centers.

- Intestine donation is from deceased donors.
- Sometimes performed as a multi-organ transplant (for example, with the liver).
- Care is provided by specialized intestinal transplant programs with expertise in nutrition.

Multi-Organ & Combined Transplants

Some patients need more than one organ, either because a single disease has affected several organs or because two organs support each other. Combined transplants are more complex and are performed at experienced centers.

Combined transplant	Sometimes needed when...
Simultaneous pancreas-kidney (SPK)	Diabetes has caused kidney failure
Liver-kidney	Liver disease is accompanied by kidney failure
Heart-lung	Both the heart and lungs are failing together
Intestine with liver (or multivisceral)	Intestinal failure occurs with liver involvement

If a combined transplant is being considered, the transplant team will explain the specific risks, benefits, and recovery involved.

Pediatric Organ Donation & Transplantation

Children can be both organ recipients and, in tragic circumstances, organ donors. Pediatric transplantation has its own considerations, and children are cared for by specialized pediatric transplant teams.

Children as recipients

- Children may need transplants for congenital conditions (present from birth), metabolic diseases, or organ failure.
- Size matching matters, which is one reason split-liver transplantation — dividing an adult donor liver — can help a child.
- Allocation systems include criteria intended to serve children appropriately.

Children as donors

The decision for a child to become a donor rests with the parents or guardians and is supported with great compassion by trained professionals. Many grieving families find profound meaning in giving other children — and adults — a chance at life. Families facing this situation deserve gentle, unhurried support and clear information.



PART III



How Donation Works

The pathways, the process, and the national system behind every transplant.



Living Organ Donation — A Closer Look

Living donation allows a healthy person to give a kidney or a portion of their liver to someone in need. It can dramatically shorten the wait for a recipient and often leads to excellent outcomes. Because our mission centers on the liver, we give living liver donation particular attention — though the principles below apply to living kidney donation as well.

Who may be able to be a living donor

- Generally a healthy adult, often within an age range set by the transplant program.
- In good physical and mental health, with no conditions that would make surgery unsafe or harm the remaining organ function.
- A compatible blood type and size match with the recipient (paired exchange can help when there is no direct match).
- Someone making a free, informed, and unpressured choice — programs work hard to ensure no one is coerced.

Protections for living donors

Every reputable program provides an independent living-donor advocate whose only job is to protect the donor's interests — separate from the recipient's team. Donors are told they may withdraw at any time, for any reason, without having to explain, and that decision is kept confidential.

The donor's health comes first

A reputable transplant program will never proceed if it believes donation would seriously endanger the donor. Your safety and your right to change your mind are protected at every step.

Becoming a Living Liver Donor

If you are considering donating a portion of your liver to someone you love — or, in non-directed donation, to a stranger — the process is careful and thorough by design. Here is what the path generally looks like.

5. Initial contact and education: you reach out to the recipient's transplant center and learn what living donation involves.
6. Health-history screening: a confidential questionnaire checks basic eligibility.
7. Blood and compatibility testing: to see whether you are a suitable match.
8. Detailed evaluation: imaging maps the liver's anatomy and volume; tests assess your overall health.
9. Meetings with the team and independent donor advocate: to discuss risks, recovery, and finances.
10. Psychological and social evaluation: to confirm the decision is informed and voluntary.
11. Committee review and decision: the program decides whether donation is safe to proceed.
12. Surgery and recovery: a portion of your liver is removed; both your liver and the transplanted portion regrow over the following weeks.

Recovery time varies from person to person. Your team will explain what to expect, including time away from work and activity limits during healing.



Becoming a Living Kidney Donor

Living kidney donation is the most common form of living donation. Because a healthy person can live well with one kidney, thousands of people donate each year, often to a family member or friend, and sometimes to a stranger.

- 13.** Contact the recipient's transplant center and learn about the process.
- 14.** Complete health-history screening and blood/tissue compatibility testing.
- 15.** If you are not a direct match, ask about paired exchange, which can still let you help your loved one.
- 16.** Undergo a full medical and psychological evaluation with an independent donor advocate.
- 17.** Proceed to surgery if approved; recovery is often quicker than for liver donation, though everyone is different.

As with liver donation, your health and your freedom to change your mind are protected throughout.

Risks, Recovery & Long-Term Health for Living Donors

Living donation is major surgery, and being fully informed means understanding both the benefits and the risks. Transplant centers discuss these in detail so donors can make a truly informed choice.

Understanding the risks

- As with any surgery, there are risks from anesthesia, bleeding, infection, and blood clots.
- Recovery takes time and includes activity limits while the body heals.
- There can be emotional ups and downs, especially if the recipient's outcome is uncertain.
- Long-term, most donors return to normal, healthy lives; your team will explain the specifics for your organ.

Supporting your recovery

- Follow your team's guidance on activity, wound care, and follow-up appointments.
- Line up practical help at home for the early recovery period.
- Attend recommended follow-up so your long-term health is monitored.

Living donation and your future

Ask your program about how donation may affect insurance, future health monitoring, and any protections available to living donors. A good program will answer these questions clearly before you decide.

Questions Living Donors Often Ask

Prospective living donors deserve clear answers before making such a generous decision. These are questions many donors raise; your transplant center's team and independent donor advocate can answer them for your specific situation.

About eligibility and the decision

- Am I healthy enough to donate safely, and what would rule me out?
- What if I'm not a match — can paired exchange still let me help?
- Can I really change my mind, and will that be kept confidential? (Yes, at any time.)



About surgery and recovery

- What does the surgery involve, and how long is recovery?
- How much time will I need off work, and what activity limits should I expect?
- What are the short- and long-term risks for me as the donor?

About practical and financial matters

- What costs might I face, and what assistance is available?
- How will donation affect my future health monitoring and insurance?
- Who is my advocate, and how do they protect my interests?

No pressure, ever

A good program wants you fully informed and completely free in your choice. Asking hard questions is encouraged — it is part of donating safely and confidently.

The Deceased Organ Donation Process, Step by Step

Understanding the sequence of events can ease worry and dispel myths. In broad terms, deceased organ donation unfolds like this:

18. Every effort is made to save the patient's life. Donation is only ever considered after all life-saving efforts have failed and death has been declared. The medical team treating the patient is separate from the transplant team.
19. Death is declared according to strict legal and medical criteria — by neurological (brain death) or circulatory criteria.
20. The hospital notifies the local Organ Procurement Organization (OPO), which checks the donor registry and evaluates whether donation is medically possible.
21. If the person was registered, that decision is honored. If not, the OPO offers the family the opportunity to authorize donation.
22. Medical suitability is assessed for each organ, and the national matching system identifies recipients.
23. Organs are recovered with great care and respect in a dignified surgical procedure and transported to the recipients' hospitals.
24. The donor's body is treated respectfully throughout; open-casket funeral services are still possible after donation.
25. The OPO offers ongoing support to the donor family, including opportunities to connect with recipients if both wish.

How the Transplant System Works

In the United States, transplantation is coordinated through a national system overseen by the Organ Procurement and Transplantation Network (OPTN), operated under federal contract. The United Network for Organ Sharing (UNOS) has historically managed key parts of this system. The system exists to make organ allocation as fair, safe, and transparent as possible.

How organs are matched

When a deceased-donor organ becomes available, a computer system generates a ranked list of potential recipients based on objective medical criteria — not on wealth, fame, or social status. Factors



can include blood and tissue type, body size, medical urgency, time on the waiting list, and geographic distance between donor and candidate. Each organ has its own allocation policy.

Fairness by design

Allocation policies are set through a public, evidence-based process and are regularly reviewed. The aim is to balance urgency, the likelihood of a successful transplant, fairness, and efficient use of a scarce, precious resource.

Liver Allocation & the MELD Score Explained

For adults waiting for a liver, medical urgency is measured largely by a laboratory-based score often referred to as the MELD score (Model for End-Stage Liver Disease). It uses results from blood tests to estimate how sick a patient is and how urgently they need a transplant. In general, patients with higher scores — who are more medically urgent — are prioritized.

- Children are assessed with a separate but similar pediatric scoring approach.
- Some patients receive additional priority (“exception” points) for specific conditions under defined rules.
- Scores can change over time as a person's health changes, so a patient's priority is not fixed.
- The exact formula and policies are updated periodically by the national system.

Your hepatologist and transplant coordinator can explain exactly how scoring applies to your situation and how often your labs will be checked.

Organ Procurement Organizations (OPOs)

Organ Procurement Organizations are nonprofit organizations responsible for coordinating deceased organ donation within their region. They play a central and compassionate role in the donation process.

What OPOs do

- Respond when a hospital identifies a potential donor and check the donor registry.
- Support and counsel donor families with sensitivity and respect.
- Coordinate the medical evaluation, matching, and recovery of organs.
- Provide follow-up support to donor families, including help with donor-recipient correspondence.

You can find your local OPO through the association of OPOs or through [OrganDonor.gov](https://www.OrganDonor.gov) — see the Resource Directory.

From Recovery to Transplant: An Organ's Journey

Once donation is authorized and a recipient is matched, a carefully coordinated sequence brings the organ from donor to recipient. Speed, precision, and respect define every step.

- 26. Recovery:** skilled surgical teams recover the organs in a dignified operating-room procedure.
- 27. Preservation:** organs are cooled and placed in special solutions; some are kept on devices that maintain them during transport.
- 28. Transport:** organs are moved quickly to the recipients' hospitals, sometimes across long distances, because time matters.



- 29.** Transplant: the recipient's surgical team implants the organ and monitors how it begins to function.

Different organs tolerate different amounts of time outside the body — hearts and lungs are especially time-sensitive, while kidneys can tolerate longer. This is one reason the system emphasizes efficient matching and transport.

Understanding Waiting Times by Organ

There is no single answer to “how long will I wait?” Waiting times depend on the organ, blood type, body size, medical urgency, degree of sensitization, and region. The overview below is general; your transplant team can give guidance for your situation.

What can affect your wait	Why it matters
Organ needed	Demand and supply differ across organs; kidneys have the longest lists.
Blood type	Some blood types wait longer due to compatibility.
Medical urgency	More urgent patients are generally prioritized, especially for the liver, heart, and lungs.
Body size	Size matching affects the pool of suitable donors for some organs.
Sensitization	More antibodies can make finding a compatible organ harder.
Region & center	Local supply and policies influence timing; some patients list at more than one center.
Living donation	A living donor (kidney or liver) can shorten or eliminate the wait.



PART IV



The Patient Journey

From evaluation and the waiting list through surgery, recovery, and life after transplant.



Meet the Transplant Care Team

Transplant care is delivered by a team of specialists who each play a role in a patient's journey. Knowing who does what can make appointments less overwhelming and help you direct your questions to the right person.

Team member	How they help
Transplant surgeon	Performs the transplant and living-donor surgeries.
Hepatologist / organ specialist	Manages the medical care of your organ before and after transplant.
Transplant coordinator	Guides you through evaluation, listing, and follow-up; often your main point of contact.
Living-donor advocate	Independently protects the interests of a living donor.
Social worker	Supports emotional, practical, and family needs throughout.
Financial coordinator	Explains coverage and connects you with financial help.
Dietitian	Provides individualized nutrition guidance.
Pharmacist	Helps you understand and manage your medications.
Psychologist / counselor	Supports mental and emotional health during the journey.

You may not meet every one of these people, and some centers use different titles. Never hesitate to ask, "Who is the best person to help me with this?"

Being Evaluated for a Transplant

Before someone can be listed for a transplant, they go through a thorough evaluation at a transplant center. The goal is to confirm that a transplant is needed, that it is likely to succeed, and that the person can be supported through surgery and recovery.

What evaluation may involve

- A detailed review of medical history and current health.
- Blood tests, imaging, and organ-specific testing.
- Screening for infections and other conditions that could affect surgery.
- Meetings with surgeons, specialists, coordinators, social workers, and financial counselors.
- An assessment of support systems, mental health, and readiness for the demands of transplant.

Evaluation can feel intense, but each step exists to give the patient the safest possible path. It is a good time to ask questions and to bring a trusted person along to appointments.

Getting on the Waiting List

If the transplant team determines that a transplant is appropriate, the patient is added to the national waiting list. Being listed does not mean waiting passively — it is an active period of staying as healthy as possible and staying in close contact with the team.

- Placement on the list is based on medical criteria specific to each organ.



- A person's priority can change over time as their health changes.
- Some patients are listed at more than one center, where allowed, to broaden their options.
- Living donation, where possible, may offer an alternative to waiting for a deceased-donor organ.

Life on the Waiting List

Waiting can be one of the hardest parts of the journey. The timeline is unpredictable, and emotions can run high. Preparing practically and emotionally helps.

Staying ready

- Keep your phone charged and be reachable; the call can come at any time.
- Have a hospital bag packed and a transportation plan ready.
- Keep up with appointments, medications, and lab tests so your status stays current.
- Follow your team's guidance on staying as healthy as possible while you wait.

Caring for your wellbeing

- Lean on family, friends, support groups, and counseling.
- Give yourself permission to feel a wide range of emotions.
- Ask your team about resources for stress, anxiety, and financial worries.

You are not just a number on a list

Waiting is stressful, and it is normal to feel anxious, hopeful, frustrated, and scared — sometimes all at once. Support is available; you do not have to carry this alone.

The Transplant Surgery: What to Expect

When a matching organ becomes available (or a living-donor surgery is scheduled), the patient is admitted and prepared for surgery. Every case is unique, and the transplant team will explain the specifics for the organ involved.

- Final tests confirm the patient is ready and the organ is suitable.
- Surgery length varies widely by organ and complexity.
- After surgery, patients typically recover first in an intensive-care setting, closely monitored.
- The team watches for early signs of how well the new organ is working.

It is normal to feel nervous. Ask the team what to expect before, during, and immediately after surgery, and who will be able to update your loved ones.

Recovery & Hospital Stay

Recovery begins in the hospital and continues at home. Length of stay depends on the organ, the person, and how recovery progresses.

In the hospital

- Close monitoring of the new organ, vital signs, and lab results.
- Starting anti-rejection (immunosuppressant) medications and learning about them.
- Gradually increasing activity with the help of nurses and therapists.



Preparing to go home

- Education about medications, warning signs, and follow-up appointments.
- Arranging help at home and transportation to clinic visits.
- Knowing who to call, day or night, with questions or concerns.

Preventing Infection After Transplant

Because anti-rejection medications lower the immune response, transplant recipients are more prone to infections, especially in the early months. Sensible precautions — tailored by your transplant team — go a long way. The points below are general; always follow your own team's specific guidance.

Everyday precautions

- Wash hands often and well, and ask visitors to do the same.
- Practice safe food handling and follow any food-safety advice from your team or dietitian.
- Keep up with dental and skin care, and report cuts or infections early.
- Ask your team about recommended vaccinations — timing and type matter after transplant.

When to call your team

- Fever, chills, or feeling unwell.
- New cough, pain, redness, or drainage from a wound.
- Any symptom your team has told you to watch for.

When in doubt, call

It is always better to call your transplant team with a concern than to wait. Early attention to infection or other problems protects you and your new organ.

Life After Transplant

A successful transplant can restore energy, freedom, and quality of life. It also brings lifelong responsibilities — most importantly, taking medications exactly as prescribed and staying in close contact with the transplant team. Many people describe life after transplant as a second chance, lived with gratitude toward their donor.

The new normal

- Regular follow-up visits and lab tests, more frequent at first and then spaced out over time.
- Lifelong anti-rejection medication to protect the new organ.
- Attention to overall health — infection prevention, recommended vaccinations (as advised by your team), and healthy habits.
- Gradual return to work, activities, and relationships as strength returns.

Honoring the gift

Many recipients find meaning in caring diligently for their new organ, connecting with their donor family when both wish, and supporting others on the transplant journey.



Immunosuppression & Anti-Rejection Medications

After a transplant, the body's immune system recognizes the new organ as foreign and may try to attack it — this is called rejection. Anti-rejection medications (immunosuppressants) lower this response so the body accepts the organ. Taking them exactly as prescribed, for life, is one of the most important things a recipient can do.

General principles (not medical advice)

- Immunosuppressants are usually a combination of medicines, adjusted over time by the transplant team.
- Doses and combinations are personalized — never change or stop them without your team's guidance.
- Because these medicines lower the immune response, recipients are more prone to infections and must take sensible precautions.
- Regular blood tests help the team keep medication levels in the right range.
- Some medicines interact with immunosuppressants, so always tell every provider what you take, and ask before starting anything new — including over-the-counter products and supplements.

Talk to your team, not this guide

This section explains concepts only. It does not provide dosing or personal medical advice. Your transplant team manages your medications and is the right source for any question about them.

Recognizing & Preventing Rejection

Rejection does not always cause obvious symptoms, which is why regular follow-up and lab tests are so important. When caught early, rejection can often be treated successfully.

What helps prevent rejection

- Taking anti-rejection medication exactly as prescribed, every day, without missing doses.
- Attending all follow-up appointments and lab tests.
- Reporting new or unusual symptoms to the transplant team promptly.
- Avoiding medication interactions by keeping your team informed.

Your team will tell you which specific symptoms to watch for based on your organ, and exactly who to call if you notice them.

Warning Signs to Discuss With Your Team

After a transplant, certain symptoms deserve prompt attention because they can signal infection, rejection, or another problem. This is a general reference — your transplant team will give you a personalized list for your organ and tell you exactly who to call and when. When in doubt, call.

Call your team promptly if you notice

- Fever, chills, or feeling generally unwell.
- Pain, redness, swelling, or drainage around your incision.
- Unusual tiredness, or a sudden change in how you feel.
- Changes your team has specifically told you to watch for in your organ.



- Trouble taking your medications, or a missed dose you're unsure how to handle.

Seek emergency care for

- Difficulty breathing, chest pain, or severe symptoms.
- Any situation that feels like a medical emergency.

Keep the number close

Program the transplant team's number into your phone and note it on the Personal Care Contacts page. For life-threatening emergencies, call 911.

Emergency Preparedness: Being Ready

A little preparation means that if an urgent situation arises — a sudden symptom, a hospital visit, or the transplant call itself — you and your caregivers can act quickly and calmly. Keep these essentials organized and easy to grab.

Keep on hand

- An up-to-date medication list and your Personal Health Record page from this handbook.
- Your transplant team's contact numbers and your preferred hospital's information.
- A small bag with essentials in case of an unplanned hospital stay.
- A medical ID (card, bracelet, or phone medical ID) noting your transplant and key details.

Have a plan

- Know who will drive you and who to notify in an emergency.
- Make sure a caregiver knows where your records and medications are kept.
- If you are on the waiting list, keep transportation and childcare or pet-care plans ready.

Calm comes from readiness

You cannot predict every situation, but being organized takes weight off your shoulders — and off your caregivers' — when it matters most.

Nutrition, Activity & Wellness After Transplant

Overall wellness supports a healthy recovery and helps protect the new organ. General healthy habits matter, but specific plans should always come from your own care team, since needs vary by person, organ, and medication.

General wellness principles

- Follow the individualized guidance your transplant team and dietitian provide.
- Aim for balanced, nourishing meals and safe food-handling practices, as your team advises.
- Stay active within the limits your team recommends, increasing gradually as you heal.
- Prioritize sleep, stress management, and connection with supportive people.
- Avoid tobacco, and ask your team about alcohol and any substances — especially important for liver recipients.

Personalized care matters

Because nutrition and activity needs after transplant are highly individual, this guide keeps them



general on purpose. Ask your transplant team and dietitian for a plan tailored to you.

Managing Your Medications

Taking anti-rejection and other medications correctly, every day, is one of the most important parts of protecting a transplant. Building a reliable routine makes this easier. These are general organizing tips, not medical advice — your team manages what you take and how.

Building a routine that works

- Use a pill organizer, alarms, or a phone app to stay on schedule.
- Keep an up-to-date list of everything you take, and bring it to every appointment.
- Refill prescriptions before they run out; ask the pharmacy about auto-refill and reminders.
- Store medications as directed, and keep them out of reach of children.

Staying safe

- Never start, stop, or change a medication or supplement without your team's guidance.
- Tell every healthcare provider — including dentists and pharmacists — what you take.
- Ask before taking over-the-counter products, herbal remedies, or supplements, which can interact.
- If you miss a dose or make a mistake, call your team for guidance rather than guessing.

Returning to Work, School & Daily Life

As strength returns, most recipients gradually resume the activities that matter to them — work, school, hobbies, and time with loved ones. The timing is individual and guided by your team.

- Return to work or school when your team says it is safe, easing back in if you can.
- Discuss any workplace or school accommodations you may need during recovery.
- Rebuild activity gradually; rest when you need to, and celebrate progress.
- Reconnect with community, faith, and social life at a pace that feels right.

Patience with yourself

Recovery is not a straight line. Good days and harder days are both normal. Give yourself grace, and lean on your team and support network along the way.

Traveling After Transplant

With time and your team's clearance, many recipients travel again. A little planning keeps trips safe and low-stress.

- Talk with your team before booking, especially for travel far from home or abroad.
- Carry enough medication for the whole trip plus extra, in your carry-on, in original labeled containers.
- Bring your medication list, your team's contact information, and know where care is available at your destination.
- Ask about vaccinations, food and water safety, and sun protection for your destination.



Mental & Emotional Health Through the Journey

The transplant journey affects the mind and heart as much as the body. Fear, grief, hope, guilt, gratitude, anxiety, and relief can all appear — sometimes at once. These feelings are normal, and support is available at every stage.

Common emotional experiences

- Anxiety and uncertainty while waiting for a transplant.
- Complex feelings about receiving an organ, including gratitude and grief for the donor.
- Stress related to medications, follow-up, finances, and returning to daily life.
- Ups and downs that come and go over time.

Where to find support

- Transplant social workers and psychologists at your center.
- Support groups for patients, recipients, and caregivers.
- Trusted friends, family, and faith or community networks.
- Professional counseling for persistent distress.

If you are struggling

If you or someone you know is in emotional distress or crisis, support is available. In the U.S., you can call or text the 988 Suicide & Crisis Lifeline (988), or chat at 988lifeline.org. If there is immediate danger to life, call 911.

Caregivers: How to Support a Transplant Patient

Caregivers are essential to the transplant journey. They provide practical help, emotional support, and a steady presence — often while carrying their own worry and fatigue. Caring for yourself is part of caring for your loved one.

Ways caregivers help

- Attending appointments, taking notes, and helping ask questions.
- Helping manage medications, schedules, and follow-up.
- Providing transportation, meals, and help at home during recovery.
- Offering encouragement and simply being present.

Caring for the caregiver

- Accept help from others and share tasks where possible.
- Take breaks and protect your own rest, health, and appointments.
- Seek support groups and counseling made for caregivers.
- Watch for burnout, and reach out before you are overwhelmed.

You matter too

Caregivers give so much. Please remember that your wellbeing is important, and that asking for help is a sign of strength, not weakness.



Talking With Children About Transplant

When a parent, grandparent, sibling, or the child themselves is facing a transplant, children in the family need age-appropriate, honest support. Children often sense when something is wrong, and gentle honesty helps them feel safe.

Helpful approaches

- Use simple, truthful language suited to the child's age, and let them lead with questions.
- Reassure them about who will care for them and that it is not their fault.
- Keep routines as steady as possible, and name feelings so children know they are normal.
- Ask the care team's social worker or child-life specialist for guidance and resources.

Every child and family is different. If a child is struggling, a counselor or child-life specialist can provide tailored support.

Building Your Support Network

No one should walk the transplant journey alone. A strong support network shares the practical load and lightens the emotional weight for both patients and caregivers.

Who might be part of your network

- Family and close friends who can help with rides, meals, and daily tasks.
- Your transplant team's social worker and support staff.
- Patient and caregiver support groups — in person and online.
- Faith or community groups, and neighbors willing to lend a hand.
- Nonprofit organizations dedicated to patients and families (see the Resource Directory).

Making it easier to ask for help

- Keep a short list of specific tasks people can offer to do.
- Let a trusted person coordinate offers of help so it isn't all on you.
- Accept help graciously — most people genuinely want to contribute.

Connection is strength

Reaching out is not a burden on others; it is an invitation to be part of something meaningful. Community carries people through the hardest stretches.



PART V



Decisions, Beliefs & Practicalities

Registering, family conversations, faith, finances, law, and ethics.



Becoming a Registered Organ Donor

Registering is quick, free, and can be updated or withdrawn at any time. Registering records your wish to be an organ donor so your family and medical teams know your intentions — and it dramatically increases the chance those wishes are honored.

Three simple ways to register

- 30.** Online through the official U.S. registry portal: organdonor.gov/register.
- 31.** Through Donate Life America's RegisterMe.org service.
- 32.** At your state Department of Motor Vehicles (DMV) when you get or renew a driver's license or state ID — often shown as a heart symbol on your card.

Make your wishes clear

- Tell your family and loved ones that you have registered and why it matters to you.
- Consider noting your wishes in an advance directive or living will.
- You can register at any adult age; there is no upper age limit — suitability is assessed medically at the time.

Your choice, always

Registration is voluntary and reversible. You can change or remove your registration whenever you wish. Registering does not affect the medical care you receive — your care team's only goal is to save your life.

Talking With Your Family About Donation

One of the most loving things you can do is tell your family what you want. When your wishes are known, you spare your loved ones from having to guess during an already painful time, and you make it far more likely that your decision will be honored.

How to start the conversation

- Choose a calm, unhurried moment — a meal, a drive, or a quiet evening.
- Be direct and simple: "I've decided to be an organ donor, and I want you to know why it matters to me."
- Invite questions and listen to concerns without judgment; share what you've learned from a guide like this one.
- Encourage other family members to make and share their own decisions too.

If you are the one who may need to decide on behalf of a loved one, know that OPO staff are trained, compassionate professionals who will explain your options with care and answer every question.

Advance Directives & Documenting Your Wishes

An advance directive is a set of documents that record your wishes about medical care if you cannot speak for yourself. Documenting your donation decision alongside these wishes adds clarity for your family and care team.

- **Living will:** states your preferences about certain medical treatments.
- **Healthcare proxy / power of attorney:** names someone to make medical decisions on your behalf.



- **Donor registration:** records your decision to be an organ donor and is a legally recognized directive.

Keep copies with your important papers, share them with your proxy and family, and review them periodically. This is general information, not legal advice; an attorney can help with documents specific to your situation and state.

Religion, Culture & Personal Beliefs

Organ donation is a deeply personal decision that many people weigh alongside their faith, culture, and family traditions. Most major religious traditions view organ donation as a generous, compassionate act consistent with their values — often describing it as a gift of life. Some traditions have specific guidance about timing or practices, and interpretations can vary within communities and among individual leaders.

Approaching the decision through faith and culture

- If faith is part of your decision, speak with a trusted religious leader who knows your tradition.
- Bring specific questions — about timing, practices, or particular teachings — to someone qualified to answer them.
- Remember that generosity, compassion, and saving life are values shared across many traditions.

Whatever you decide, your beliefs deserve respect, and no one should feel pressured. Donation is always your choice.

A note on culture and trust

Some communities carry understandable historical mistrust of the medical system. Those concerns are valid and worth voicing. Asking questions, seeking second opinions, and involving people you trust are all healthy parts of making an informed decision.

Myths & Facts About Organ Donation

Misunderstandings stop many well-meaning people from registering. Here are some of the most common myths, with the facts.

Myth	Fact
"If I'm a donor, doctors won't work as hard to save me."	Your medical team's only job is to save your life. Donation is considered only after death has been declared, and the transplant team is entirely separate.
"I'm too old or not healthy enough to donate."	There is no strict age limit, and many conditions do not rule out donation. Suitability is assessed at the time — let the professionals decide.
"Rich or famous people can buy their way to the top of the list."	Matching is based on medical criteria such as urgency, compatibility, and wait time — not money, status, or fame.
"My religion doesn't allow organ donation."	Most major religions support or permit donation as an act of generosity. If unsure, ask a trusted faith leader.
"Donation will disfigure my body and prevent	Donation is performed with great care and respect.



Myth	Fact
an open casket.”	Open-casket funerals remain possible.
“My family will be charged for donating my organs.”	The donor's family is not charged for organ donation.
“I can't be a donor because of my medical history.”	Very few conditions rule out donation entirely. Register anyway; suitability is evaluated at the time.
“If I'm registered, I can't change my mind.”	You can update or withdraw your registration at any time.

Financial Considerations & Assistance

Money worries are common and understandable. Knowing what to expect — and where to find help — can ease some of the stress.

Costs and coverage

- For deceased organ donation, the donor's family is not charged for the donation itself.
- For living donation, the recipient's insurance typically covers the donor's evaluation and surgery; donors may still face indirect costs such as travel, lodging, and lost wages.
- Recipients face their own costs — surgery, hospital stays, follow-up, and lifelong medications.

Finding help

- Ask your transplant center's financial coordinator early; they know programs that can help.
- Explore nonprofit organizations that assist with transplant-related costs and fundraising (see the Resource Directory).
- Ask about prescription-assistance programs for anti-rejection medications.

This section is general information, not financial advice. A qualified professional or your center's financial counselor can help with your specific situation.

Insurance & Coverage Basics

Insurance and coverage can feel complicated, especially with a transplant on the horizon. Understanding a few basics — and knowing to ask your center's financial coordinator early — helps you plan.

Questions worth asking

- What does my coverage include for evaluation, surgery, hospital stays, and follow-up?
- How are anti-rejection and other medications covered, and for how long?
- Are there prescription-assistance or copay-support programs I may qualify for?
- What costs might I be responsible for, and are there caps or limits?
- Does the transplant center I want to use work with my plan?

Where to get help

- Your transplant center's financial coordinator or social worker.
- Nonprofit organizations that help with transplant costs and fundraising (see the Resource Directory).



- Prescription-assistance programs offered by manufacturers and nonprofits.

Ask early, ask often

Financial questions are easier to manage when addressed early. Your center's financial counselor has seen these situations many times and can point you to real help.

Legal Framework & Your Rights

Organ donation in the United States operates within a legal framework designed to protect donors, recipients, and families.

- Donation is governed by federal law and by each state's version of the Uniform Anatomical Gift Act, which lets adults record a legally recognized decision to donate.
- Registering your decision is a legal directive that generally authorizes donation and helps ensure your wishes are honored.
- It is illegal to buy or sell human organs in the United States; donation is always a gift.
- Allocation is governed by national policy intended to be fair and free from discrimination based on wealth or status.

This section is general information, not legal advice. For questions about your specific situation, consult a qualified attorney or your transplant center's staff.

The Ethics of Organ Donation & Allocation

Because organs are scarce and life-saving, transplantation raises important ethical questions. Understanding the principles behind the system can build trust and inform your own reflection.

Guiding principles

- **Autonomy:** respecting each person's right to decide about donation for themselves.
- **Fairness (justice):** allocating organs by objective medical criteria, not wealth or status.
- **Doing good and avoiding harm:** weighing benefits and risks, especially for living donors.
- **Transparency:** setting allocation policy through a public, evidence-based process.

Ongoing conversations

Thoughtful people continue to discuss how best to expand the donor pool, reduce disparities in access, and use scarce organs wisely, all while protecting donors and honoring individual choice. These conversations are a healthy part of a system that takes its responsibilities seriously.

Common Concerns & Fears, Answered

It is natural to have worries about donation and transplantation. Naming them openly is the first step to addressing them. Here are concerns people often share, with reassurance grounded in how the system works.

A common concern...	What's reassuring to know
"Will donation affect the care I receive?"	No. Your care team's only goal is to save your life; donation is separate and considered only after death is declared.
"Is the system really fair?"	Allocation follows public, evidence-based policy using



A common concern...	What's reassuring to know
	medical criteria — not wealth, status, or fame.
"What if I'm afraid of surgery or recovery?"	These fears are normal. Your team will explain each step, and support is available for the emotional side too.
"Can I really live well after a transplant?"	Many recipients return to full, active lives. Lifelong medication and follow-up are the key responsibilities.
"What if my family disagrees with my wishes?"	Registering and talking openly now makes your wishes clear and far more likely to be honored.

If a particular fear is weighing on you, share it with your care team or a counselor. Speaking it aloud often makes it more manageable, and you deserve support.



PART VI



Community & Legacy

Honoring donors, supporting families, and becoming an advocate.



Honoring Donors & Supporting Donor Families

Donation touches many lives — recipients, of course, but also the families of donors, who often find meaning in knowing their loved one gave the gift of life. There are meaningful ways to honor donors and support one another through grief and gratitude alike.

- Many OPOs hold ceremonies and maintain memorials that honor donors.
- National Donate Life Month (April) and observances like Donor Sabbath bring communities together to remember donors and raise awareness.
- Grief support is available through OPOs, hospitals, faith communities, and counseling services.

Grief after loss — even loss accompanied by generosity — is real and deserves care. If you are grieving, please be gentle with yourself and reach out to people and professionals who can support you.

Donor & Recipient Correspondence

Many donor families and recipients wish to connect — to say thank you, to share what the gift has meant, or simply to acknowledge a profound shared experience. This is usually possible, with care taken to respect everyone's privacy and readiness.

- Correspondence is typically arranged through the OPO or transplant center, often anonymously at first.
- There is no obligation to write or to meet; participation is voluntary on both sides.
- Programs offer guidance on how to write a first letter and what to expect.

Every relationship is unique

Some donor families and recipients build lasting connections; others prefer privacy. There is no right or wrong way — only what feels right for those involved.

Ways to Remember & Celebrate Donors

Remembering a donor — whether a loved one or an anonymous stranger — can be a source of comfort and meaning. Families and recipients find many personal ways to honor the gift of life.

- Participate in donor-memorial events and ceremonies held by OPOs and Donate Life organizations.
- Plant a tree or garden, or create a small memorial in a meaningful place.
- Mark anniversaries in a personal way — a letter, a walk, a shared meal, a moment of gratitude.
- Support organ-donation awareness in the donor's memory.
- Share memories with others who understand, including support groups.

Grief and gratitude together

It is possible to grieve deeply and feel gratitude at the same time. Both are honest, and both honor the person and the gift. Be patient and gentle with yourself.



Becoming an Advocate: Raising Awareness

Awareness saves lives. When more people understand donation and register their wishes, more patients receive the transplants they need. Anyone can help spread accurate, compassionate information.

Simple ways to make a difference

- Register as a donor and share your decision with family and friends.
- Talk openly about donation and correct common myths when you hear them.
- Share trustworthy resources on social media and in your community.
- Participate in awareness events, especially during National Donate Life Month.
- Support organizations that educate the public and assist patients and families.

Sharing Your Story

Personal stories move people in a way that facts alone cannot. Recipients, living donors, donor families, and caregivers each carry stories that can inform, comfort, and inspire others — and encourage more people to register.

If you choose to share

- Share only what feels comfortable; your privacy and boundaries come first.
- Speak from your own experience, and be gentle with parts that are still tender.
- Consider where your story could help — community events, support groups, or awareness campaigns.
- Respect the privacy of others involved, including donors, recipients, and family members.

Your story is yours

There is no obligation to share. Some people find healing and purpose in telling their story; others prefer privacy. Both choices are completely valid.

Volunteering & Community Outreach

Community outreach is at the heart of The Liver Hope Foundation's mission. Volunteers and community members help make reliable information accessible and remind people affected by liver and organ disease that they are not alone.

Ways to get involved

- Help distribute educational materials like this handbook in your community.
- Support awareness events and share accurate information about donation.
- Offer your time, skills, or encouragement to patients and families.
- Connect people to the resources and support they need.

Outreach with care

Advocacy works best when it is accurate, respectful, and free of pressure. The goal is to inform and support people so they can make their own confident decisions.



National Observances & Awareness Events

Throughout the year, observances shine a light on donation and honor those it touches. They offer natural moments to learn, register, remember, and connect.

- **National Donate Life Month (April):** a month of awareness activities and celebrations of donors and recipients.
- **Donor Sabbath:** an observance inviting faith communities to reflect on the gift of donation.
- **Local and organ-specific awareness days:** many organizations hold events focused on the liver, kidney, heart, and more.

Check with national organizations and your local OPO for events near you and for the current calendar of observances.

For Faith Communities: Supporting Donation

Faith communities can be a powerful source of accurate information, comfort, and encouragement around organ donation. Many traditions view donation as an expression of compassion and generosity, and leaders can help members reflect on the decision within their beliefs.

How congregations can help

- Invite respectful, accurate education about donation, free of pressure.
- Observe Donor Sabbath or similar occasions to reflect on the gift of life.
- Support families who are grieving a donor or waiting for a transplant.
- Connect members to trusted resources and their own faith leaders for guidance.

Because interpretations vary, congregations are encouraged to work with knowledgeable leaders in their own tradition and with reputable donation organizations.



PART VII



Resources & Reference

Directory, glossary, checklists, and questions to bring to your team.

A Transplant Journey at a Glance

Every journey is different, but this simple overview shows the general stages many patients move through. Use it as a map, not a schedule — your team will guide the timing for you.

Stage	What generally happens
1. Diagnosis & referral	An organ specialist identifies advancing disease and refers you to a transplant center.
2. Evaluation	Testing and meetings confirm whether transplant is appropriate and safe.
3. Listing	If approved, you are added to the national waiting list; living donation may be explored.
4. Waiting	You stay as healthy and reachable as possible; your urgency is reassessed over time.
5. The call / scheduled surgery	A matching organ becomes available, or a living-donor surgery is scheduled.
6. Transplant surgery	The new organ is implanted; you recover first under close monitoring.
7. Recovery	Hospital stay, then healing at home with frequent follow-up.
8. Life after transplant	Lifelong medication and follow-up; a gradual return to daily life.

Frequently Asked Questions

Q: Does it cost anything to register as an organ donor?

A: No. Registering is free, and it takes just a few minutes online or at the DMV.

Q: Can I choose which organs to donate?

A: Yes. When you register you can usually specify your preferences, and you can update them at any time.

Q: Will registering as a donor affect my medical care?

A: No. Your medical team's sole focus is saving your life. Donation is considered only after death is declared.

Q: Is there an age limit for organ donation?

A: There is no strict upper age limit for deceased donation; suitability is assessed medically at the time. Living-donor programs set their own age criteria.

Q: Can I be a donor if I have a medical condition?

A: Often, yes. Many conditions do not rule out donation. Register anyway and let medical professionals evaluate suitability at the time.

Q: Can I be a living donor?

A: Healthy adults can sometimes donate a kidney or a portion of their liver. A transplant center will evaluate whether it is safe and appropriate for you.

Q: Which organs can come from a living donor?

A: A kidney, or a portion of the liver. The heart, lungs, pancreas, and intestines generally come from deceased donors.



Q: How long will I wait for a transplant?

A: Wait times vary widely by organ, blood type, medical urgency, and region. Your transplant team can give guidance for your situation.

Q: What is the MELD score?

A: A laboratory-based score used to estimate how urgently an adult liver patient needs a transplant; higher generally means more urgent.

Q: Do I have to take medication forever after a transplant?

A: Yes — anti-rejection medication is lifelong and must be taken exactly as prescribed to protect the new organ.

Q: Can I change my mind after registering?

A: Absolutely. You can update or withdraw your registration at any time, and living donors can withdraw at any point before surgery.

Q: Can I have an open-casket funeral after donating?

A: Yes. Donation is carried out with care and respect, and normal funeral arrangements, including open casket, remain possible.

Q: How do I find help for a transplant patient in my family?

A: See the Resource Directory. National organizations offer patient and caregiver support, and your transplant center's coordinators are invaluable.

Resource Directory — Websites, Links & Phone Numbers

Please verify before you rely on these

The organizations below are national, nonprofit, or governmental bodies provided for general information. The Liver Hope Foundation is not affiliated with them and does not endorse any specific provider. Phone numbers and web addresses change over time — please confirm current details on the organization's website before acting.

Register as an Organ Donor

OrganDonor.gov (U.S. Government – HRSA)

The official U.S. federal resource for organ donation and the national registration portal. Start here to sign up and learn the facts.

Web: www.organdonor.gov — register at www.organdonor.gov/register

Donate Life America – RegisterMe

A national nonprofit that operates an easy online donor registration service and public-education campaigns.

Web: www.registerme.org • www.donatelifeamerica.org

Your State DMV / State Donor Registry

Register or update your donor designation when you get or renew a driver's license or state ID. Search “[your state] donor registry.”

Web: [Find via www.organdonor.gov/register](http://www.organdonor.gov/register)



The U.S. Transplant System & Waiting List

United Network for Organ Sharing (UNOS)

Longtime manager of key parts of the U.S. transplant system. Offers patient information and a services line for people navigating transplantation.

Web: www.unos.org **Phone:** 1-888-894-6361 (UNOS Patient Services)

OPTN – Organ Procurement & Transplantation Network

The national transplant network operated under federal contract; publishes allocation policies and national transplant data.

Web: optn.transplant.hrsa.gov

Transplant Living

Patient-focused education about the transplant journey — evaluation, the waiting list, surgery, and life afterward.

Web: www.transplantliving.org

Find Your Local Organ Procurement Organization (OPO)

OPOs coordinate deceased donation and support donor families in your region. Locate yours through the association of OPOs or OrganDonor.gov.

Web: www.aopo.org • www.organdonor.gov

National Foundation for Transplants

A nonprofit that helps transplant patients with fundraising for transplant-related costs.

Web: www.transplants.org

Liver Disease & Liver Transplant Support

American Liver Foundation

National nonprofit offering liver-disease education, patient and caregiver support, and a helpline. A strong first stop for liver-specific questions.

Web: www.liverfoundation.org **Phone:** 1-800-465-4837 (1-800-GO-LIVER)

American Association for the Study of Liver Diseases (AASLD)

A professional medical society; its public resources can help patients understand liver disease and find specialists.

Web: www.aasld.org

Kidney Donation & Support

National Kidney Foundation

Education and support for kidney patients and living donors, including a patient help line.

Web: www.kidney.org **Phone:** 1-855-653-2273 (NKF Cares)

American Kidney Fund

Financial assistance, education, and support for people with kidney disease.

Web: www.kidneyfund.org **Phone:** 1-800-638-8299



National Kidney Registry

Facilitates living kidney donation and paired-exchange matching across the country.

Web: www.kidneyregistry.org

Heart, Lung & Other Organ Support

American Heart Association

Education and support for people with heart disease and heart failure.

Web: www.heart.org Phone: 1-800-242-8721 (1-800-AHA-USA1)

American Lung Association

Education, support, and a helpline for people living with lung disease.

Web: www.lung.org Phone: 1-800-586-4872 (1-800-LUNGUSA)

Living Organ Donation

American Society of Transplantation – Living Donation

Professional society with living-donor resources and toolkits to help you understand the process.

Web: www.myast.org

Living Donation Information (via Transplant Living / UNOS)

Patient-friendly explanations of living kidney and liver donation, evaluation, and recovery.

Web: www.transplantliving.org

Other Forms of Donation

Beyond solid-organ donation, eye and tissue donation (corneas, skin, bone, heart valves, and more) and whole-body donation to medical science are also valuable ways to give. To learn more, start with OrganDonor.gov and Donate Life America, which cover all forms of donation.

Eye & Tissue Donation – Learn More

General information on eye and tissue donation and how to register.

Web: www.organdonor.gov • www.restoresight.org

Whole-Body Donation to Medical Science

Whole-body donation is usually arranged in advance through a medical school's anatomical gift program, a state anatomical board, or an accredited private program. To find one, contact a local medical school's anatomy or body-donation office. See the handbook section “Donating Your Body to Medical Science.”

If You Need Support Right Now

If you or someone you know is in emotional distress or crisis, you deserve immediate support. In the United States, you can reach the 988 Suicide & Crisis Lifeline by calling or texting 988, or chat online at 988lifeline.org. If there is an immediate danger to life, call 911 (or your local emergency number).



Glossary of Terms

Term	Meaning
Acute liver failure	A rapid loss of liver function, sometimes over days; can be a medical emergency.
Advance directive	Documents recording your wishes about medical care if you cannot speak for yourself.
Allocation	The rules and process for deciding which patient on the waiting list receives an available organ.
Brain death (DBD)	Complete and irreversible loss of all brain function; a legal and medical determination of death.
Cirrhosis	Advanced scarring of the liver that impairs its function; a common reason for liver transplant.
Circulatory death (DCD)	Death declared after the irreversible stopping of the heart and circulation.
Deceased donor	A person who donates organs after death.
Dialysis	A treatment that filters the blood artificially when the kidneys have failed.
Directed donation	Donation to a specific, named recipient.
Domino donation	When a recipient's own removed organ is healthy enough to transplant into another patient.
End-stage organ disease	The most advanced stage of organ failure, when transplant may be needed.
Immunosuppressant	Anti-rejection medication that lowers the immune response so the body accepts a transplanted organ.
Living donor	A healthy person who donates an organ or part of an organ (a kidney or liver portion) while alive.
MELD score	A laboratory-based score estimating how urgently an adult liver patient needs a transplant.
Non-directed donation	Altruistic donation to a stranger, matched by need and compatibility.
OPO	Organ Procurement Organization — a regional body that coordinates deceased donation and supports families.
OPTN	Organ Procurement and Transplantation Network — the national transplant system operated under federal contract.
Paired exchange	A swap that matches incompatible donor-recipient pairs so each recipient gets a compatible organ.
Preemptive transplant	Receiving a transplant before starting dialysis.
Recipient	The person who receives a transplanted organ.
Regeneration	The liver's ability to grow back toward its original size after part is removed.



Term	Meaning
Registry	An official record of a person's decision to be a donor.
Rejection	When the immune system attacks a transplanted organ; often treatable when caught early.
Split-liver transplant	Dividing one deceased-donor liver to transplant into two recipients.
Transplant center	A hospital program that evaluates candidates and performs transplants.
UNOS	United Network for Organ Sharing — an organization that has managed key parts of the U.S. transplant system.
Waiting list	The national list of patients approved and waiting for a transplant.

Quick-Reference Checklists

If you want to become a donor

- Decide to be an organ donor and which organs you wish to donate.
- Register at organdonor.gov/register, RegisterMe.org, or your DMV.
- Tell your family clearly, and consider adding your wishes to an advance directive.

If you are considering living donation

- Contact the recipient's transplant center to learn about the process.
- Ask about the independent donor advocate and your right to withdraw at any time.
- Discuss risks, recovery, finances, and long-term health before deciding.

If you or a loved one may need a transplant

- Ask your specialist about referral to a transplant center for evaluation.
- Keep up with appointments, labs, and medications; stay reachable once listed.
- Line up caregiver support and connect with patient-support organizations.

For everyone

- Keep this handbook and the Resource Directory somewhere you can find them again.
- Share accurate information and help correct common myths.

Making the Most of Appointments

Medical appointments can move quickly, and it is easy to forget questions or details in the moment. A little preparation helps you get the information you need and feel more in control.

Before the visit

- Write down your questions in advance and put the most important ones first.
- Bring your current medication list and note any changes or new symptoms.
- Consider bringing a trusted person to listen and take notes.

During the visit

- Ask the team to explain anything you don't understand, in plain language.
- Take notes, or ask if you may record key instructions.
- Confirm next steps: what to do, what to watch for, and when to follow up.



After the visit

- Review your notes soon after, while they're fresh.
- Add new instructions to your medication list and calendar.
- Call the team if a question comes up later — that's what they're there for.

There are no silly questions

Your care team would rather answer a small question now than have you worry or guess later. Speak up — being informed is part of taking care of yourself.

Questions to Ask Your Transplant Team

Bringing questions to appointments helps you feel informed and in control. You may want to write down the answers or bring someone to take notes. Here are questions many patients find useful.

About your situation

- Am I a candidate for a transplant, and what does the evaluation involve?
- How is my urgency measured, and how often will it be reassessed?
- Is living donation an option for me, and how would I find a potential donor?

About the process

- What is the typical wait, and can I be listed at more than one center?
- What should I do to stay as healthy as possible while I wait?
- What happens when an organ becomes available — what should I have ready?

About after transplant

- What medications will I need, and how do I manage them safely?
- What are the signs of rejection or infection, and who do I call?
- What follow-up, activity, and wellness guidance should I follow?

About support

- What financial help and assistance programs are available?
- What emotional and caregiver support does the center offer?

Where to Learn More: Topic Finder

Looking for a specific topic? This finder points you to the section of this handbook that covers it. For outside organizations and phone numbers, see the Resource Directory.

If you want to know about...	See the section...
How to register as a donor	Becoming a Registered Organ Donor
Whether a condition rules out donation	Myths & Facts; Common Questions
The liver and liver disease	In Focus: The Liver; Understanding Liver Disease
Living donation for a loved one	Living Organ Donation; the living-donor sections
How organs are matched and allocated	Blood Type & Tissue Matching; How the Transplant System Works



If you want to know about...	See the section...
The MELD score	Liver Allocation & the MELD Score Explained
What surgery and recovery are like	The Transplant Surgery; Recovery; Life After Transplant
Anti-rejection medications	Immunosuppression; Managing Your Medications
Emotional support	Mental & Emotional Health; Building Your Support Network
Help for caregivers	Caregivers; Talking With Children About Transplant
Money and coverage	Financial Considerations; Insurance & Coverage Basics
Faith and culture	Religion, Culture & Personal Beliefs; For Faith Communities
Honoring a donor	Honoring Donors; Ways to Remember & Celebrate Donors

My Transplant Notes

Use these pages to jot down questions, appointment notes, medication changes, or anything you want to remember and bring to your care team.







Medication & symptom log

Jot down the date, anything you noticed, and anything you reported to your team.



Personal Care Contacts

Keep your key contacts in one place. Fill these in and keep this page handy — especially the numbers to call with questions or concerns.

Transplant center	
Transplant coordinator	
Hepatologist / specialist	
Primary care provider	
Pharmacy	
Local OPO	
Insurance / financial coordinator	
Preferred hospital (ER)	
Primary caregiver	
Emergency contact	
Support group contact	
Notes	

In an emergency

If there is an immediate danger to life, call 911 (or your local emergency number). For urgent transplant concerns, call your transplant team using the number they gave you — day or night.

My Personal Health Record

A simple place to keep key health details you may be asked for. Fill in what applies to you, and share it with your care team and a trusted person. Keep sensitive documents secure.

Name	
Date of birth	
Blood type	
Organ(s) involved	
Transplant center	



Listing date (if listed)	
Allergies	
Key medical history	
Current medications	
Recent lab notes	
Next appointment	
Other notes	

Keep it current

Update this page whenever something changes — a new medication, a new appointment, or new instructions from your team. An up-to-date record helps everyone care for you well.

A Closing Word of Hope

If you have read this far, you care — about your own health, about someone you love, or about the difference one person can make in the life of another. That care is where hope begins.

Organ donation and transplantation are, at their heart, stories of generosity: a stranger who checked a box, a family who said yes in their darkest hour, a living donor who shared part of themselves, a care team that worked through the night. Each transplant is thousands of small acts of courage and kindness coming together so that someone may live.

Wherever you stand today — considering registration, waiting for the call, recovering, caregiving, grieving, or simply learning — we hope this handbook has met you with clear information and genuine encouragement. You are not alone on this road, and there are people and organizations ready to walk it with you.

Two small actions, today

Consider registering your decision at organdonor.gov/register, and tell someone you love what you've decided.

If you or someone you care about is facing a transplant, reach out to one organization in the Resource Directory. A single call can open the door to real support.

Important Disclaimer & About Us

Disclaimer

This handbook is provided by The Liver Hope Foundation for general educational purposes only. It is not medical, legal, or financial advice and does not create a professional relationship of any kind. The Liver Hope Foundation is a Nevada 501(c)(3) nonprofit focused on liver health education, community support, and outreach; it is not a hospital, transplant center, organ procurement organization, or



medical provider.

Always consult your own physicians, transplant team, and qualified professionals about your specific situation. Laws, policies, program details, phone numbers, and web addresses referenced here can change; verify current information directly with the relevant organizations. Reference to any organization does not constitute endorsement.

About The Liver Hope Foundation

The Liver Hope Foundation exists to educate, support, and stand alongside people affected by liver disease. Through patient education resources, community outreach, and compassionate support, we work to make reliable information accessible and to remind every person we reach that they are not alone. If this handbook helped you understand organ donation a little better, we hope you will share it with someone who needs it.



THE LIVER HOPE FOUNDATION

Liver Health Education • Community Support • Outreach