



LIVING KIDNEY

Donation Program

UPMC Transplant Services in central Pa.

KIDNEY TRANSPLANT OFFERS HOPE

For people with kidney failure, a kidney transplant offers hope.

Since starting our program in 2000, UPMC in central Pa. has performed more than 1,300 kidney transplants. More than half of our transplants are made possible through living donation.

Because of our academic and research expertise, our program can offer the latest breakthroughs in transplant science and donation options. This results in excellent outcomes, exceeding the national averages.

Our experienced transplant team includes surgeons, nephrologists, transplant coordinators, nursing staff, social workers, financial coordinators, independent living donor advocate, and other professionals. These professionals provide our living donors and kidney recipients with the emotional and practical support necessary to get through the transplant process.



Certified by the United Network for Organ Sharing (UNOS), Medicare, and the Health Care Financing Administration, UPMC Transplant in central Pa. includes pre-transplant and post-transplant services in conjunction with the referring nephrologists. Our wide range of care and support services and Magnet® recognition for nursing excellence allows us to provide comprehensive care.



WELCOME

Welcome to the Living Kidney Donation Program at UPMC Harrisburg. This booklet will answer many questions that you may have about living kidney donation, including the process, expectations, and care after kidney donation. We hope you find this booklet useful throughout your donation experience.



The donation journey will not be easy. It is normal to experience some stress and anxiety during this time. You will have many questions about your own health and the impact on your family. We are here to answer your questions and support you and your family throughout this process.

The team at UPMC is committed to providing you with the finest in medical services. We will provide you with the emotional and practical support to get through the donation process successfully. You and your family become part of our transplant team by taking an active part in your health care. As a member of our team, you are responsible for learning as much as you can about donation and what is involved.

We are truly grateful for the giving spirit that every potential organ donor possesses.

Donating a kidney is a courageous, generous act. You are giving a gift of life to someone in need. **You are a hero!**

WHY CONSIDER LIVING DONATION?

- People who receive a living donor kidney transplant live longer and enjoy a better quality of life than those who stay on dialysis.
- A kidney from a living donor starts working faster and lasts longer than a kidney transplant from a deceased donor.
- People on the deceased donor list wait approximately 5 to 6 years for transplant in our region.
- Living donors free up another space on the transplant list for those people who do not have a living donor.

THE TRANSPLANT TEAM

Transplant Surgeons and Providers

Harold C. Yang, MD, PhD
*Surgical Director/Attending
Surgeon*

Danielle Ladie, MD, MPH, FACS
Attending Surgeon

Vijay Menon, MD
Attending Surgeon

Manpreet Singh, MD
Medical Director/Nephrologist

William Hoffman, MD
*Director, Living Donor Program/
Nephrologist*

Mary Waybill, MD
Research/Transplant Nephrology

Rhonda Saylor, MSN, CRNP, CCTC
Nurse Practitioner

Stephanie Midile, MSN, CRNP, CCTC
Nurse Practitioner

Transplant Director

Nurse Manager

Pre-Transplant Coordinators

Living Donor Transplant Coordinators

Post-Transplant Coordinators

Research Coordinator

Transplant Social Workers

Transplant Financial Coordinators

Transplant Pharmacist

SURGEONS

Harold Yang, MD, PhD

Dr. Yang received his medical degree at the University of Chicago, where he also completed his surgical residency. His fellowship was completed at Massachusetts General Hospital. Board-certified in surgery, Dr. Yang's specialties include kidney transplantation.



Danielle Ladie, MD, MPH, FACS

Dr. Ladie received her medical training at St. George's University and is fellowship trained in transplant surgery from the University of Virginia. She completed her residency at UPMC, where she served as chief resident.



Vijay Gopal Menon, MD

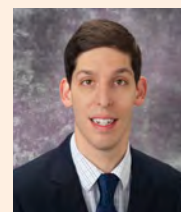
Dr. Menon earned his medical degree from University of College London Medical School and completed his surgical residency at University of California San Diego Medical Center. Dr. Menon is fellowship trained in Abdominal Organ Transplantation from Massachusetts General Hospital.



NEPHROLOGISTS

William Hoffman, MD

Dr. Hoffman completed his nephrology fellowship at the University of Pittsburgh, where he was the chief fellow. Additionally, he completed a fellowship in transplant nephrology and a research fellowship in transplant immunology through the University of Pittsburgh. Dr. Hoffman completed his residency at University of Rochester, Strong Memorial Hospital.



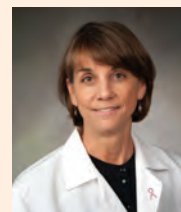
Manpreet Singh, MD

Dr. Singh completed his nephrology fellowship at Boston University and a Transplant Nephrology fellowship at University of California, San Francisco. A graduate of Government Medical College in Patiala, India, he completed his residency at SUNY Stony Brook Medical Center in New York.



Mary Waybill, MD

Dr. Waybill received her medical degree at Temple University School of Medicine in Philadelphia. She completed her residency at the Medical College of Virginia. Dr. Waybill also completed a fellowship in nephrology at the Medical College of Virginia. Dr. Waybill oversees the transplant research protocols and participates in the care of complex medical issues after transplant. Dr. Waybill is board-certified in nephrology.



NURSE PRACTITIONERS

Nurse practitioners work with doctors, nurses, and staff to extend the care of the doctors. Nurse practitioners participate in the care of transplant candidates, recipients of kidney transplants, and living kidney donors.

PHARMACISTS

The transplant pharmacist is a pharmacist with specific expertise working with transplant patients and living donors before and after donation. The pharmacist actively participates in your medicine management and provides medicine education both before and after transplant.

LIVING DONOR TRANSPLANT COORDINATORS

The living donor transplant coordinators will be your main source of contact with the transplant team. The coordinator is a registered nurse with specialized education who will be a key part of your donation process both before and after donation. Before donation, your coordinator will guide you through the education and work-up process. Your coordinator will be your contact person for any questions or concerns after the donation as well.

Please note: All communications between the potential donor and the transplant center will remain confidential. No information will be shared with the potential recipient without the donor's permission.

NUTRITIONIST

The transplant nutritionist will make sure you are in good nutritional health and discuss any concerns you may have.

TRANSPLANT SOCIAL WORKERS

The transplant social workers will help you review your social, financial, and support systems to make sure that your donation can be a gratifying experience.

Living donors must be made aware of the physical and psychological risks involved before they consent to donate an organ. You should discuss your feelings, questions, and concerns with a transplant social worker.

INDEPENDENT LIVING DONOR ADVOCATE (ILDA)

The independent living donor advocate (ILDA) is trained to be an independent and specialized advocate for the living donors. The ILDA will review and explain the entire process to you before starting your evaluation. The ILDA has no vested interest in the recipient process and therefore can be an unbiased advocate and supporter of the living donors. The ILDA's role is to make sure the living donors understand the donation process, have had their questions answered, and get the specialized support and consideration they deserve. As a potential living donor, any questions or concerns you have about care you receive from the transplant team may be directed to the independent living donor advocate.

TRANSPLANT FINANCIAL COORDINATORS

The transplant financial coordinators will review your recipient's insurance coverage to make sure it is adequate for transplant. Coverage for the costs of donor tests and the donor surgery/hospital stay will be paid by the recipient's health insurance and/or the transplant center's Kidney Acquisition Fund (KAQ).

WHAT DO MY KIDNEYS DO?



Your kidneys are bean-shaped organs, each about the size of your fist. They are located near the middle of your back, just below the rib cage. The kidneys are sophisticated reprocessing machines. Every day, your kidneys process about 200 quarts of blood to sift out about 2 quarts of waste products and extra water. The waste and extra water become urine, which flows to your bladder through tubes called ureters. Your bladder stores urine until you go to the bathroom.

The wastes in your blood come from the normal breakdown of active tissues and from the food you eat. Your body uses food for energy and self-repair. After your body has taken what it needs from the food, waste is sent to the blood. If your kidneys did not remove these wastes, the wastes would build up in the blood and damage your body.

The actual filtering occurs in tiny units inside your kidneys called nephrons. Every kidney has about a million nephrons. In the nephron, a glomerulus (which is a tiny blood vessel, or capillary) links with a tiny urine-collecting tube called a tubule. A complicated chemical exchange takes place, as waste materials and water leave your blood and enter your urinary system.

At first, the tubules receive a combination of waste materials and chemicals that your body can still use. Your kidneys measure out chemicals like sodium, phosphorus, and potassium and release them back to the blood to return to the body. In this way, your kidneys regulate the body's level of these substances. The right balance is necessary for life, but excess levels can be harmful.

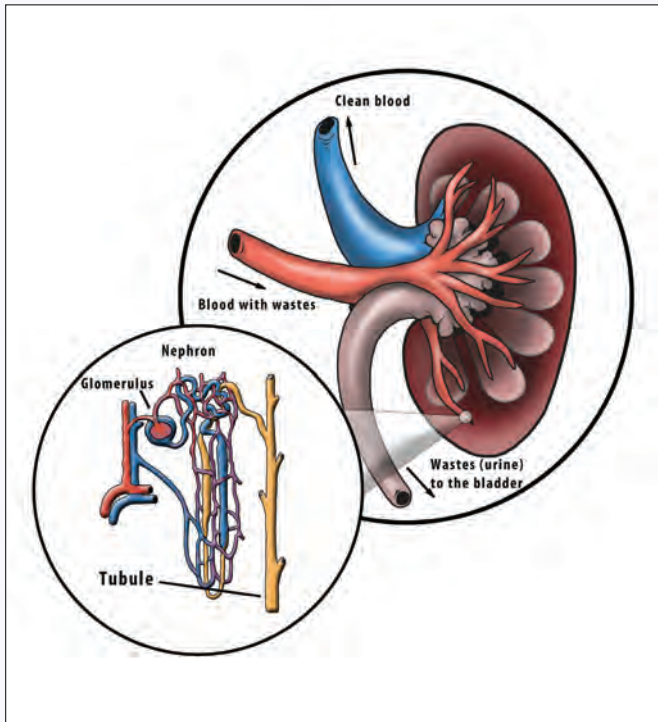


FIGURE 2. In the nephron (left), tiny blood vessels link with urine-collecting tubes. Each kidney contains about 1 million nephrons.

In addition to removing wastes, your kidneys release 3 important hormones:

- Erythropoietin (eh-RITH-ro-POY-eh-tin), or EPO, which stimulates the bone marrow to make red blood cells
- Renin (REE-nin), which regulates blood pressure
- Calcitriol (kal-suh-TRY-ul), the active form of vitamin D, which helps maintain calcium for bones and for normal chemical balance in the body

KIDNEY FUNCTION AFTER DONATION

Immediately after donation, the donor's kidney function is reduced for about 2 to 4 weeks. After the initial recovery phase, the donor's kidney function returns to 65 to 75% of its function before donation. This is more than enough to support the donor's needs. The amount of function that is picked up by the remaining kidney depends on the donor's age, weight, and function before donation.

"As a father I could relate to his struggle. I saw him working full-time and just not having the energy to do certain things."

"When you think about being an organ donor, you think about how you might be blessing someone else. But really, I was blessed too. It has given me more compassion in my work and in my life."

– Eric Burton and Ryan George



LIVING DONORS AND TRANSPLANTATION

People who have kidney failure have a few treatment options to choose from. These are:

- Continue to follow with their nephrologist (kidney specialist) for medical treatment
- Remain on dialysis treatments
- Remain on the waitlist for a deceased donor

Another option for these patients is to have a living kidney donor transplant. This is when someone chooses to donate one of their kidneys. This person may be a blood relative or unrelated to the recipient. Living donors can live a long and healthy life with 1 kidney. Donors are screened and tested very thoroughly before donation to minimize the risks for future health problems after the kidney has been removed. Our practice with our potential kidney donors is that we **do not** put them at any risk, either now or in the future.

There are several advantages to receiving a kidney from a living donor:

1. There is no need to wait for a deceased donor kidney to become available (most living transplants take place within months after the evaluation process begins).
2. The kidney usually begins to work immediately, even in the operating room. There is a very low occurrence of ATN (acute tubular necrosis) in living transplants. A deceased donor kidney may not work right away for several reasons.
3. There is less of a chance of rejection. As a result, living donor kidneys tend to last longer. Living donor kidneys tend to last an average of 20+ years, while deceased donor kidneys last an average of 11 to 13 years.
4. Living donor transplants can be scheduled. This allows both the donor and the recipient to plan for absences from work, childcare, and other social concerns.

ELIGIBLE DONORS

Any healthy person can be considered for living kidney donation. Potential donors do not need to be related to the recipient. Non-directed donors are people willing to donate to a person in need, without knowing or having any emotional attachment to the recipient.

Donors must be at least 18 years old. They must not have a history of cancer, diabetes, or chronic kidney stones. For direct donation, the donor and recipient must be biologically compatible. Pairs who are not compatible can participate in a kidney paired exchange program.

BLOOD TYPE COMPATIBILITIES:

Blood Type	Can receive a kidney from donors with blood type
A	A, O
B	B, O
AB	A, B, AB, O
O	O
Blood Type	Can donate a kidney to patients with blood type
A	A, AB
B	B, AB
AB	AB
O	A, B, AB, O

Rh factors (+, -) Do **not** need to match

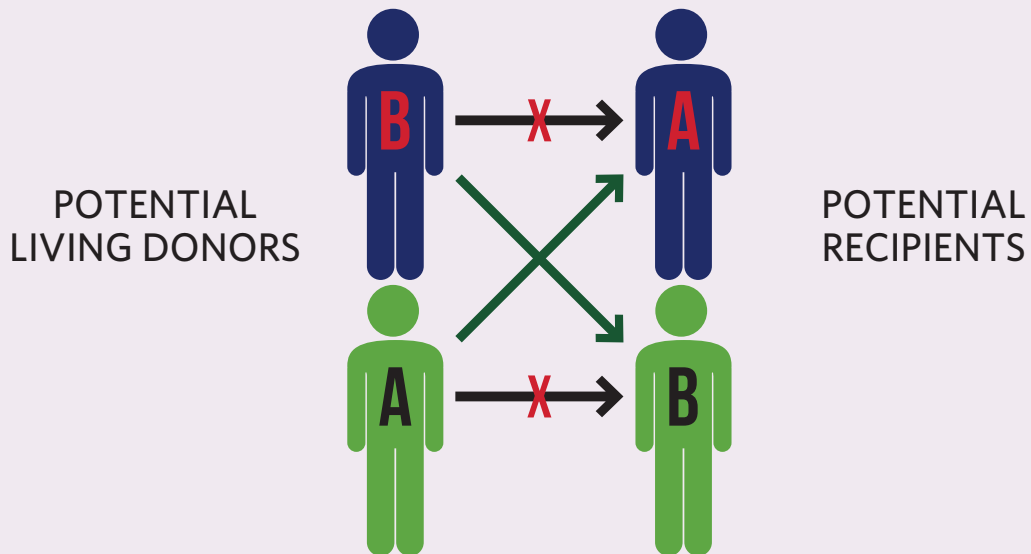
PAIRED EXCHANGE TRANSPLANT

Paired exchange transplant is a great option for living donor and recipient pairs who are blood type or crossmatch incompatible. Paired exchange transplant may also be a very good option for pairs who have a significant difference in weight, size, or age. Paired exchange allows donor and recipient pairs to exchange (or swap) donors with another pair and still benefit from the advantages of living donor transplant. Paired exchange transplant can take place between pairs within a single transplant center or between pairs at different transplant centers. Paired exchange transplants can be as simple as a 2-way swap or as extensive as multiple pairs that create a chain.

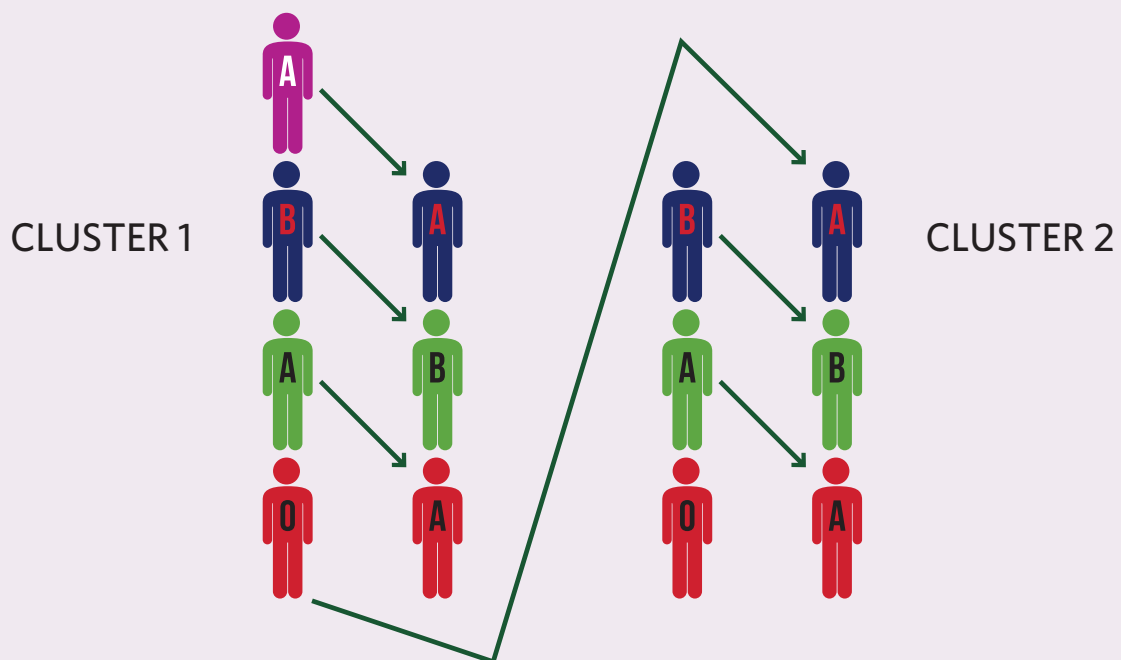
Some paired exchange chains can be lengthy and are completed in clusters. The living donor surgery at the end of one cluster is delayed until the next cluster is ready to go to surgery. These donors are known as bridge donors, as they bridge one cluster to the next cluster of transplants. The delay in surgery for the bridge donor can be as short as 1 day or as long as several weeks. Bridge donors are vital to ensure that the next cluster of transplants take place.

Chains are sometimes started with a non-directed donor. A non-directed donor is someone who does not have an intended recipient, but decided to donate a kidney to help those in need.

TWO WAY PAIRED EXCHANGE (SWAP)



PAIRED EXCHANGE TRANSPLANT CHAIN (WITH CLUSTERS)



In this example, the O donor in cluster 1 is the bridge donor needed to start cluster 2 and continue the chain. If no potential recipient can be found for the last donor in a chain, that donor will donate to a patient waiting on the deceased donor list and the chain will end.

WHO PAYS FOR THE DONOR WORK-UP, TESTING, AND SURGERY?

Medicare covers the work-up, tests, and surgery related to living donation through the transplant centers Kidney Acquisition Fund (KAQ). If the potential recipient has commercial insurance the living donor expenses will be billed and paid by that insurance.

Please note: *If you receive any bills related to living donation, please forward them to the transplant office, so we can take care of them for you. Please do not assume we received the bill! Chances are if you received the bill we **did not!***

Please, do not pay for anything without speaking with someone from the transplant team.

Medicare has strict requirements for living donor billing that the transplant center must follow. The transplant center can not reimburse donors for bills that they pay for out of pocket. Medicare mandates that after 6 months post-donation the costs for medical care and follow-up related to donation may be the donor's responsibility.

Please be aware that there are assistance programs available to help cover out of pocket expenses for living donors. If you have any financial concerns about living donation, please discuss this with your transplant coordinator or your transplant social workers.



DONOR EVALUATION & TESTING

The living kidney donation process is designed to protect all potential donors. It ensures that you are healthy enough to donate a kidney with minimal risks to you and to your potential recipient.

The living donor team will customize your evaluation to your specific needs. There will be medical tests which may include x-rays, CT scans, blood and urine lab tests, as well as all age appropriate health screenings.

You will undergo a history and physical exam by a nephrologist and a surgeon and evaluations by our team. This will include the Independent Living Donor Advocate, social worker, pharmacist, and nutritionist. You may also be referred to a specialist, like a cardiologist, psychologist, or urologist.

The required testing will be scheduled in phases. Some testing can be completed at a local doctor's office or lab, while others will need to be completed at the transplant office. Your living donor coordinator will explain the process to you in detail.

STANDARD DONOR SELECTION CRITERIA

A standard set of selection criteria will be used to determine if it is safe or appropriate for a person to be a living kidney donor. The following conditions must be met for a person to be considered as a living donor at this center:

- a. At least 18 years of age
- b. Body Mass Index (BMI) less than or equal to 35
- c. Normal blood pressure
- d. Normal results of tests such as chest x-ray, EKG, and routine age appropriate testing
- e. Acceptable crossmatch results
- f. Normal cardiac stress test if over 50 years of age
- g. Normal lab values
- h. Normal/acceptable CT angiogram (kidney anatomy)
- i. Adequate psychosocial and financial support

“What a difference it would make in this world if everyone considered living kidney donation. If you have the right information and a good team, like the one at UPMC, living kidney donation is very rewarding.”

– Michael Gaetani and Kimberly Rivera



The following conditions may prevent someone from being a candidate for living donation at this center:

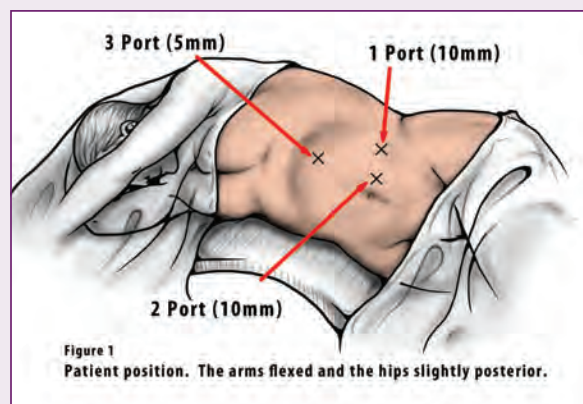
- a. Less than age 18
- b. Blood pressure greater than 135 systolic or greater than 85 diastolic
- c. Abnormal glucose levels: fasting value greater than 100 or 2-hour tolerance greater than 140
- d. History of gestational diabetes, cancer, or autoimmune disorder such as lupus
- e. Abnormal results from any requested testing
- f. Infections or infectious diseases identified on work-up such as hepatitis, tuberculosis, etc.
- g. Psychological diagnosis or illness
- h. Social or financial concerns identified by transplant team that would put a donor at risk
- i. Substance abuse
- j. BMI less than 18 or greater than 35

BMI CHART

	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330
4'5"	30	33	35	38	40	43	45	48	50	53	55	58	60	63	65	68	70	73	75	78	80	83
4'6"	29	31	34	36	39	41	43	46	48	51	53	55	58	60	63	65	68	70	72	75	77	80
4'7"	28	30	33	35	37	40	42	44	46	49	51	53	56	58	60	63	65	67	70	72	74	77
4'8"	27	29	31	34	36	38	40	43	45	47	49	52	54	56	58	61	63	65	67	69	72	74
4'9"	26	28	30	32	35	37	39	41	43	45	48	50	52	54	56	58	61	63	65	67	69	71
4'10"	25	27	29	31	33	36	38	40	42	44	46	48	50	52	54	56	59	61	63	65	67	69
4'11"	24	26	28	30	32	34	36	38	40	42	44	46	48	50	53	55	57	59	61	63	65	67
5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	62	64
5'1"	23	25	26	28	30	32	34	36	38	40	42	43	45	47	49	51	53	55	57	59	60	62
5'2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59	60
5'3"	21	23	25	27	28	30	32	34	35	37	39	41	43	44	46	48	50	51	53	55	57	58
5'4"	21	22	24	26	27	29	31	33	34	36	38	39	41	43	45	46	48	50	51	53	55	57
5'5"	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48	50	52	53	55
5'6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	48	50	52	53
5'7"	19	20	22	23	25	27	28	30	31	33	34	36	38	39	41	42	44	45	47	49	50	52
5'8"	18	20	21	23	24	26	27	29	30	32	33	35	36	38	40	41	43	44	46	47	49	50
5'9"	18	19	21	22	24	25	27	28	30	31	32	34	35	37	38	40	41	43	44	46	47	49
5'10"	17	19	20	22	23	24	26	27	29	30	32	33	34	36	37	39	40	42	43	44	46	47
5'11"	17	18	20	21	22	24	25	26	28	29	31	32	33	35	36	38	39	40	42	43	45	46
6'0"	16	18	19	20	22	23	24	26	27	28	30	31	33	34	35	37	38	39	41	42	43	45
6'1"	16	17	18	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38	40	41	42	44
6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	39	40	41	42
6'3"	15	16	17	19	20	21	22	24	25	26	27	29	30	31	32	34	35	36	37	39	40	41
6'4"	15	16	17	18	19	21	22	23	24	26	27	28	29	30	32	33	34	35	37	38	39	40
6'5"	14	15	17	18	19	20	21	23	24	25	26	27	28	30	31	32	33	34	36	37	38	39
6'6"	14	15	16	17	18	20	21	22	23	24	25	27	28	29	30	31	32	34	35	36	37	38
6'7"	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	32	33	34	35	36	37
6'8"	13	14	15	16	18	19	20	21	22	23	24	25	26	27	29	30	31	32	33	34	35	36
6'9"	13	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	31	32	33	34	35
6'10"	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	35

LAPAROSCOPIC DONOR NEPHRECTOMY

This approach uses small scopes and instruments through 3 to 4 very small incisions (cuts) on the abdomen to free the kidney, which is then removed through a small incision which is a few inches below the donor's belly button. This results in very little pain or discomfort for the donor, a short hospital stay (1 to 3 days), and a rapid return to normal activity. Most donors are ready to return to work and normal activity within 4 weeks of surgery.



POSSIBLE LIVING DONOR COMPLICATIONS

There are risks associated with every surgical procedure. The transplant team is obligated to inform you of the following potential risks associated with kidney donation:

- Infection of the wound
 - Possible need for blood transfusion
 - Pneumonia
 - Hernia at incision site
 - Hypertension
 - Change in body image
 - Fatigue
 - Allergic reaction to anesthesia
 - Pain
 - Hemorrhage (bleeding)
 - Kidney Failure
 - Proteinuria (protein loss in urine)
 - Death
- **Other Risks of Surgery:** Your ability to obtain health and life insurance coverage after you have donated your kidney is not restricted by **most** insurance companies. However, there have been some instances in which living donors had difficulty changing insurance carriers after the donation, due to higher premiums or a pre-existing waiting period. If you have questions about your insurance, the social worker is available to speak with you.

WHAT HAPPENS AFTER SURGERY?

Immediately after surgery, you will be in the recovery room for approximately 2 to 3 hours. Once you are stable and awake after surgery, your pain is under control, and your vital signs are normal, you will be transferred to a room. You will be able to go home about 2 to 3 days later.

Routine care after surgery will include:

- Vital signs – blood pressure, pulse, respirations, temperature
- Foley catheter – connected to a urinary drainage bag to measure urine output
- Incentive spirometry – required for you to inhale deeply to expand your lungs
- Walking as soon as you are alert, at least 4 times the first day after surgery
- Pain control measures as needed

Expected length of stay following surgery is 2 days. When you are discharged it is important that you do the following:

- Keep your pain/discomfort under control
- Do not lie in bed all day. It is important to get up and move around
- Go for a light, casual, non-stressful walk each day (do not increase your heart rate)
- Eat a healthy diet, including high fiber foods to prevent constipation
- Drink plenty of water

When you are home, please report any of the following to the transplant coordinator:

- Increased urinary frequency
- Increased urgency to urinate
- Burning or painful urination
- Blood in urine
- Temperature of 100 F or greater
- Swelling, redness, or tenderness along the incision site
- Constipation

After your surgery you will have a few activity restrictions to follow:

- You will be off work 2 to 4 weeks. Depending on the type of work you do, you may need to be off of work for up to 8 weeks to completely recover
- You must not lift anything over 10 pounds for 6 weeks
- You are not allowed to drive for 14 days following surgery

Future Health and Safety:

- Visit your family doctor each year for an annual check-up (check blood pressure and labs)
- Maintain a healthy weight
- Drink an adequate amount of water each day
- Inform your doctors that you have only 1 kidney (some medicines such as antibiotics, may need to be adjusted for your safety)
- Avoid the use of non-steroidal anti-inflammatory medications (NSAIDs). Some examples of NSAIDs are: Advil®, Aleve®, Ibuprofen, Indocin®, Motrin®, Celebrex® and Naprosyn. These kinds of medicines can be harmful to your remaining kidney. Use alternative pain relievers, such as Tylenol®, instead.

You will not have any dietary restrictions and will not need to be on any medicines related to the donation. After your incision(s) heal, you should experience no difference in your energy level, ability on the job, life expectancy, susceptibility to illness, or sexual functioning.

For our donors' safety and continued good health, you are expected to follow up with the transplant team at the following time points after donor surgery:

- 1 month
- 6 months
- 1 year
- 2 years

This is a requirement from UNOS (United Network for Organ Sharing) and CMS (Center for Medicare Service) so the long-term outcomes for all living donors can be reported for tracking and safety monitoring. The cost of routine follow up (more than 6 months without documented complications) may be the living donor's responsibility depending on the recipient's insurance at the time of transplant or at the time of required follow-up.

ORGAN DONATION WEBSITES

National Living Donor Assistance Center (NLDAC)

www.livingdonorassistance.org

May provide assistance to living donors for travel, meals, and lost wage reimbursement. For more information contact: NLDAC at **703-414-1600** or by email at NLDAC@livingdonorassistance.org

American Organ Transplant Association (AOTA)

www.aotaonline.org or by phone at **713-344-2402**

American Kidney Fund

May provide assistance to living donors for travel and expenses related to donation.

800-638-8299

National Transplant Assistance Fund - www.transplantfund.org

National Foundation for Transplants - www.transplants.org

Donate Life America

www.donatelife.net

Transplant Living

www.transplantliving.org

OrganDonor.gov

Access to US Government Information regarding Transplantation

www.organdonor.gov

The Organ Procurement and Transplant Network

www.optn.transplant.hrsa.gov

United Network of Organ Sharing

National governing body over transplantation

www.unos.org

National Kidney Foundation Living Donor Message Board

www.livingdonoronline.org

HARRISBURG REGIONAL LODGING

BAILEY HOUSE

The Bailey House is a comfortable home-like setting for families of seriously-ill patients of UPMC Harrisburg. The House is a lodging facility one block from the hospital sponsored by the UPMC Pinnacle Auxiliary.

The 24-hour a day facility provides housing, refreshments, and other home-like conveniences. Space is limited. Call **717-232-2721** for more information.

AREA HOTELS

If you or your family need to stay overnight in Harrisburg, the following area hotels and motels offer preferred room rates for UPMC Harrisburg patients and their families. When calling for reservations, be sure to mention that you will be receiving care at UPMC Harrisburg to receive the discount.



Quality Inn

525 Front Street, Harrisburg, PA 17104
717-233-1611

Crowne Plaza

23 South Second Street, Harrisburg, PA 17101
717-234-5021 or basshotels.com

Days Inn, Harrisburg North

3919 North Front Street, Harrisburg, PA 17110
717-233-3100 or daysinnharrisburg.com

Best Western Premiere

800 East Park Drive, Harrisburg, PA 17111
717-561-2800 or fourpoints.com

Hampton Inn, Harrisburg West

4950 Ritter Road, Mechanicsburg, PA 17050
717-691-1300 or harrisburghampton.com

Hampton Inn, Harrisburg East

4230 Union Deposit Road, Harrisburg, PA 17111
717-545-9595 or hampton-inn.com

Hilton Harrisburg & Towers

One North Second Street, Harrisburg, PA 17111
717-233-6000 or hilton.com

Radisson Penn Harris

1150 Camp Hill Bypass, Camp Hill, PA 17011
717-763-7117 or radisson.com

I am so thankful for my donor. Someone quite literally changed my life forever because of their decision to be a donor. The difference is like night and day, and I'm grateful to have so much energy and time to be with my family.

– Richard Weidenhammer



UPMC TRANSPLANT

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