KEPSA

Kidney Exchange Program South Africa

Information Pamphlet for Donors and Recipients

What kidney paired donation is, how the KEPSA programme works, and what to expect if you take part.

In this pamphlet

An initiative of SAVESEVEN

Developed in partnership with Groote Schuur Hospital, based on the GSH Standard Operating Procedure for the Kidney Paired Donation Transplant Exchange Program (May 2025).

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1. What is the KEPSA Kidney Paired Donation Programme?

KEPSA — the Kidney Exchange Program South Africa — is a national living-donor kidney exchange platform that helps people who need a kidney transplant and have a fit, willing donor, but where that donor is not a match. It is built on the model used by Groote Schuur Hospital's Kidney Paired Donation (KPD) programme, and is designed to be available to transplant centres across South Africa, in both the public and private sectors.

Participants in KEPSA include patients in need of a kidney transplant (on dialysis or close to needing it) and people who wish to donate a kidney to their chosen recipient — such as a partner, family member, or friend — but who cannot do so directly because of a blood group or tissue-type mismatch.

How does the exchange work?

KEPSA finds another matched living-donor/recipient pair, where the second donor is a match for the first recipient, and the first donor is a match for the second recipient. By exchanging living-donor kidneys, two (or more) compatible matches are created.

For example: Thandi (Donor 1) would like to donate a kidney to her mother (Recipient 1) but is not a match. Tameez (Donor 2) would like to donate to his son (Recipient 2) but is also not a match. If Jane is a match for John's son, and John is a match for Jane's mother, both families can help each other by exchanging donors — each recipient still receives a kidney donated out of love, just via a different donor.

Why paired exchange?

Paired exchange generally leads to better outcomes than remaining on dialysis, and is safer than desensitisation — a procedure sometimes used to allow a transplant across a mismatch, which carries a higher risk of rejection, bleeding, and infection.

2. Your Legal Rights and Data Protection

The KEPSA programme is compliant with the legal framework of South Africa's National Health Act (No. 61 of 2003, Chapter 8). All donors and recipients entered onto the programme must be approved by the Ministerial Advisory Committee for Organ Transplants (MACOT), appointed by the National Minister of Health — even where a donor and recipient are related.

If you agree to take part, you will be asked to consent to your information — including your name, date of birth, donor-recipient relationship, blood group, and tissue-typing (HLA) results — being entered onto the KEPSA computer platform. This information, along with your medical tests, surgery details, and post-operative progress, is used to find safe matches and to monitor and improve the programme over time.

- Your data is kept confidential in a password-protected database.
- Only staff administering the KEPSA programme at participating transplant centres can access it.
- Your information is never shared with your matched donor/recipient pair, or with anyone outside the programme, without your permission.
- You may withdraw your consent, and ask for your data to be removed from the active matching pool, at any time without penalty or disadvantage.

3. What Costs Are Involved?

There is no cost to you for participating in KEPSA. You may need to consider sick leave arrangements if you are employed, as time off work will be needed for testing and, if a match is found, for surgery — this should be discussed with your transplant centre.

Medical expenses associated with the transplantation procedure, including testing before and after the operation, are usually covered by the provincial health authorities (or your medical aid, if you have one). Additional costs, such as transport or loss of income, are not covered.

Donation must be freely given

Any payment between donors and recipients, direct or indirect, is illegal under South African law. No money or other incentive is allowed, and no claim can be made if a planned exchange does not proceed. All donations must be free of bullying or bribery — this is looked for, and is punishable by law.

4. Benefits and Risks of Participating

Participation in KEPSA may improve a recipient's chances of finding a matching donor, which is safer than proceeding with a transplant from a donor who is not a match. Participation is entirely voluntary, and you may withdraw at any time without needing to give a reason. Potential donors and recipients receive separate counselling sessions, so each person can make up their own mind in their own time.

There is no guarantee that a match will be found, but the more donor-recipient pairs in the programme — and the more matching runs performed — the better the chances. Matching runs are done regularly throughout the year (a minimum of every three months).

Donation and transplantation are emotional and sometimes psychologically stressful processes, and outcomes are not always perfect. You will be counselled and supported throughout, should this occur.

Risks of the donor nephrectomy (kidney removal) operation

The donor operation is regarded as safe and low-risk, but every surgery carries some risk. Rarely, bleeding may require an urgent re-operation or blood transfusion; occasionally the operation cannot be completed by keyhole surgery alone and an extra cut is needed. Hernias and wound infections may develop but are rare, and there is only a minimal risk of long-term kidney issues, which will be monitored with regular follow-up.

Donor risk of death

3.1 per 10,000 donors (less than 1 in 1,000) — a rate that has not changed in 15 years, and is lower than the risk of dying in a motor vehicle accident.

Risks of the recipient transplant operation

While most transplants are successful, all surgery carries risk. Blood vessel connections may occasionally bleed or clot, requiring a return to theatre; in very rare cases (under 5%) the new kidney may need to be removed if it is starved of blood for too long. The new kidney may also leak urine, needing repair, and rejection or infection may occur despite preventive medication.

Recipient risk of death

On average 1–2% — usually related to the stress of surgery on the heart and lungs, or to serious complications such as infection, heart attack, or stroke. Your kidney doctor will only recommend a transplant when the benefits are judged to outweigh this risk.

5. What Happens if I Agree to Participate?

The KEPSA platform works by entering the blood group and tissue-typing information needed to check that donors and recipients find a safe match, on a secure computer database. At regular intervals (a 'match run'), the database searches for matching donor-recipient pairs. Your nephrologist or transplant coordinator will notify you if a matching pair has been identified with whom a kidney exchange may be possible.

1	2	3	4	5
Pair Entered	**Coordinator Review**	**Matching**	**Clinical Sign-Off**	**Transplant Proceeds**
Donor & recipient data plus HLA typing submitted to KEPSA	Submission checked against lab results before going live	Algorithm searches for compatible exchange cycles/chains	Nephrologist & coordinator confirm the match	Crossmatch confirmed, surgery scheduled and synchronised

Another blood test (a crossmatch) is performed with a fresh sample to double-check that the match is safe. If this confirms the proposed transplants are a match, each donor-recipient pair and their transplant teams agree to proceed and arrange surgery times to happen at the same time.

Recipients remain on their usual provincial deceased-donor transplant waiting list until a paired match is found; if a match is confirmed, recipients are temporarily removed from that list so that an organ offer does not disrupt the planned exchange. Recipients are given relevant medical information about their potential donor (such as age, gender, and level of kidney function) — without any information that would identify the donor — to help them decide whether to accept the match. Donors are never told who receives their kidney.

All donor nephrectomy operations in an exchange happen at the same time, to prevent a situation where one donor withdraws consent after another has already donated. Recipient operations do not need to happen at the same time. Surgery can be postponed or cancelled at any point up until general anaesthetic is given for the donor operation.

6. Eligibility and What KEPSA Needs From You

- All other living-donor options must have been explored by your transplant team before entering KEPSA.
- Your donor-recipient pair must be medically fit and approved by MACOT, even if you are related — since a KPD match will come from an unrelated donor.
- A minimum immunological work-up is required: blood group, and HLA typing at the A, B, DR, and DQ loci.
- Recipients need complete, recent (less than 6 months old) HLA antibody results from an accredited tissue immunology laboratory.
- Both the donor and recipient must sign their respective KEPSA consent forms before entering the matching pool.

You and your donor will also undergo a social worker assessment, and a structured psychological evaluation where needed, to check that you fully understand the process, that you are able to give informed consent, and that there is no coercion or undue pressure involved.

7. Privacy, Media, and Meeting Your Match

KEPSA tries to protect the identity of donor-recipient pairs before surgery through strict privacy and confidentiality, though this cannot be guaranteed, especially around the time of hospital admission if both pairs are being treated at the same facility.

Donors and recipients should not engage with the media or post on social media about a planned exchange before it has taken place — this could place the exchange at risk, and may place undue pressure on other participants. Following surgery, and only with the full consent of everyone involved, an assisted meeting between a donor and recipient may be arranged by your KEPSA transplant coordinator.

8. Who Do I Contact?

Your transplant team will explain all the details, requirements, risks, and benefits of participating in KEPSA, so that you can make an informed decision. It's important that you feel fully informed before you agree to take part — please ask your local transplant team any questions at any time.

- KEPSA platform: kepsa.save7.org
- Programme email: admin@save7.org
- General enquiries: www.save7.org
- Groote Schuur Hospital KPD coordinator: ucttransplants@gmail.com / 021 404 4300

This pamphlet is a draft, adapted from the Groote Schuur Hospital Kidney Paired Donation Information Brochure (Annexure C) and Donor/Recipient Surgery Information Brochures (Annexures G & H), May 2025, together with information about the KEPSA platform presented at the Astellas Transplant and Nephrology Summit, 16 August 2026. For clinical and legal review before distribution to patients.