**Patient and Family Concerns**

Numerous investigators have reported that important psychosocial issues arise during this time period.[[13](javascript:void(0);),[17](javascript:void(0);),[18](javascript:void(0);),[19](javascript:void(0);),[25](javascript:void(0);),[32](javascript:void(0);),[36](javascript:void(0);),[42](javascript:void(0);),[43](javascript:void(0);),[44](javascript:void(0);),[45](javascript:void(0);),[46](javascript:void(0);)] Common psychosocial issues for patients and families relate to:

coping with physical changes and early complications such as acute graft rejection

* enduring the psychological highs and lows that sometimes occur as side effects of immunosuppressive agents such as corticosteroids
* managing a complex posttransplant regimen that encompasses: (1) multiple medications and dosing schedules, (2) monitoring vital signs, (3) exercise and dietary prescriptions, (4) regular follow-up medical evaluations and laboratory tests, and (5) lifestyle restrictions related to smoking, alcohol, and other potentially harmful substances
* altering self-perceptions (ie, transitioning from their roles as critically ill or dying patients and family caregivers to roles and lifestyles that are less illness-focused)
* psychological acceptance of the transplant and, for cadaver donation recipients, dealing with the fact that someone lost their life just when they regained theirs
* coping with financial and economic issues (ie, cost of transplant surgery, hospital stay, and/or follow-up care and medications).

<https://www.medscape.com/viewarticle/436541_6>

Before surgery is carried out, much focus is placed upon the living donor – they receive considerable attention, they­ are well cared for and they have their needs met. After surgery however, the focus shifts and the experience of the donor can then be seen as insignificant in comparison to the healing and well-being of the recipient. For some donors – it is this sense of absolute abandonment that is more difficult to recover from than the physical wounds.

By making the deeply personal and selfless decision to donate, a donor is placing the needs of another above their own. As a result - whether consciously or sub-consciously - it can then become a challenge for them to talk without restriction about their own feelings or struggles for fear of making themselves a priority. The outcome of having nowhere or no way to outlet these feelings is often significant – in some cases developing into depression, anxiety, anger and even grief.

The psychological impact of organ donation

Whilst of course the physical recovery of live donation is likely to result in a level of discomfort, the potential psychological impact should not be overlooked. Post-operation, live donors may be more vulnerable to the following:

* acute stress disorder
* anxiety
* anger and hostility
* depression
* disappointment
* grief
* post-traumatic stress disorder (PTSD).

It seems both incongruous and unfair that such a selfless act intended to benefit another could have a negative impact on the donor, yet this is what happens in a number of cases. Common reasons for the development of psychological problems include the following:

A sense of abandonmentA sense of desertion is relatively common in living donors, after the attention placed upon them before the operation shifts to the well-being and recovery of the recipient after the operation. Grief Donating an organ is not like giving away a treasured possession or lending someone something precious, you are giving away a part of yourself forever. Occasionally, a sense of losing the ‘whole self’ can trigger a period of grief, like a woman might grieve after a mastectomy or an individual might grieve for a lost limb.  Painful recoveryIf the surgery and recovery are more painful and prolonged than anticipated, this can set in motion a domino of further concerns. If an extended period of leave from work is required for example, this can lead to both financial strain and feelings of resentment towards the recipient.  Adverse outcomeUnfortunately, not all transplants are successful and the body may reject the organ, or the organ may fail. If the recipient does not regain their health, or if they die, feelings of failure, grief, sadness and anger are likely to set in.

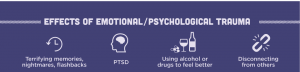
<http://www.counselling-directory.org.uk/counsellor-articles/living-organ-donation>

## **PTSD Recovery Stage One: The Emergency Stage**

The first of the post-traumatic stress stages is referred to as either the outcry stage or the emergency stage. During this stage, your responses to everything around you will be intense and your anxiety levels will be off-the-chart high; this often the stage where you will feel the instinctual “fight or flight” response kicking into gear.

You may arrive at the emergency stage during the traumatic experience, or it may be something that occurs when you are faced with some of your triggers. This stage will last for as long as you believe that you are in imminent danger, even if logically on some level you know that you are not. You may have feelings of intense fear, helplessness, and hopelessness surging through your body. Some of the [physical symptoms](http://ptsdtreatmenthelp.com/effects-of-ptsd-on-physical-health/) of this stage are rapid breathing, sky-high blood pressure, and a pounding heart.

## **PTSD Recovery Stage Two: The Numbing Stage**



The second of the PTSD stages is referred to as the denial or the numbing stage. When it comes to PTSD, denial is a fairly large concern that will need to be addressed during treatment. In this phase, you will instinctively do your utmost to protect yourself from further mental anguish by denying the emotions that you are truly struggling with. The avoidance of emotion is very often your mind’s way of trying to reduce and eliminate the high levels of [stress](http://ptsdtreatmenthelp.com/cumulative-stress-and-ptsd/) and [anxiety](http://ptsdtreatmenthelp.com/do-i-have-ptsd-or-anxiety/) that you are feeling. Without the proper PTSD recovery program and [compassionate professional treatment](http://ptsdtreatmenthelp.com/ptsd-treatment-help/), many find that they are not able to move beyond the numbing stage.

## **PTSD Recovery Stage Three: The Intrusive/Repetitive Stage**

The third of the PTSD stages is referred to as the intrusive repetitive phase. You may find that despite your best efforts to deny how you are feeling, you are now experiencing nightmares, flashbacks, and are increasingly anxious and jumpy. This can often be the most destructive of all of the post-traumatic stress stages, but it is also the stage at which you may finally be willing to wholly confront PTSD trauma that is controlling your life and the lives of those who care about you.

## **PTSD Recovery Stage Four: The Transition Stage**

In the fourth stage you begin to enter into recovery from PTSD. It is called the transition stage because you begin to move into a new level of acceptance and understanding of what happened and how it has been affecting your life. This is the stage where healing finally starts to occur. You will be able to have a much more positive outlook on your life and a much clearer idea as to how you can overcome PTSD.

## **PTSD Recovery Stage 5: The Integration Stage**

The fifth stage, known as the integration stage, occurs when you begin to successfully work through your PTSD recovery program. As you learn coping mechanisms to address and overcome your PTSD symptoms, you can begin to integrate these new skills into your daily life and move forward.

Getting to this stage may take some time, and you may find that you regress a little bit when you are struggling with stressful situation. It is important to remember to always lean on the [coping skills](http://ptsdtreatmenthelp.com/coping-with-ptsd-after-therapy/) that you learned while undergoing treatment at a PTSD recovery center.

http://ptsdtreatmenthelp.com/the-stages-of-ptsd-recovery/