BECAUSE OF ONE

ONE DONOR. MANY LIVES.

UNDERSTANDING ORGAN EYE & TISSUE DONATION

Donation involves several distinct medical processes. Understanding the differences helps explain what can be donated, how recipients may benefit, and why registration is only one part of the story. This guide introduces the science and the people involved without requiring a medical background.

Three forms of donation

1. **Solid organs** carry out complex functions such as pumping blood, filtering wastes, processing nutrients, and exchanging oxygen. A transplant can replace a failing organ in an eligible patient. Some organs are donated after death; living donation commonly involves a kidney or part of a liver.

2. **Tissues** contribute to the structure and function of the body. Donated skin, bone, tendons, ligaments, blood vessels, and heart valves may support treatment, reconstruction, or healing. Tissue is evaluated for particular uses; it is not interchangeable across every condition or procedure.

3. **Corneas** are the clear tissues at the front of the eyes. Corneal transplantation may improve vision lost because of certain corneal diseases or injuries. Eye donation is often presented separately to make the subject easier to understand, even though corneas are tissue. A corneal transplant does not treat every cause of blindness.

Donation and transplantation are different steps

Donation concerns authorization, evaluation, and the recovery of an appropriate gift. Transplantation concerns placing a suitable organ or tissue into a recipient. A person may authorize donation even if medical circumstances later prevent recovery or transplantation. One donor's experience cannot predict every other donor's outcome.

What one donor may make possible

Donation can save lives, support reconstruction, restore function, or improve sight. These possibilities depend on medical suitability and circumstances. Potential-impact figures are not promises and should not be added together as a guaranteed total. They also do not describe Because of One's measured impact or any particular family's recipient count.

Read more: HRSA what can be donated | Donate Life America living donation | Donate Life America tissue donation | Donate Life America cornea donation

Understand the organs

Heart

- ➔ The heart pumps blood to the body. For selected people with severe heart disease, transplantation may become an option when other treatments are no longer adequate. It requires evaluation by a transplant team and continuing medical care afterward.

Kidneys

- ➔ Kidneys help remove wastes and excess fluid and regulate the body's internal balance. A kidney transplant may be an option for some people with kidney failure. Kidneys can come from deceased or living donors, and a living donor undergoes a separate assessment.

Liver

- ➔ The liver processes nutrients, makes important proteins, and helps remove harmful substances. Transplantation may be considered in selected cases of serious liver disease. A deceased donor liver or a portion from a living donor may be used, depending on the recipient and program.

Lungs

- ➔ Lungs transfer oxygen into the blood and remove carbon dioxide. A lung transplant may be considered for some people with advanced lung disease. The individual's condition and the transplant program's assessment guide the treatment plan.

Pancreas

- ➔ The pancreas produces insulin and digestive substances. Pancreas transplantation can be an option for selected people with diabetes, sometimes alongside a kidney transplant. It is not a routine treatment for every person with diabetes.

Intestines

- ➔ The intestines absorb nutrients and fluids. Intestinal transplantation may be considered in selected cases of intestinal failure. The evaluation considers the person's ability to obtain nutrition and the benefits and risks of transplantation.

A transplant is an ongoing course of care

The operation is one stage of treatment. Recipients need follow-up, medicines, monitoring, and support specific to the organ and their condition. A clinical team must explain the expected benefits, complications, and alternatives for an individual patient. General educational descriptions cannot determine which treatment is right for someone.

Read more: Donate Life America heart | Donate Life America kidney | Donate Life America liver | Donate Life America lung | Donate Life America pancreas | Donate Life America intestines | UW Health transplant services

Deceased organ donation

Care comes first

- ➔ Emergency and hospital teams focus on treating the patient. Donation professionals have a different role from the team making treatment decisions. Hospitals can refer a potential donor for evaluation before death; a referral is not permission to begin organ recovery.

Death must be determined

- ➔ Deceased organ recovery must occur only after death has been determined and declared by qualified medical professionals according to applicable standards. Death can be determined using neurological criteria or circulatory criteria in appropriate circumstances. Being unconscious, badly injured, or dependent on a ventilator does not by itself establish death.

- ➔ Brain death means irreversible loss of all brain function, including the brainstem. It is death, not coma. In donation after circulatory death, death is determined after circulation and breathing have permanently stopped under the applicable process. Decisions about withdrawing life-sustaining treatment are separate from the donation decision.

Suitability and authorization are confirmed

- ➔ The organ procurement organization, or OPO, evaluates potential donation and checks for authorization. Registry records and, when relevant, the legally authorized decision-maker are part of that process. Family members may be asked for medical and social history because it can affect safety and suitability.

Organs are offered and recovery is coordinated

- ➔ The national matching system identifies transplant candidates under organ-specific policies. Transplant teams decide whether an offered organ is appropriate for a particular patient. Recovery, preservation, transportation, and recipient surgery require coordination because organs have limited preservation time.

Questions a family can ask

- ❖ Who is responsible for treatment decisions and who is responsible for donation?
- ❖ How was death determined, and who can explain the findings?
- ❖ What authorization is being relied on?
- ❖ What evaluation remains, and what can still change?
- ❖ How will the team communicate timing and next steps?

These are reasonable requests for explanation. Ask the treating physician to address immediate concerns about the patient's condition and the donation team to explain its separate responsibilities.

Read more: Donate Life America deceased donation | OPTN deceased donation | HRSA donation after life | HRSA glossary

Tissue and eye donation

Tissue and eye recovery follow their own evaluation and coordination processes. A person unable to donate organs may still be considered for tissue or cornea donation. Medical history, testing, and the requirements for the particular tissue determine what is suitable.

Potential uses include skin in burn treatment, bone in reconstruction, tendons or ligaments in certain repairs, and valves in heart procedures. Corneas can help replace damaged corneal tissue. The clinical use depends on the gift and recipient; donation does not guarantee a specific operation or result.

Unlike the immediate placement often required for solid organs, some recovered tissues can be processed and stored.

Tissue banking includes evaluation and preparation for appropriate use. Families can ask which organization is involved, what the authorization covers, and what information may be available afterward.

Read more: Donate Life America tissue donation | Donate Life America cornea donation | HRSA what can be donated

Living organ donation

A person interested in living donation contacts a transplant program or follows a recognized information pathway. Screening and evaluation consider physical health, psychological and social factors, suitability for surgery, and the person's understanding and freedom to decide. A willing person is not automatically an eligible donor.

The program explains the operation, expected recovery, possible short- and long-term risks, and follow-up. Practical questions include time away from work, caregiving, travel, insurance, and expenses. Ask the program which services and costs are covered and which could remain the donor's responsibility.

Consent must be informed and voluntary. A potential donor may decide not to proceed. Donation to a relative or friend is one possibility; some people explore donation to someone they do not know. Programs can explain whether paired exchange or another pathway is relevant when an intended donor and recipient are incompatible.

Questions for a living donor program

- Who explains donor risks independently of the recipient's needs?
- What tests and appointments are required?
- What happens if evaluation finds a health issue?
- What support is available for travel, recovery, and follow-up?
- How can I stop the process if I decide not to continue?

Read more: Donate Life America living donation | OPTN living donation

How matching works

Organ matching considers medical and logistical factors under national policies. Blood type, organ size, urgency, immune compatibility where relevant, distance, and waiting time can play roles. The importance of each factor differs by organ.

The waiting list is not simply a single line in which everyone receives an offer in the order they joined.

Compatibility is also different for different kinds of donation. For example, cornea transplantation does not use the same blood-type matching approach as solid organ transplantation. Avoid turning a matching rule for one organ or tissue into a rule for all donation.

A transplant offer is not a promise that a transplant will take place. A recipient's team assesses the organ and the patient's current situation. Clinical findings and suitability can change. Ask a transplant program to explain an individual person's listing or offer decisions.

Read more: HRSA organ matching | OPTN organ allocation | Donate Life America cornea donation

Key terms

- **Authorization:** the legally effective decision permitting donation under the relevant requirements.
- **OPO**: an organ procurement organization that helps evaluate and coordinate deceased organ donation.
- **Recovery**: the surgical procedure used to obtain authorized organs or tissues.
- **Recipient**: the person who receives a donated organ or tissue.
- **Allograft**: an organ or tissue transplanted between people of the same species.
- **Rejection**: an immune response against a transplant; recipient care aims to prevent and manage it.

Read more: HRSA glossary | OPTN patient resources

Apply what you have learned

Try explaining the differences among registration, deceased donation, and living donation in your own words. Then identify a question you still have and choose the professional best placed to answer it: a registry, a treating physician, an OPO, a tissue recovery organization, or a transplant program.

For deeper reading, begin with the linked Donate Life America organ pages and the federal process and matching resources. For Wisconsin clinical services, UW Health provides program-specific information. Keep questions about individual diagnosis, prognosis, or eligibility with the responsible care team.

Reviewed October 21, 2026. External organizations have their own programs and requirements; links do not imply affiliation. General education does not replace individual medical guidance.

One donor. Countless lives.