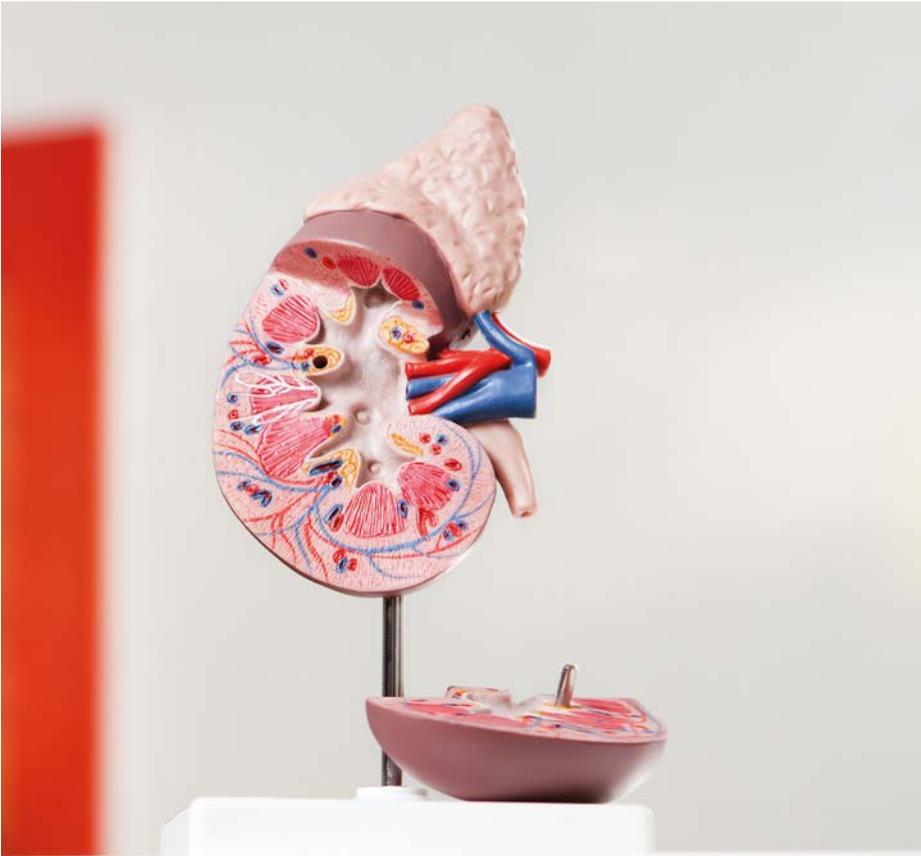


# KIDNEY TRANSPLANT CHRONIC KIDNEY DISEASE



## KIDNEY TRANSPLANT

Renal Transplantation offers the best chance for a normal healthy life BUT it is not a cure for your renal disease and it is not the choice for everyone.

It is the treatment that best resembles your normal kidney function and greatly improves your quality of life and well being. It gives you freedom to enjoy unrestricted dietary and fluid choices and fewer hospital visits.

Transplantation is not an option for you if you are frail or have other medical conditions that make you unfit for surgery. There is no specific age limit to transplantation but as you get older it is possible that you may have serious health issues that would make you unsuitable.

### WHERE DO KIDNEYS COME FROM?

**DECEASED DONORS** – When people die, within an intensive care setting as a result of a brain or cardiac injury, organs may be considered for donation. Consent is obtained from the donor's legal representative, either a family member or delegated person.

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**LIVING DONORS** – Donor kidneys may also be obtained from a living donor who is related/un-related to the patient. Provided that donors are carefully assessed by an experienced surgical and medical team, they can live happily and healthily with only one kidney. The surgical risks associated with donating a kidney are relatively low.

### WHAT DO YOU NEED TO DO TO GET ON THE TRANSPLANT LIST?

#### STEP 1

- Talk to your consultant kidney doctor as well as your dialysis nurse about your suitability for a transplant.
- Learn as much as you can about the option of transplantation, including benefits and risks in order to determine if it is the treatment of choice for you!
  - Talk to other people who have been through this experience
  - Attend transplant education seminars
  - Read education brochures
  - Visit a transplant unit and talk to the transplant nurses
  - Consider the practical aspects of transplantation including financial aspects – time off work, transport to hospital post transplant for several weeks/months.

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## STEP 2

- Keep fit and well
  - It is important that you are in your best physical and emotional health prior to having a transplant. If you are on dialysis you should maintain your dialysis schedule and be well dialysed.
  - Maintain a healthy weight range.
  - Have regular dental and skin check-ups.
  - Ensure that your vaccinations are up to date.
  - For women – attend to mammograms and PAP smears as per requirement.

## STEP 3

- Attend to the recommended tests/investigations
  - Heart tests
  - Blood vessel tests
  - Blood tests for viruses & tissue typing
  - You may need social or psychological support.
- Your kidney doctor will refer you to the Transplant Assessment team to discuss your suitability for transplant.

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### WHAT HAPPENS ONCE YOU ARE ACCEPTED ONTO THE LIST?

The offer of a kidney transplant can happen at any time of the day or night, so it is important that you are prepared for the call and are able to be contacted.

You do not need to sit by the phone or hold on to your mobile all day to wait for the call.

#### IMPORTANT

- If you go on a holiday or change your address or phone contact details, you must inform the transplant co-ordinator.
- If you become unwell whilst waiting for a transplant, you should contact your kidney doctor/transplant team and let them know.

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There are many things to consider when having a transplant,  
For example:

- Your transplanting hospital may be a considerable distance from your home and you may need to consider accommodation close to the hospital.
- Who will bring you to hospital and stay with you for an extended length of time to be your carer?
- Who will look after your family/children/pets?
- Who will collect your mail and water your garden?
- Who will pay your bills?
- What will be your out-of-pocket expenses?
- Once you are discharged from hospital, you will be required to have regular blood tests and medical reviews for several weeks post transplant.
- How long will you need to be off work and will you be financially OK?

A carefully thought out plan will help to alleviate anxiety and stress both before and after your transplant.

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### HOW LONG WILL YOU HAVE TO WAIT FOR A TRANSPLANT?

A number of factors will affect your waiting time for a transplant.

These include:

- **BLOOD GROUP** – all donor organs are carefully matched according to blood group
- **LEVEL OF SENSITISATION** – you may have developed extra antibodies as a result of pregnancy, previous transplant and/or blood transfusions thereby making it more difficult to find a suitable match
- **TISSUE MATCHING** – Being a good tissue match to your donor is an advantage but is not essential. Your transplant team will always seek out the best match for you. It is possible to receive a well matched donor kidney, regardless of how long you have been active on the list.

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### THE TRANSPLANT OPERATION

Provided that your own kidneys are not causing you any problems, they will remain in place. Your donated kidney is positioned at the front of your abdomen just under the fat layer. You may even be able to feel the outline of your transplanted kidney when you lie flat on your back.

The transplant operation will take between 2-4 hours. There are two main blood vessels that are attached to the donated kidney. One is an artery which is connected on to the vessel that supplies blood **to** your leg and the other is a vein which is connected on to the blood vessel which **returns** blood from your leg.

The ureter (tube that carries the urine from the kidney to the bladder) is joined to the bladder. Some surgeons will place a small thin plastic tube (stent) into this ureter to prevent the ureter from blocking off or urine leaking from the join between the ureter and the bladder. This tube is removed several weeks after the transplant operation via a telescope that is inserted into the bladder.

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A small plastic tube (drain) will be placed into your wound to ensure that blood or serum does not collect around the kidney. This drain is removed within 3-4 days.

You will also have a catheter inserted to your bladder to closely monitor your urine output. This will usually be removed within 3-4 days.

Your anti-rejection drugs (immunosuppressant) will be commenced via an intravenous line, prior to you being transferred to the operating room. An intravenous central line catheter will be inserted into your neck when you are under anaesthetic. This line will be used to monitor fluids and pressures during the operation and for several days after the operation.

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### HOW LONG WILL YOU STAY IN THE HOSPITAL?

Your expected hospital stay will be approximately 7 days (all going well) but longer if you experience any complications. If your new kidney is slow to work ('wake up'), you may even require a few dialysis treatments post-transplant. Sometimes a biopsy or scan of the transplanted kidney is required if problems persist.

Before going home, your nurse will help you to learn about your anti-rejection drugs.

### WHAT WILL HAPPEN AFTER YOUR DISCHARGE?

For the first month after discharge you will be required to attend regular outpatient appointments. These visits are to make sure your kidney is working well and to pick up any problems as soon as possible. Your blood levels, wound and blood pressure will be checked and medications altered as needed. It is best to check with your kidney doctor and car insurer when you are safe to start driving again. Your doctor will also advise you on returning to work, restarting exercise and contraception.

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### HOW LONG DO YOU HAVE TO TAKE YOUR ANTI-REJECTION MEDICINES?

Your body will never accept the transplanted kidney belongs to you, so it is necessary you take your anti-rejection drugs for the length of time you have the kidney transplant. Even if you miss only one day of your medications, your body will start rejecting the kidney and this may cause permanent damage.

### WHAT ARE SOME OF THE MAIN COMPLICATIONS OF TRANSPLANT?

Like all treatment options for chronic kidney disease, there are also complications associated with transplantation. The use of long term immunosuppression drugs is essential to prevent rejection of your kidney. These drugs, however, contribute to a number of the complications including:

1. **DIABETES** – You are more likely to develop diabetes if you are already obese or have a family history of diabetes.

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2. **INFECTION** – because you need to take the anti-rejection drugs you will be at an increased risk of developing infections (viral and bacterial) because your immune system is suppressed. It is important that you keep up with your yearly flu vaccinations and seek help early if you are unwell. It is also advisable to maintain proper hygiene to minimise the risk of getting infections e.g. regular dental check-ups.
3. **MOOD SWINGS** – Having a transplant can cause emotional ups and downs. Initially it is hard work, demanding and often frustrating. Prednisone (part of your anti-rejection regime) can contribute to these mood swings.
4. **CANCER** – Your risk of developing cancer is increased because your immune system is suppressed. You will be educated on ways to lessen your risk of developing cancers (e.g. be sun safe, always cover up when in the sun, avoid sun in the hottest part of the day and use a strong sun protection lotion).

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### HOW LONG WILL YOUR TRANSPLANT LAST?

Transplantation does not last forever. The average life span of a transplanted kidney is approximately 14 years. A small percentage of people may still have their transplanted kidney beyond 30 years. It is possible for you to have more than one transplant in your lifetime.

### HOW DO YOU KNOW IF YOUR KIDNEY IS BEING REJECTED?

Rejection of your transplant kidney can occur as a result of your immune system's reaction against the transplant. Most patients do not notice any physical changes and rejection is usually first noticed in the blood tests. Some patients notice tenderness over the graft site, fever and sometimes a decrease on urine output.

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### HOW CAN YOU TAKE THE BEST CARE OF YOURSELF AFTER YOUR TRANSPLANT?

To take the best care of yourself after a transplant you should:

- Attend all your appointments.
- Take your prescribed medications.
- Maintain good hygiene habits.
- Minimise your risk of infections and illness by staying away from people who are sick.
- Maintain a healthy weight.
- Follow a healthy lifestyle including a nutritious diet and regular exercise (as tolerated)
- Drink plenty of water (your doctor will guide you on how much to drink)
- Be sun safe.

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### WHERE CAN YOU FIND MORE INFORMATION ABOUT KIDNEY TRANSPLANT?

The more you learn about your kidney transplant and how to care for yourself the better. Ask your kidney doctor and nurse any questions you may have. Ask them for some trustworthy sources to get more information if you need it. If you are concerned with any aspect of your transplant you should seek advice.

Information on the Internet:

Be careful with the information published on the internet, not all websites provide good quality health information:

- Check the information found on the Internet with your nurse (be cautious not to follow all you read unless you have checked the information with your healthcare professional).

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### KEY POINTS TO REMEMBER

- A kidney transplant is a treatment for kidney failure – it is not a cure.
- A kidney transplant offers the best chance of a 'normal' life, free from dialysis and fluid and diet restrictions.
- A donor kidney may come from a deceased person or a living person (related/un-related) who has willingly donated one of their kidneys.
- There are many tests necessary to make sure you are medically and physically suitable for a transplant.
- You need to plan many things so you are prepared when you have the transplant (e.g. who will accompany you to hospital and stay with you).
- There are many appointments after you transplant to make sure it is working well.
- You will need to take anti-rejection medications to stop your body rejecting the transplant.
- The average life span of a transplanted kidney is approximately 14 years.

The Patient Education Document is sponsored by B. Braun Avitum AG.

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