

**Release date**

August 30, 2000

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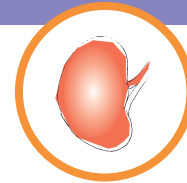
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GETTING A

*NEW KIDNEY*

Facts About Kidney Transplants

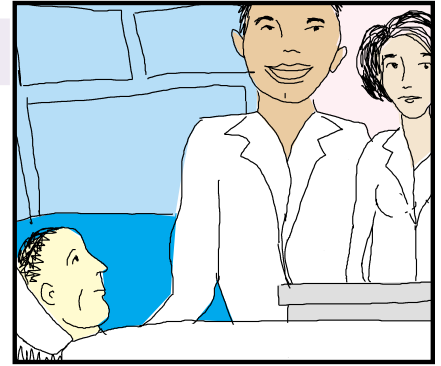


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# *GETTING A NEW KIDNEY: FACTS ABOUT KIDNEY TRANSPLANTS*

## *THE TRUTH ABOUT KIDNEY TRANSPLANTS*



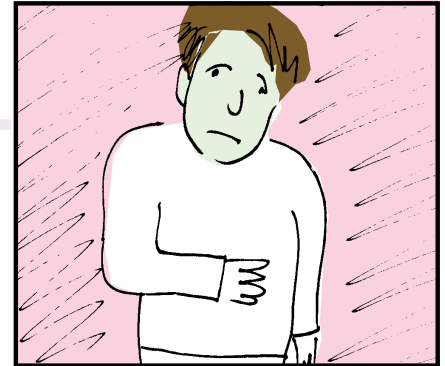
**1** The kidney transplant involves more than just having an operation. There are things to do before the transplant. There are things to do after the transplant.

**2** You will need to work closely with the transplant center team to keep your new kidney healthy. How long a new kidney lasts depends on many factors. Some of these factors you can control, and others you cannot control.

Before the transplant, you will need to work with the transplant team to speed your evaluation. After the transplant, you will need to keep in contact with your transplant team to help maintain kidney function and ensure your good health.

A kidney transplant is a partnership between the transplant center and you to keep you and your kidney healthy.

## WHAT HAPPENS WHEN YOUR OWN KIDNEYS FAIL



### *What Kidney Failure Is and What Causes It*

- When your kidneys are not working the way they should, it is called **kidney failure**.
- Many different diseases can harm your kidneys and make them work poorly. Some of these diseases can harm your kidneys very quickly—sometimes in just several days or weeks. Other diseases take years to harm your kidneys.
- Your two kidneys will usually fail at the same rate.

### *Signs of Kidney Failure*

When you start to have kidney problems, you may feel fine at first but, as your kidneys get worse, you may begin to

- tire easily
- have trouble sleeping
- feel itchy
- feel sick to your stomach

### *How to Treat Kidney Failure*

Sooner or later when you have kidney failure, you will need to have one or both of the following treatments:

#### **1. Dialysis**

- A technique of removing waste products, which your kidney can no longer do.
- With dialysis, either a machine or a flexible tube is used to do the work that your kidney used to do.
- There are two forms of dialysis: hemodialysis and peritoneal dialysis.
- Using a machine is called **hemodialysis** (hee-mo-dy-al-i-sis)
- Using a catheter is called **peritoneal dialysis** (pare-i-to-nee-al dy-al-i-sis).

#### **2. Kidney Transplant**

- A new kidney is put into the lower part of the abdomen in front of the hip bone.

The best treatment for you will depend on your medical history, health status, and your personal situation. Together, you and your doctors can figure out what treatment is best for you.

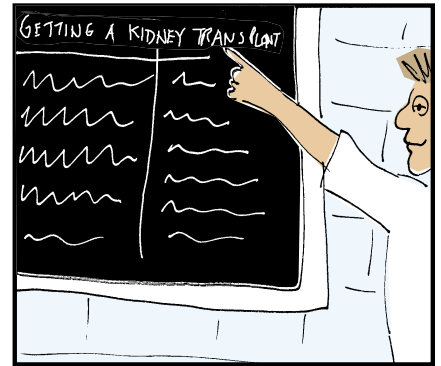
- Some may have a kidney transplant after starting dialysis.
- Some people get a kidney transplant without ever having to start dialysis.

## GETTING A KIDNEY TRANSPLANT: WHAT'S INVOLVED

**There are four steps involved in getting a kidney transplant.**

A team of health-care professionals will do the following:

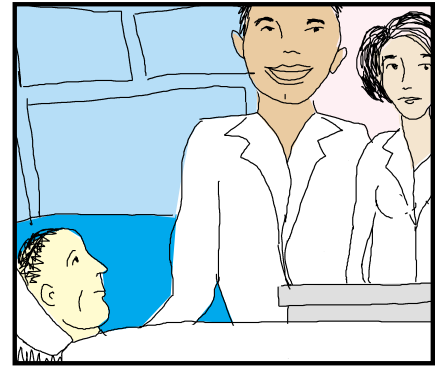
- 1** Find out if you are healthy enough to receive a new kidney.
- 2** Prepare you for your operation. This can take a long time, and there is no guarantee a kidney will be found.
- 3** Perform a kidney transplant operation.
- 4** Help you stay healthy after your kidney transplant.



## ***STEP 1. FINDING OUT IF YOU ARE A GOOD CANDIDATE FOR KIDNEY TRANSPLANT***

Before you can have a kidney transplant, a team of health-care professionals will want you to think about what is likely to happen if you do get a new kidney. This depends on your physical health, your mental health, and your ability to get the transplant medicines you will need.

There are four parts that determine how long this evaluation and preparation phase can take.



### ***1. Visiting a transplant center***

- This visit can be arranged by your doctor, a nurse, or a social worker. You can also make an appointment on your own.
- Your doctor or his staff will be asked to send your medical records to the transplant center to make sure you currently
  - take your medicine properly
  - properly restrict your diet and fluid intake
  - have no medical conditions that will prevent you from receiving a transplant

### ***2. Having your physical health evaluated***

- At the transplant visit, you will have a very thorough evaluation of your medical condition by a transplant doctor and nurse coordinator.
- The transplant team may require further testing to evaluate
  - your heart
  - your nonfunctioning kidneys and gallbladder
  - your intestines
  - your bladder
  - your teeth and gums
  - your prostate if you are a man
  - your breasts and cervix if you are a woman

There may be other tests and examinations that the transplant team may need.

### ***3. Having your mental health evaluated***

- You may need to see a social worker or psychologist to make sure that
  - you have no alcohol or drug addiction
  - have no emotional problems that may interfere with your health

### ***4. Seeing an insurance specialist***

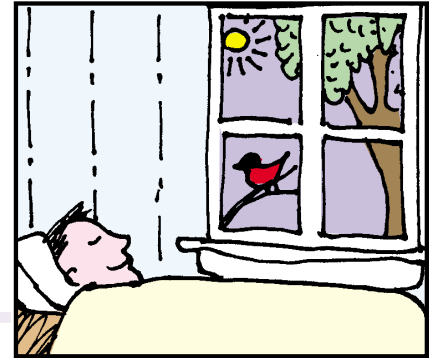
You will see an insurance specialist to evaluate your insurance to make sure you have enough coverage for medication after your transplant.

Once it is determined that you are a good candidate for transplantation, the transplant team will work with you to find the best transplant for you.

## STEP 2. PREPARING FOR YOUR OPERATION

This next part involves finding a kidney for you. Sometimes, this can take a long time. How long it takes depends on the type of kidney transplant you are able to get.

There are two main types of kidney transplants.



### 1. *Living donor transplant*

- This is a kidney transplant in which a kidney is given to you by a living person.

The living person may fit into one of two groups:

- Blood relative (called **living related donor transplant**): A blood relative is a parent, brother, sister, or child.
  - Non-blood relative (called a **living unrelated donor transplant**): This may be a close friend or non-blood family member such as a husband/wife, stepchild, or adopted parent/adopted child.
- Living related and living unrelated kidney donation is preferred because it offers you the best opportunity for the best quality kidney in the shortest possible waiting time.
  - The living donor must be thoroughly evaluated to make sure the removal of a kidney will not harm his or her health. This evaluation process is different in each transplant center.
  - Being a living donor does not put the donor at risk for any future health problems.
  - There is no guarantee that someone who wishes to donate a kidney will be able to because of health, emotional, or social issues.

### 2. *Cadaver donor transplant*

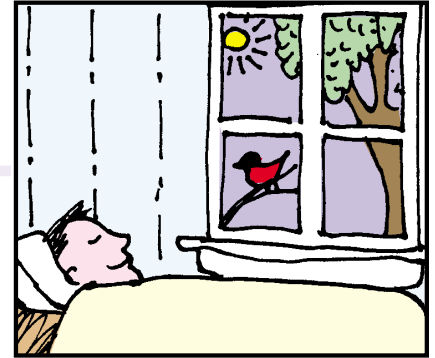
- If receiving a kidney from a living donor is not an option, your name will be placed on the national waiting list for cadaver donor kidney.
- This is a kidney transplant that is taken from a person who has suffered brain death. The family of the brain-dead person volunteers that person's kidney to help others.
- Cadaver donor kidneys are a precious national resource, and this nationwide program is designed to allow equal access to all patients who need a kidney for transplantation. This national system balances the needs of patients who have waited a long time with the goal of transplanting well-matched kidneys.
- In general, the wait for a cadaver kidney is longer than for a living donor kidney, and there is no guarantee that you will receive a cadaver kidney.

## STEP 3. PERFORMING THE TRANSPLANT OPERATION

### *The Operation*

The kidney transplant operation has been perfected over many years. Here is what will happen.

- The transplanted kidney is placed in a different location than your diseased kidney. It will be placed in the right or left side of the lower abdomen just above the front of the hip bone.
- The operation takes 3 to 5 hours to complete.
- After the operation, you will be taken to a special unit and hospital floor for recovery.
- You will stay in the hospital until your doctor believes that you are ready to go home. How long you stay in the hospital will depend on
  - your health
  - how well the new kidney is working
  - your ability to learn to take care of your new kidney transplant



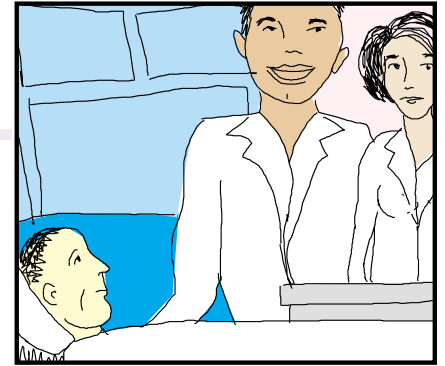
### *Transplant Medicines After the Operation*

After your operation, you will begin to take strong medicines to keep your body from rejecting the new kidney.

- Your **immune system** protects you from foreign invaders, and your body will consider the new kidney a foreign invader.
- The immune system will try to reject your new kidney. This can damage the kidney.
- The medicines you will take will help to suppress the immune system enough to keep your transplant kidney healthy. That's why these medicines are called immunosuppressants (im-u-no-su-pres-ants) or antirejection medicines.
- You will most likely get an organ that is partially matched with your body. This is OK, as long as you take your immunosuppressive medications.
- **Because your body will not "forget" that the kidney once belonged to someone else, you will have to take immunosuppressive medicines for as long as you have the transplant.**

For more information on transplant medications, please visit the AST website: [www.a-s-t.org](http://www.a-s-t.org) under the Patient Care Section.

## ***STEP 4. HELPING YOU STAY HEALTHY AFTER THE KIDNEY TRANSPLANT***



### ***What You Will Need to Do***

The most important part of the kidney transplant is keeping yourself healthy after the transplant. Here is what you will need to do after you are discharged from the hospital:

- Make many visits to the transplant center and keep all of your appointments. This may seem no better than going to the dialysis unit, but these frequent visits will only last for the first few months.
- **Take your medicines properly. This is extremely important.**
- **Let the staff at the transplant center know about any problems you may have that may prevent you from keeping your appointments or taking your medicines.**

### ***Why You Will Need to Keep Your Appointments***

- Your body may begin to reject your new kidney, and YOU may not be able to tell. Although the signs of rejection can be experienced by patients, most patients are not able to tell when their body is starting to reject the new kidney.
- If your body is rejecting the new kidney, your doctors and nurses CAN tell. Your doctors and nurses will watch you closely looking for signs of kidney rejection and for side effects of the medications that you are taking.

### ***How Your Doctor and Transplant Team Can Help You***

Your doctors will only be able to tell whether you have rejection by examining you and taking blood tests. Here are the things your doctor and transplant staff will be watching for:

#### **1. Rejection**

The risk of rejection never goes away. You will always need to stay on your antirejection medications. The dose of the medications will be decreased, but you should never skip or stop your medications.

#### **2. Infections**

Immunosuppressant medications can increase your chances of certain types of infections. These infections can be treated, but you will need to be aware of fevers, unusual pains, or any other new feelings. As the doses of the antirejection medications are decreased, the risk of infections will also decrease.

#### **3. High Blood Pressure**

High blood pressure is a common problem after transplant. The treatment of high blood pressure is important because high blood pressure can damage not only the kidney transplant, but can also cause strokes and heart attacks.

#### **4. Diabetes Mellitus**

Even if you've never had diabetes, the antirejection medications used to suppress your immune system can cause diabetes. If you had diabetes before the transplant, the control of your blood sugar may be more difficult.



## ***STEP 4. HELPING YOU STAY HEALTHY AFTER THE KIDNEY TRANSPLANT (CONT.)***

### **5. High Cholesterol**

Just like diabetes, the medication used to suppress the immune system can cause the blood cholesterol to go up. High cholesterol is not entirely due to a diet high in fatty foods.

### **6. Reappearance of Kidney Disease**

Some forms of kidney diseases can come back in the transplanted kidney. Your doctor and transplant staff will monitor your blood and urine for signs of this problem.

### **7. Cancer**

Patients with kidney failure are at higher risk for certain types of cancer. The antirejection medications may increase the risk.

