

Information for patients thinking about having a kidney transplant

This guide is for patients who have kidney failure and are considering a kidney transplant. It gives some basic information about transplantation and being referred for transplant assessment at the Oxford Transplant Centre. It is not intended to tell you everything about having a transplant. If you have further questions, please ask your consultant or renal nurse.

What is a kidney transplant?

It is a “new” kidney donated either from, a living person who has given one of their kidneys to you, or from someone who has died. The kidney is placed in your lower abdomen, just above your groin. Your own kidneys will be left in place unless there is a reason to take them out.

Why have a kidney transplant?

Your kidneys are failing and you will need treatment to keep you feeling well. This can be in the form of dialysis, either haemodialysis or peritoneal dialysis. Alternatively, another treatment option would be to have a kidney transplant. Transplant is not a suitable option for everyone and your consultant will be able to advise whether they feel it is a suitable treatment option for you. It may be possible to have a transplant in the months leading up to needing dialysis; this is known as ‘pre-emptive transplant’.

It is important to think carefully about this before deciding you would like to be referred for possible transplantation. Please take time to read and think about the benefits and drawbacks associated with having a transplant. Please feel free to discuss them with your renal consultant or renal nurse. Together you will be able to make the right decision for you.

Benefits of a kidney transplant are:

- No need to have dialysis.
- Fewer restrictions on what you can eat and drink.
- You feel healthier.
- You have more energy and feel more able to do sport and physical activity.

Possible drawbacks of having a transplant:

- Transplantation is not a cure for your kidney problem. Depending on what has caused your kidneys to fail, this may also happen to your transplanted kidney over time.
- A kidney could become available at any time. You will need to be able to get to the Oxford Transplant Centre at very short notice, even in the middle of the night. You will need to have plans in place for any childcare, pet care etc. while you are in hospital and recovering. You will need time off work while you recover.
- Your body may reject the new kidney. This can be treated but may mean more time in hospital. Occasionally, despite treatment, the new kidney may fail and you may need to start/restart dialysis.

- You will need to take tablets **every day** for the rest of your life, to stop your body rejecting the new kidney. This medication lowers your body's immunity and as such, you will be at increased risk of infections such as colds, viral illnesses and urine infections. These medications may increase your risk of developing cancer and you will need to be screened regularly to detect any changes.
- You will need to visit the Oxford Transplant Centre frequently for the first six months after transplant; initially three times a week, but this will gradually lessen. At three months, your care will be transferred back to the Berkshire Renal Unit.
- Occasionally, complications can be serious and rarely can result in death.

Not everyone can have a transplant

- As you get older, the risks of an operation become greater. If you are over 70 years old the doctors will discuss the increased risks associated with transplantation and may want additional tests done before referring you to the Oxford Transplant Centre.
- If you are overweight, the risks of having an operation are greater. You may be advised to lose weight before you can have a kidney transplant.
- If you have other health problems such as heart or lung problems, it may be decided the risks of having transplant surgery would be too great for you.
- If you have had cancer in the last few years, the risks of it reoccurring post-transplant would be higher, because of the medications that you need to take following a transplant. Your renal consultant will be able to advise you on how long you would need to wait, after you have been given the 'all clear' before you can be referred for transplant assessment.
- Some people feel the risks outweigh the benefits and decide they do not wish to be considered for transplantation.

Tests you will need to have before transplant referral

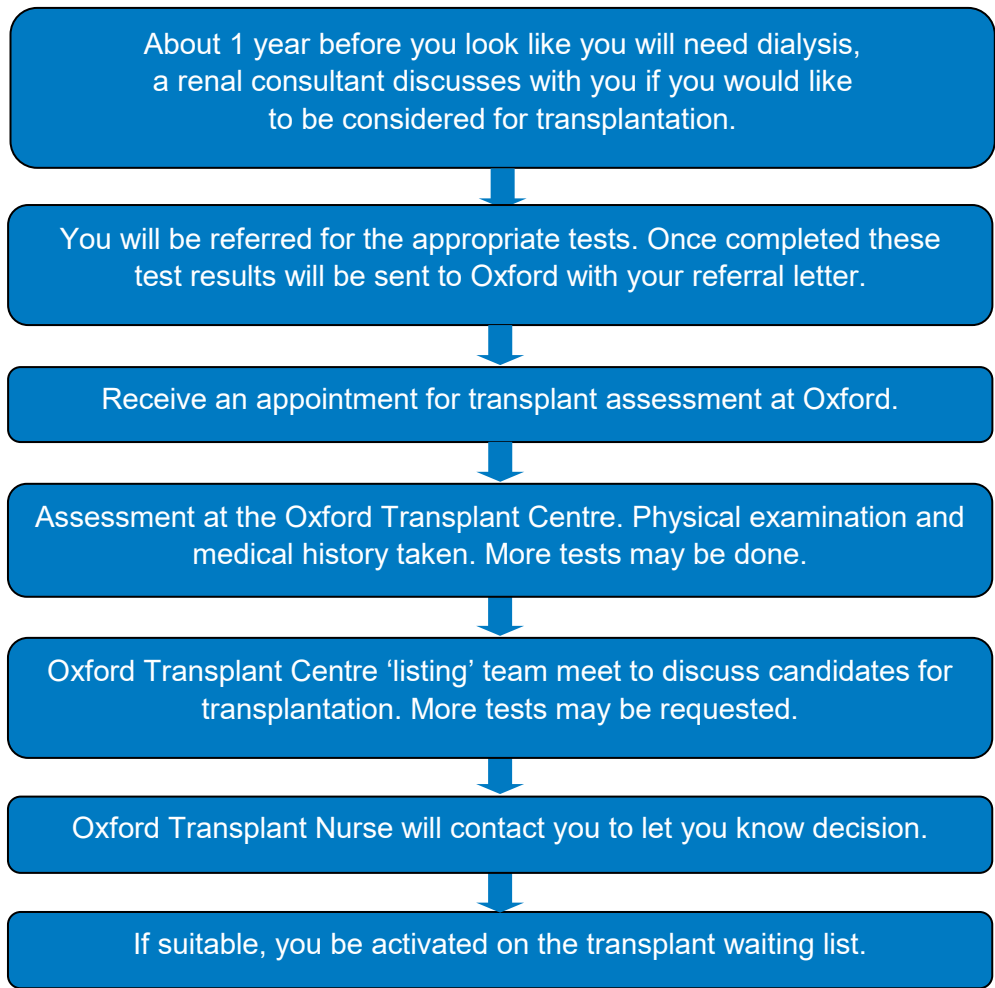
- **Blood group:** There are four types or groups of red blood cells – you are either A, B, AB or O. For the transplant to go ahead, your blood group would usually need to be compatible with your donor's blood group.
- **Dental checks:** Bad teeth can cause infections, particularly if you are on medicines to stop your body rejecting the new kidney after a transplant. It is important that you see a dentist to check your teeth and gums are healthy.
- **ECG (heart tracing):** This test is used to check that the heart is working well by looking at electrical activity.
- **General medical checks:** For patients with blood disorders or genetic illnesses, further specific tests may be undertaken.
- **Cervical smear:** (Women only) within the last 3 years.
- **Mammogram:** (Women only) women over 50 – within the last 3 years.

Tests you may need to have before transplant referral

- **Cardio-stress test:** This test is used to examine the heart function when it is under stress, e.g. on a treadmill.
- **Coronary angiogram:** A flexible tube (catheter) and X-ray are used to check that the blood vessels in the heart are clear and working well.

- **Echocardiogram (ECHO):** Ultrasound images are used to examine the wellbeing of your heart – its size and pumping capacity.
- **Myocardial perfusion scan (MPS):** This test compares the blood flow to the heart muscle at rest and during exercise using a radioactive tracer drug injected into a vein in the arm.
- **Magnetic Resonance Angiogram of Iliac Vessels:** A scan done to assess the blood vessels going to your legs, to ensure a kidney transplant will not effect the blood flow in your legs.

How the referral to the Oxford Transplant Centre works



Where do the kidneys come from?

Kidneys can be donated in several ways:

- **Deceased (cadaveric kidney):** This is from someone who has died, and during their life expressed a wish to become an organ donor at the time of their death. Most deceased donors die in an intensive care unit.
- **Live:** This is a direct donation, generally from a relative, friend, spouse, sibling or altruistic donor, who donates one of their healthy kidneys to you.
- **Paired:** This involves putting patients and their incompatible living donors into a pairing scheme with others in a similar situation. This will hopefully result in matching pairs. This process will be anonymous and carried out through the National Pairing Scheme run by NHS

Blood and Transplant (NHSBT). If this is an option for you, the Oxford Transplant Centre will discuss it with you and your donor.

- **Blood Group Incompatible:** Incompatible live donors can be used if a willing compatible donor cannot be found. This can occur if the donor/recipient are blood group incompatible. This is called ABO incompatible transplant and will require additional treatment pre transplant.

How long will I wait for a kidney?

Once you have been assessed as suitable, you will be put on the transplant waiting list. Unfortunately, we cannot predict how long this will be for. NHSBT allocated kidneys by matching the blood group and tissue type of the donor & recipient. This system is in place to ensure you receive the most suitable kidney. The wait can be anything from a few weeks to many years. If your tissue type is rare or you are sensitised to certain tissue types (from blood transfusions, previous transplants or pregnancy) you may have to wait longer than average.

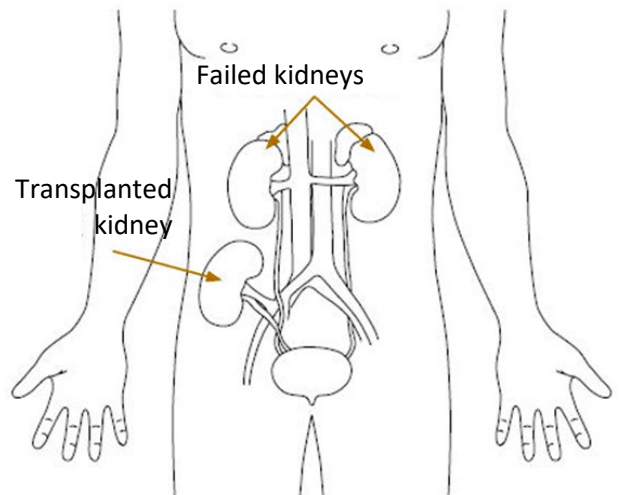
The transplant operation

The transplant operation takes about two hours but you will be away from the ward for around four hours in total. The new kidney will be placed in the lower left or right side of your abdomen.

When you wake up you will have a urinary catheter (fine plastic tube) in place to help rest your bladder and to measure how much urine the new kidney is making. This will stay in place for about five days.

A line will usually be inserted into your neck during the operation or shortly afterwards while you are still anaesthetised. This is called a drip. It is used to give

you the fluids and medicines you need and to measure your fluid balance. You will also have a tube inserted into your wound to remove (drain) any excess fluid from around your new kidney. You will be closely monitored and observed throughout this period.



Contacting us

Transplant Nurses: 0118 322 8332 or mobile: 07917 815190. Monday to Friday 8.30am – 5pm

Further information

www.ouh.nhs.uk

www.nhsbt.nhs.uk

www.kidney.org.uk

www.kidneycareuk.org

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Department of Renal Medicine, January 2023.

Next review due: January 2025

Compassionate

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