



Royal Berkshire  
NHS Foundation Trust

Department of Renal Services



# Your kidney transplant

Thinking about having a kidney transplant?

## Contact numbers:

Kidney Care Nurses: 0118 322 7899

Pre-Transplant Nurse: 0118 322 8332

Or telephone 0118 322 5111 and ask switchboard to bleep 40593 Mon-Fri 9am-5pm for the Transplant Nurse

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This guide is for patients who have kidney failure and are considering kidney transplantation. We hope it will provide some basic information about transplantation and being referred for transplant assessment to the Oxford Transplant Centre.

This guide is not intended to tell you about everything about having a transplant. If you have any further questions, please ask your consultant or specialist nurse.

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## What is a kidney transplant?

It is a “new” kidney from someone who has died or from a living person who has given one of their kidneys to you. 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. Another treatment possibility would be to have a kidney transplant. This is not suitable for everyone and your kidney consultant will be able to advise you if they feel it is a suitable treatment option for you. It is possible to have a transplant in the months leading up to needing dialysis and this is known as a 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 kidney consultant or nurse or the pre transplant 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 take part in 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 Transplant Centre in Oxford at very short notice, even in the middle of the night. You will need to have plans in place for child care/pets/work whilst you are in hospital and recovering.
- Your body may reject your new kidney. This can be treated but may mean more time in hospital. Occasionally, despite treatment, your new kidney may fail and you will need dialysis if you were already on it.
- You will need to take tablets every day for the rest of your life to stop your body rejecting your new kidney. These medications may increase your risk of developing cancer. You will need to be screened regularly to detect any changes. Because of the immunosuppression medication, you will be prone to infections such as colds and urine infections.
- You will need to visit the Transplant Centre in Oxford frequently for the first six months; initially three times a week, but this will gradually lessen. At six months, your care will transfer back to the Royal Berkshire Hospital team.
- Occasionally, complications can be serious and, although 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 Transplant Centre.
- If you are already overweight, the risks of having an operation are greater. Some of the medication given after the transplant may make you put on some weight. You may be advised to lose weight before you can have a kidney transplant. Your BMI (body mass index – a healthy weight indicator) is recommended not to be higher than 37, but preferably less than 35.
- If you have other health problems such as heart or breathing problems then it may be decided that the risks in having a transplant operation would be too great for you.
- If you have had cancer in the last few years, the risks of it reoccurring because of the drugs that you need to take following a transplant, would be higher. Your consultant will be able to advise you on how long after you have been given the ‘all clear’ you would need to wait before you can be referred.
- Some people feel the risks outweigh the benefits and decide they do not wish to be referred for possible 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.
- Dental checks: Bad teeth can cause infections, particularly if you’re taking medicines to stop your body rejecting the new kidney after a transplant. It is important that you see your 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 aged over 50 – Needs to have been done in the last 3 years.

### Tests you may need to have before transplant referral

- Cardio-stress test: This test may also be undertaken to examine the heart when 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 (MRA blood vessels in groins) This scan is done to assess the blood vessels which go to your legs, to ensure that if you have a kidney transplant it will not effect the blood flow in your legs.

## How the referral to the Oxford Transplant Centre works

About 1 year before you look like you will need dialysis, a Renal Consultant discusses with you if you would like to be considered for transplantation.

You will be referred for the appropriate tests. Once completed the results will be sent to Oxford with your referral

Receive appointment for assessment at Oxford (approx two weeks from receipt of forms/test results).

Assessment at Oxford Transplant Centre. Physical examination and full medical history taken. More tests may be requested.

Oxford Transplant Centre 'Listing' team meet to discuss candidates for transplantation. More tests may be requested.

Oxford Transplant Nurse will contact you to let you know decision.

If suitable, you go on waiting list.

## Where do the kidneys come from?

Kidneys can be donated in several ways:

- 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.
- Blood Group Incompatible: A live donated kidney does not have to be blood group compatible. Incompatible live donors can be used if a willing compatible donor cannot be found. This can occur if the donor/recipient is blood group incompatible. This is called ABO incompatible treatment and may require additional treatment pre transplant.
- Deceased (cadaveric kidney): This is from someone who has died and during their life had expressed a wish to become an organ donor at the time of their death. Most deceased donors die in an intensive care unit.

## Paired donation

Changes in the law in 2006 now mean that it is possible for living people to donate kidneys in new ways. 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 NHSBT. If this is an option for you the Transplant Centre will discuss it with you and your donor.

## How long will I wait for a kidney?

Once you have been assessed as suitable you will be put on the waiting list. Unfortunately, we cannot predict how long this will be. United Kingdom Transplant (UKT) allocated kidneys by matching blood group and tissue type. This system is in place to ensure the best

match between you and the donor 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.

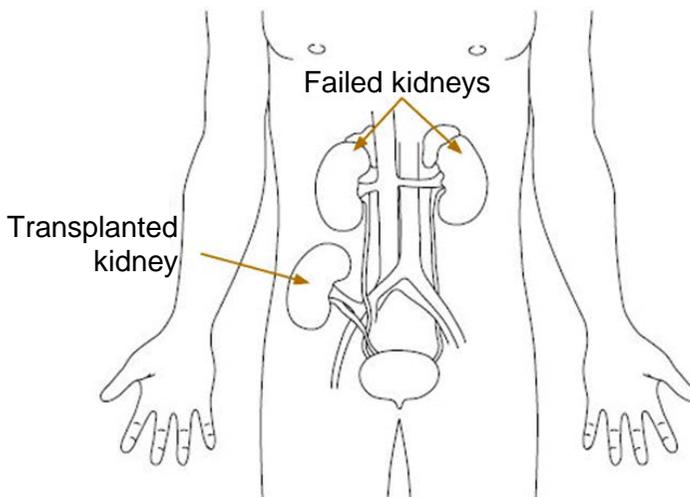
## The transplant operation

The transplant operation takes about two hours but you'll be away from the ward for around four hours in total. Your 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 your 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.



## Useful contacts

[www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

[www.oxfordracliffe.nhs.uk](http://www.oxfordracliffe.nhs.uk)

[www.kidney.org.uk](http://www.kidney.org.uk)

[www.kidneycare.nhs.uk](http://www.kidneycare.nhs.uk)

[www.kidneywise.com](http://www.kidneywise.com)

[www.uktransplant.org.uk](http://www.uktransplant.org.uk)

Questions you may want to ask your consultant, nurse or the Oxford Transplant Team

If you would like a copy of this booklet in large print or in another language, please contact  
0118 322 8332

Based on information from the Oxford Radcliffe Hospitals NHS Trust Kidney Transplant booklet (OMI 50749)

Diagram courtesy of University Hospitals Birmingham booklet Pre-transplant Renal Education Programme

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RBFT Renal Team, Oct 2012

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