

National Kidney
Foundation™

Kidney Transplant





When an individual's kidneys fail, three treatment options are available: hemodialysis, peritoneal dialysis or kidney transplantation. Many patients feel that a successful kidney transplant provides a better quality of life because it allows for greater freedom and often is associated with increased energy levels and a less restricted diet. This brochure provides information on kidney transplantation to help you in making a decision about whether it is the best treatment for you. You may find it helpful to talk to people who already have had a kidney transplant. You also need to speak to your doctor, nurse and family members about your choice.

What is a kidney transplant?

A kidney transplant is **an operation** in which a person whose own kidneys have failed receives a **new kidney to take over the work of cleaning their blood.**

Are there different kinds of kidney transplants?

Yes. Kidney transplants may come from living donors or from individuals who have died (nonliving donors). A living donor may be someone in your immediate or extended family or your spouse or close friend. In some cases, a living donor may even be a stranger who wishes to donate a kidney to anyone in need of a transplant.

What are the advantages and disadvantages of living donation?

One advantage of receiving a kidney transplant from a living donor is that the average **long-term success rates tend to be somewhat higher** than transplants from nonliving donors. Another advantage is that the operation can be scheduled to suit your needs because it is **not necessary to wait for a kidney to become available** from a nonliving donor.

The disadvantage is that a healthy donor must undergo major surgery to remove a kidney to be transplanted into you, the recipient.



The donor will need some recovery time before returning to work and other activities. However, some newer surgical techniques for kidney removal use very small incisions and may allow a shorter recovery time for the donor. In addition, studies have shown that **one remaining healthy kidney is enough** to remove wastes and excess fluid from the blood. Living donors usually experience positive feelings about their courageous gift.

What are the advantages and disadvantages of nonliving donation?

Technical advances have resulted in very good success rates for kidney transplants from nonliving donors. However, due to the shortage in the supply of kidneys donated for transplantation, **you must remain on a waiting list** until a suitably matched kidney becomes available. It's important to follow your prescribed treatment carefully while waiting, so that you will be healthy when a suitable kidney becomes available for your transplant.

How do I start the process of getting a kidney transplant?

Your doctor can discuss the transplant process with you. He or she also can **refer you to a transplant center** for further evaluation, or you can call a transplant program at a hospital near you.



How can I pay for my transplant?

Most private health insurance policies cover many expenses associated with kidney transplants, including medications. In addition, most kidney transplant candidates are eligible for Medicare, which will cover 80 percent of the cost of the transplant surgery. After transplantation, you will need to take medications to prevent rejection of your new kidney. Medicare Part B will cover 80 percent of the cost of these antirejection medications, but not the cost of other medications you may need. For most patients, this Medicare coverage will stop after 36 months. However, if you are eligible for Medicare coverage based on age or disability, the cost of your antirejection medications may be covered for as long as you are on Medicare. Other types of health insurance, such as employee or retiree plans, Medigap policies, Medicaid and veterans' benefits, vary considerably in their coverage of expenses associated with kidney transplantation. The social worker or financial counselor at your transplant center should be available to answer questions about your coverage options.

What does the transplant operation involve?

The kidney transplant operation involves an incision on the lower part of the abdomen to connect your blood vessels to the new kidney and the ureter (urine tube) of the new kidney to your bladder. The **operation usually takes about three hours**. Expect to feel groggy and sore as you would after any type of surgery. You will find a tube (catheter) in your bladder to collect and measure the urine. There will be an intravenous (IV) tube in your arm to supply you with nutrients and fluids. The IV and catheter will be removed in several days. You may be out of bed within a day or two. Many times, the new kidney begins to work right away.



When can I go home?

Most patients can leave the hospital in **five to seven days**. Once you are home, the most important part of your transplant begins: **the follow-up**. For your transplant to be successful, **you will have to be monitored carefully** and your medications will need to be adjusted. This involves blood tests several times a week just after the transplant. Before long, it will not be necessary for blood tests or doctor visits to be so frequent. However, you will still need to have your kidney function and medications checked from time to time.

Do my own kidneys have to be removed?

Possibly. The kidney on the same side as the transplant may sometimes be removed in order to reconstruct the urinary tract. Another reason why a failed kidney may sometimes be removed at the time of a transplant is to examine it and find out the exact cause of kidney failure.

How long will it be before I can return to work?

The main goal of transplantation is rehabilitation. How soon you are able to return to work **depends on factors such as your age, your type of job and other medical conditions.**

Many patients can return to work in three to eight weeks after their transplant.

What is rejection?

The most important complication that may occur after transplant is rejection of the kidney. The body's immune system guards against



attack by all foreign matter, such as bacteria. This defense system may recognize tissue trans-

planted from someone else as “foreign” and act to combat this “foreign invader.” You will need to take medications every day to prevent rejection of your new kidney. Most patients take three types. The major one is usually a type of medication like cyclosporine or tacrolimus, or a newer medication, called sirolimus. You may also need to take a type of steroid such as prednisone, and a third medication such as mycophenolate mofetil or azathioprine. Additional treatment may be needed if a rejection episode occurs. Regular checkups at your transplant center will ensure early detection and treatment of rejection.

What are the side effects of the antirejection medications?

Antirejection medications have a large number of possible side effects because the body’s immune defenses are suppressed. Fortunately, these side effects usually are manageable for most patients. If side effects do occur, changing the dose or type of the medications will usually take care of them. Some of the most common side effects include **high blood pressure, weight gain and a susceptibility to infections and tumors.**

What other types of medications will I need to take?

In addition to antirejection medications, many patients need to take **blood pressure medications** and medications to prevent ulcers and infection.

What are the chances that a transplanted kidney will continue to function normally?

A variety of factors influence the success of kidney transplantation. The chances that a transplanted kidney will continue to function are **between 89 and 95 percent one year after the operation**. Results of transplantation are improving steadily with research advances. For instance, research has led to improvements in surgical techniques, preservation of donated kidneys and drugs used to prevent rejection of transplanted kidneys. In the event that a transplanted kidney fails, a second transplant may be a good option for many patients.

Can people who are older or who have other health problems have a transplant?

Yes. In many cases, older people and people with diseases such as diabetes, heart trouble and other health problems can have successful kidney transplants. Careful evaluation is needed to understand and modify any special risks.

If I have diabetes, can I have a pancreas transplant?

Sometimes it is possible for patients with Type 1 diabetes to receive a pancreas transplant along with their kidney transplant. **Your doctor can advise you about this possibility.**

What about my sex life?

People who have not had satisfactory sexual function **may notice steady improvement in sexual function** as they begin to feel better after a transplant. In addition, fertility (the abil-

ity to have children) tends to increase. Women should avoid becoming pregnant too soon after a transplant. Birth control counseling may be helpful at this time. (See the National Kidney Foundation brochure *Sexuality and Chronic Kidney Disease*.)



Will I need to follow a special diet?

Usually. Kidney transplants, like other treatments for kidney failure, often require following special diet guidelines. If you were on dialysis before, you may find this new diet less restricted. The length of time you must follow the special diet varies.

Your progress will be followed closely, and your doctor and dietitian will change your diet as needed. (For further details, see the National Kidney Foundation brochure *Nutrition and Transplantation*.)

What else can I do?

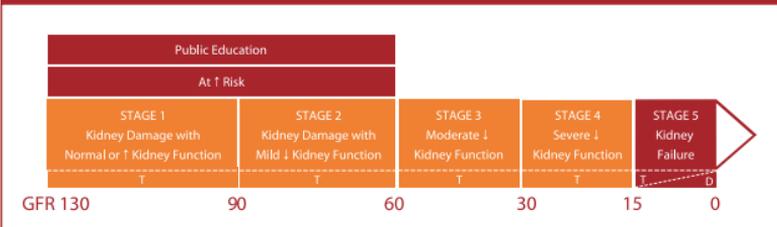
You should inform yourself fully by reading and talking to doctors, nurses and patients who already have had kidney transplants. You may be interested in the following publications available from the National Kidney Foundation:

- *Answering Your Questions About Living Donation*
- *Getting a Kidney-Pancreas Transplant*
- *Nutrition and Transplantation*
- *Optimal Drug Use: Be a Team Player*
- *transAction Council Membership Brochure*.

Membership in the transAction council is free and open to those who have received life-saving or life-enhancing organ transplants, their families and friends. Membership benefits include: opportunities to improve well-being through health and fitness programs; educational symposia; a voice in legislative and public policy issues affecting transplant recipients; information on other NKF programs and services of interest to transplant recipients; and a subscription to *Transplant Chronicles*, a newsletter for recipients and their families.

More than 20 million Americans—one in nine adults—have chronic kidney disease, and most don't even know it. More than 20 million others are at increased risk. The National Kidney Foundation, a major voluntary health organization, seeks to prevent kidney and urinary tract diseases, improve the health and well-being of individuals and families affected by these diseases, and increase the availability of all organs for transplantation. Through its 47 affiliates nationwide, the foundation conducts programs in research, professional education, patient and community services, public education and organ donation. The work of the National Kidney Foundation is funded by public donations.

Education Along the Continuum of Care



This arrow illustrates the potential scope of content for KLS resources. Lightshaded boxes indicate the scope of content targeted in this resource. GFR = Glomerular Filtration Rate; T = Kidney Transplant; D = Dialysis

PARTNERS IN EDUCATION



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