

KIDNEY/RENAL TRANSPLANTATION

The kidneys filter blood, remove waste products, make hormones, and produce urine. The 2 kidneys drain via the ureters into the bladder where the urine is stored. In persons with end stage renal [kidney) disease [also called chronic renal failure), renal dialysis (use of a machine to substitute for the kidney in removing waste producer or kidney transplantation are the treatment options. A successfully transplanted kidney works as a person's own healthy kidney would This means that the individual no longer needs dialysis and may reduce or eliminate need for some medications. Not every person with renal failure is a candidate for a kidney transplant.

For those people who are suitable a transplant will, in most cases, give you a better quality of life than dialysis. You may need to have several tests and medical examinations to help decide whether you are suitable for a transplant.

1) Why should I consider a Kidney Transplant instead of dialysis?

While dialysis is a life-saving treatment, it does only about 10% of the work that a functioning kidney does. Because of the impact on the body, dialysis can cause other health problems. Patients typically live 10-15 years longer with a kidney transplant than if stayed on dialysis. Most people experience much better quality of life after kidney transplant.

2) Am I a good candidate for a kidney transplant?

You will need a thorough evaluation by the Transplant team, in consultation with referring physicians to determine if the transplantation is the best treatment option. Being a good candidate for transplant depends upon your physical health, emotional well-being, and ability to manage medication and care plans.

3) What is the best time for me to get transplant?

If at all possible, it is best to have a transplant before you have dialysis or spend a long time on dialysis. Patients who have a living kidney donor have the best chance of avoiding dialysis, or being on dialysis for less time. Studies show that a transplanted kidney from a living donor functions longer, and the recipient lives longer, compared to those patients who have had dialysis prior to transplant.

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If at all possible, it is best to have a transplant before you have dialysis or spend a long time on dialysis. Patients who have a living kidney donor have the best chance of avoiding dialysis (preemptive transplant), or being on dialysis for less time. Studies show that a transplanted kidney from a living donor functions longer, and the recipient lives longer, compared to those patients who have had dialysis prior to transplant.

With preemptive transplants, patients receive their kidney when their health is generally quite stable, which can improve new kidney function, and enhance overall health and life expectancy. Living donation can also be scheduled at the convenience of both donor and recipient, and is performed at a pre-determined time, rather than as an urgent operation when a deceased donor kidney becomes available.

5) How do I get a kidney?

Sometimes a relative or a spouse is able to donate a kidney to a loved one, provided the removal of the kidney will not harm the living donor's health. The donor must undergo a thorough medical evaluation that includes, among other things, blood work to assess tissue compatibility and the likelihood of organ rejection. If a living-donor is not an immediate option for you, then you will be listed with Zonal Transplant Coordination Committee who administers and maintains the regional organ transplant waiting list.

6) How long will I wait on the waiting list?

Typically the wait for a deceased donor kidney is long, often several years. And there is no guarantee when a deceased donor will become available. Patient could wait several years for a deceased donor kidney, during which time their health may decline. For this reason, we strongly advise patients to consider talking to family members about living kidney donation.

7) What are my options if I have diabetes?

A pancreas transplant may be considered as a treatment option for some people who have Type 1 diabetes (When the body does not produce insulin). Those who have kidney failure or are about to require dialysis may be considered for a simultaneous deceased donor kidney/pancreas transplant, or for a living or deceased donor kidney transplant followed by a deceased donor pancreas transplant.

8) What medication must I take?

You must always take anti-rejection medication for as long as you have a functioning transplant. You will also need medication to prevent infection for a short time after your transplant. Additionally, you may need at some point of time medications to control blood pressure and prevent fluid retention.

You should never stop taking your medication or change the dose without approval from the transplant team, even if you experience unpleasant side effects. Tolerating some side effects temporarily may be necessary in order to prevent organ rejection.

9) What if I reject my new kidney?

Rejection is a signal that your immune system has identified the new kidney as foreign tissue and is trying to get rid of it. Preventing rejection with immune-suppressing medication is the first priority. The most common sign of rejection is change in kidney function (an increase in creatinine, a waste products) as measured by blood testing in the first three months after transplantation, and regular testing after that. Using medication, we can successfully reverse most rejection episodes, if we detect it early enough. However, if the episode is severe, it may shorten the overall life span of the new kidney.

10) How frequently I have to visit hospital for followup?

For first three to six months after your transplant, you will have frequent follow-up visits with transplant team and frequent laboratory tests. Gradually, visits will be reduced. At this stage, you can look forward to have more time for yourself and your activities.

11) Do I have to follow a special diet after a kidney transplant?

Because of the medication you must take, transplant patients are more likely to be affected by germs that may be on or in foods. You should wash all fruits and vegetables thoroughly before eating and avoid raw or under/half cooked meat, poultry, fish, and raw eggs in any form (including cookie dough and eggnog). Also, you cannot have grapefruit or any juices or beverages containing grapefruit because they will interfere with your medications. Once you feel better with your new organ, your diet will be less restricted. Also some medicines may increase appetite. Therefore, it is very important for you to follow a healthy diet to avoid gaining too much weight.

12) Can I exercise?

Yes! It will take time to regain strength and endurance after a transplant, but eventually you can resume normal activity. Walking and stair climbing are excellent exercises for maintaining muscle tone and strength. You should consider walking 5 to 10 minutes a day when you first arrive home after surgery and then slowly increase the time you walk each week. Do not begin strenuous exercises, such as contact sports, jogging, tennis, and weightlifting, for at least two months from the transplant. When you feel tired, you should rest immediately.

13) Are there any restrictions I must follow?

You should not smoke after transplant and every attempt to quit prior to the transplant. The transplant team will let you know when you can begin to drive again, return to work or school, and travel. You can decide when to resume sexual activity depending upon how you feel. Postoperative discomfort usually does not interrupt sexual activity for more than a few weeks.

What to Expect After a Kidney Transplant ?

In most cases, a patient's health, life expectancy and quality of life improves significantly after a successful transplant

Never skip or stop taking them {medications} without checking with the team. Interruption of the medication regimen can cause severe rejection of the transplanted organ.

You can help control your blood pressure, blood sugar, fat or lipid levels, weight, and bone health with a good diet and exercise.

Always check with your doctor before initiating any exercise program.