

Kidney Transplantation

Purpose

Kidney transplantation is a procedure that places a healthy kidney from another person into your body. This one new kidney does all the work that your two failed kidneys cannot do.

How It Works

A surgeon places the new kidney inside your body between your upper thigh and abdomen. The surgeon connects the artery and vein of the new kidney to your artery and vein. Your blood flows through the new kidney and makes urine, just like your own kidneys did when they were healthy. The new kidney may start working right away or may take up to a few weeks to make urine. Your own kidneys are left where they are, unless they are causing infection or high blood pressure.

Getting Ready

You may receive a kidney from a member of your family. This kind of donor is called a living-related donor. You may receive a kidney from a person who has recently died. This type of donor is called a cadaver donor. Sometimes a spouse or very close friend may donate a kidney. This kind of donor is called a living-unrelated donor.

It is very important for the donor's blood and tissues to closely match yours. This match will help prevent your body's immune system from fighting off, or rejecting, the new kidney. A lab will do special tests on blood cells to find out if your body will accept the new kidney.

The Time It Takes

The time it takes to get a kidney varies. There are not enough cadaver donors for every person who needs a transplant. Because of this, you must be placed on a waiting list to receive a cadaver donor kidney. However, if a relative gives you a kidney, the transplant operation can be done sooner.

The surgery takes from 3 to 6 hours. The usual hospital stay may last from 10 to 14 days. After you leave the hospital, you will go to the clinic for regular followup visits.

If a relative or close friend gives you a kidney, he or she will probably stay in the hospital for one week or less.

Possible Complications

Transplantation is not a cure. There is always a chance that your body will reject your new kidney, no matter how good the match. The chance of your body accepting the new kidney depends on your age, race, and medical condition.

Normally, 75 to 80 percent of transplants from cadaver donors are working one year after

surgery. However, transplants from living relatives often work better than transplants from cadaver donors. This fact is because they are usually a closer match.

Your doctor will give you special drugs to help prevent rejection. These are called immunosuppressants. You will need to take these drugs every day for the rest of your life. Sometimes these drugs cannot stop your body from rejecting the new kidney. If this happens, you will go back to some form of dialysis and possibly wait for another transplant.

Treatment with these drugs may cause side effects. The most serious is that they weaken your immune system, making it easier for you to get infections. Some drugs also cause changes in how you look. Your face may get fuller. You may gain weight or develop acne or facial hair. Not all patients have these problems, and makeup and diet can help.

Some of these drugs may cause problems such as cataracts, extra stomach acid, and hip disease. In a smaller number of patients, these drugs also may cause liver or kidney damage when used for a long period of time.

Your Diet

Diet for transplant patients is less limiting than it is for dialysis patients. You may still have to cut back on some foods, though. Your diet probably will change as your medicines, blood values, weight, and blood pressure change.

- You may need to count calories. Your medicine may give you a bigger appetite and cause you to gain weight.
- You may have to limit eating salty foods. Your medications may cause salt to be held in your body, leading to high blood pressure.
- You may need to eat less protein. Some medications cause a higher level of wastes to build up in your bloodstream.

Pros & Cons

There are pros and cons to kidney transplantation.

Pros

- It works like a normal kidney.
- It helps you feel healthier.
- You have fewer diet restrictions.
- There's no need for dialysis.

Cons

- It requires major surgery.

- You may need to wait for a donor.
- One transplant may not last a lifetime. Your body may reject the new kidney.
- You will have to take drugs for the rest of your life.

Working With Your Health Care Team

Questions You May Want To Ask

- Is transplantation the best treatment choice for me? Why or why not?
- What are my chances of having a successful transplant?
- How do I find out if a family member or friend can donate?
- What are the risks to a family member or friend if he or she donates?
- If a family member or friend doesn't donate, how do I get placed on a waiting list for a kidney? How long will I have to wait?
- What are the symptoms of rejection?
- Who will be on my health care team? How can they help me?
- Who can I talk to about sexuality, finances, or family concerns?
- How/where can I talk to other people who have faced this decision?

Conclusion

It's not always easy to decide which type of treatment is best for you. Your decision depends on your medical condition, lifestyle, and personal likes and dislikes. Discuss the pros and cons of each with your health care team. If you start one form of treatment and decide you'd like to try another, talk it over with your doctor. The key is to learn as much as you can about your choices. With that knowledge, you and your doctor will choose a treatment that suits you best.

