Kidney Health NEW ZEALAND

Having a Kidney Transplant

A kidney transplant is the best treatment for most people with complete kidney failure. A kidney transplant is an operation to give a healthy kidney from one person to another person who has kidney failure.

There are two types of kidney transplants:

- A transplant from a living donor. Any family member or friend who is healthy and willing to donate a kidney can be considered as a possible donor. It is also sometimes possible for a person to receive a kidney from someone that they do not know, altruistic (or non-directed) donation. Anybody thinking of being a kidney donor should contact the transplant coordinator at the kidney unit closest to them.

- A transplant from a person who has died suddenly - usually called a deceased donor. In this case family of the donor have agreed for the kidney to be donated.

A successful kidney transplant means that you no longer need dialysis . Like dialysis though, a kidney transplant is not a complete cure. Complications, such as rejection, can lead to loss of the transplant and a return to dialysis.

Can anyone receive a kidney transplant?

Everyone whose kidneys have failed is entitled to be assessed to see whether they are suitable for a kidney transplant. If you have kidney failure, it is important that you talk to your kidney team about whether or not you are able to have a kidney transplant.

Anyone thinking about having a kidney transplant needs to be in good general health. If your health is not good, having a kidney transplant may not be the best option for you.

All people considering having a kidney transplant will need a general medical check-up. Some people will require additional tests which may include checks of their heart function, a cervical smear, a prostate cancer check. In some cases where the urine drainage system has been damaged a review by a urology surgeon will be required.

A kidney transplant is not recommended for people who have a high risk of having a heart attack during or soon after surgery. People who have an active cancer or infection cannot have a transplant.

People who are overweight may need to lose weight before they can receive a kidney transplant, as this can increase the risk of slow wound healing and blood clots or chest infections after the operation.

The kidney transplant surgeon will review all patients before they are accepted for a kidney transplant. The surgeon will explain the operation and what is involved and will examine the patient for any problems that might make surgery difficult.

Other specialists may need to be consulted depending on the patient's medical history.

Advantages of the a Kidney Transplant

A successful transplant:

- means no more dialysis
- for most people it means a longer life and improved quality of life
- allows freedom of choice of food and liquid
- enables a more normal lifestyle, including freedom to travel
- can improve fertility and many people have successful pregnancies and healthy children after a transplant.

Disadvantages of a Kidney Transplant

Some possible problems from transplant are:

- it involves having an operation
- medications to prevent loss of the kidney need to be taken daily for the rest of your life, or for as long as the kidney works
- these medications can have physical side effects such as an increase in weight, increased hairiness, and acne
- there is uncertainty about the kidney transplant working. There is no guarantee that the kidney will work after the transplant. Even if it works there is always a possibility of the kidney stopping working (called 'rejection') at any time, but this does become much less likely after the first year
- the anti-rejection medicines can cause complications. The most serious is an increased risk of getting infections. Transplant patients also have an increased risk of getting certain cancers, especially skin cancer
- some people may have to relocate for a time when they have the transplant.

Getting on the waiting list

The kidney transplant team meets regularly to discuss and review all patients who want to go on the transplant waiting list. Your kidney team will discuss your suitability for a transplant against a set of national rules. You will need to have various tests, depending on your medical situation. If, after reviewing them, the kidney team decides that you are suitable; arrangements will be made for you to go on the kidney transplant waiting list.

If you are not accepted for any reason, you can talk to your kidney team about the decision.

People on the waiting list are reviewed every one to two years to make sure they are still well enough to receive a transplant.

How does the kidney transplant waiting list work?

New Zealand has one national waiting list for kidney transplants managed by Organ Donation New Zealand (www.donor.co.nz). Once you have simple blood tests done to determine **blood group** and **tissue typing** information you will be accepted onto the waiting list. This information is stored on a New Zealand Blood Service computer along with the date you went on the waiting list.

Once you are on the waiting list a fresh blood sample is needed each month. If you do not have your monthly test you will not have a chance of being offered a kidney during the next month.

Kidneys are allocated to people on the waiting list by a number of rules. Patients who have a very close tissue match to the donor are given first priority for the kidney no matter how long they have been on the waiting list.

About half of the kidneys are allocated to patients this way. The other half will not be such a close tissue match to anyone waiting on the list. In these cases the time on the waiting list plays a bigger role.

If a closely matched donor does not become available, you will be offered a kidney when you have reached the top of the list in terms of the time you have been waiting.

It is possible to go on the waiting list before you start dialysis. But waiting time will not be counted until you have started dialysis. A closely matched kidney could become available for you before you start dialysis, but most people start dialysis before they receive a kidney transplant.

It is almost impossible to predict how long a person will wait for a kidney transplant. Some people will get a transplant very quickly, while others can wait for years. In general though, most people are on the waiting list for 3-5 years before they receive a kidney transplant.

What to expect after the operation

When you return from the operation you will have a thin tube in a vein in your neck, a catheter in your bladder and an IV line (a drip) in your arm.

After the transplant you often need to drink several litres of fluid each day, which can be difficult to adjust to when you have been carefully controlling your daily drinking as a dialysis patient.

Sometimes the transplanted kidney does not work straight away and you may need dialysis for a while until it is working properly.

You will need to come to the transplant clinic a number of times each week after you leave hospital, for a number of weeks. Later you will only need to come to the clinic every few months.

The staff will give you information about exercise, diet and drinking, and your medications.

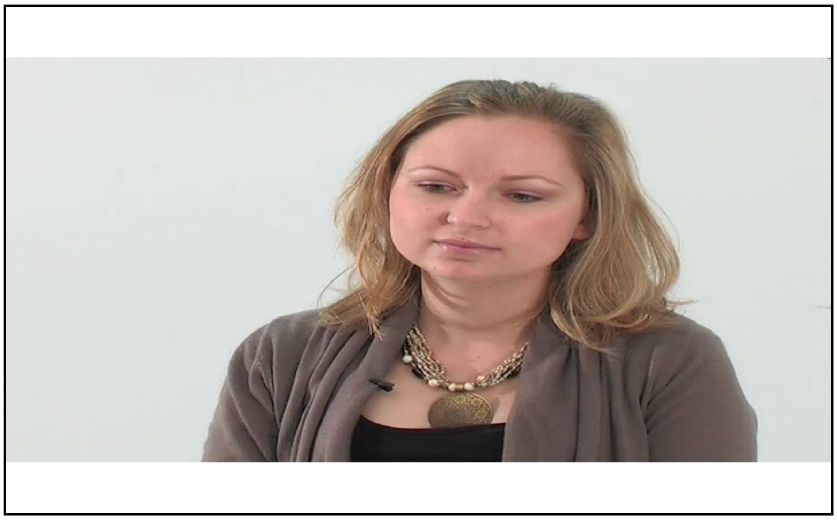
What if the transplant fails

Unfortunately, some kidneys are lost through rejection, infection, or problems with blood supply to the kidney.

Although we know that a year after a transplant operation about 9 out of 10 kidneys transplanted from a living donor will be working well. About half of these kidneys will still be working well 15 years later. Some people have a transplant that is still working well after 20 years.

If a transplant does fail, then the person will need to go back on to dialysis.

Would you like to hear what Kaela has to say about having a kidney transplant?



BLOOD GROUP

People have one of four major blood groups – O, A, B or AB. A potential donor and recipient are said to have compatible blood groups when the recipient does not have antibodies against the potential donor's blood group. For example a person with an O blood group would have antibodies against donors with blood groups A, B and AB but is compatible with another person with blood group O.

O recipients can only have an O kidney
B recipients can receive a B or O kidney
A recipients can receive an A or O kidney
AB recipients can have an A, B, O, or AB kidney

TISSUE TYPING

A special pattern of antigens (called tissue type) is present on everyone's cells and tissues.
Tissue typing is a test done in the laboratory in which the tissues of a prospective donor and recipient are tested for compatibility prior to transplantation.

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