



UHNS Pre transplant Information

Welcome from us

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Please feel free to ask questions



Why a transplant

- Good quality of life
- Can avoid dialysis
- Equal or longer life expectancy than dialysis
- BUT
- You need to be fit for the operation and tablets
- Not everybody will be suitable



How will I be assessed

- You will be given information today
- You will be seen by a doctor in a clinic
- You will have tests
- You may need further tests or to see another specialist (e.g. a heart specialist)



Kidney pancreas transplant

- Option for type 1 diabetics with complications
- More risky than kidney alone but more benefit if it works well
- Will be discussed individually in clinic
- Manchester



What happens then

- If all is well you will be referred to the transplant surgeons
- If you are not fit we will tell you and you can see the doctor in clinic again or the transplant surgeons if you would like
- Sometimes we find other problems that you weren't aware of which will need further investigation



Going to see the surgeon

- You will be seen at Queen Elizabeth Hospital Birmingham OR Manchester Royal Infirmary
- The doctors there will explain things again and you will see a transplant coordinator
- You will have further blood tests
- If all is well you will go on the transplant list a few weeks later



The list


- This is a national list
- Average wait 2½-3 years
- There is no top or bottom

- You may sometimes be suspended
 - Holidays
 - Illness



Types of transplants

- Cadaveric (deceased donors)
 - Donors after brain death (DBD)
 - Donors after cardiac death (DCD)
- Living donor
 - Blood relative
 - Husband / Wife, Partner, or close friend
 - Altruistic
 - Paired exchange



Different kidneys, different issues – you decide

- No organ transplant is without risk
- Some kidney may have a higher than usual chance of transmitting infection
- Some kidney may have a higher than usual chance of transmitting cancer
- If the risk is considered to be higher than usual this will be discussed with you when the kidney is offered

Different kidneys, different issues – you decide

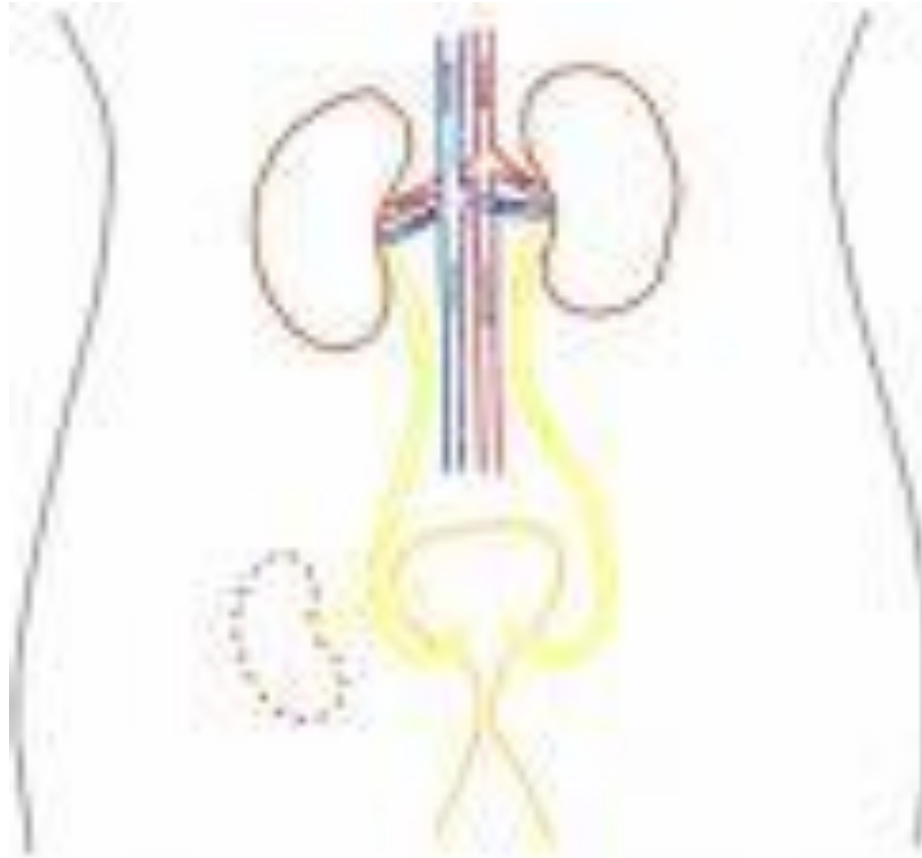
%	Never working	Delayed function	Working after 1 year	Working after 5 years
Living Donor	0	1	98	85
DBD	2	20	90	75
DCD	3	80	85	70



The transplant operation

- You will be called if a kidney becomes available
- You are in theatre 2-3 hours
- Pain relief
- Monitoring
- Recovering

Position of the transplant kidney





What can go wrong ?

- Complications of the operation
 - 1% death
- Kidney may not work straight away
- Early problems
 - Pain
 - Bleeding
 - Clots
 - Leaks
 - Infection
 - Rejection (1:5)
- Most kidneys work well



Immunosuppression

- Only change your medication if you are advised to do so
- People who regularly miss their tablets are more likely to lose their kidneys
- More than half of kidneys lost after one year are due to not taking tablets properly
- Please tell us if you have issues taking your tablets



Side effects

- Infection
- Cancer

- Prednisolone
- Ciclosporin
- Tacrolimus
- Mycophenolate
- Azathioprine



Going Home

- You will be in hospital 7-10 days
- When you are discharged home we will arrange to see you at UHNS
- You will be seen very regularly
 - 2-3/week
 - Weekly
 - Fortnightly
 - Etc
 - Eventually every 3 months



What might happen ?

- Rejection (treatment)
 - Further tests e.g. scans
 - Kidney biopsy
-
- The first few months is a busy time



How long will the kidney last?

- Variable
- Average is >10years for cadaveric and > 15 years for living donor
- Over time several things may happen
 - Rejection
 - Wear and Tear
 - Side effects of treatment
 - Recurrence of your original kidney disease



After the transplant

- Driving at 4 weeks
- Return to work at about 3 months
- Sex and Pregnancy
- Holiday
- Emotions



Living donors

- You do not need to be an exact match
- It is possible for friends, partners and spouses to donate- not just relatives
- Donors benefit from giving you a kidney by seeing you well
- Give them the opportunity - Talk about it



Types of living donor transplant

- Straightforward (your donor to you no extra treatment needed)
- ABO incompatible
- Paired exchange
- Desensitisation (HLA incompatible or positive cross match)
 - Higher death rate and complications but may be suitable if no other options
- Altruistic donor



What to do if someone wants to donate

- The donor must contact us
- We don't chase or pressure them
- They will get full information and start tests if they want to
- A separate doctor will see them (not yours)
- They can pull out at any time



What are the risks to donors

- These are fully explained to them
- They will have tests which will look for unknown medical problems
- There are risks of surgery
- There is a risk of death of 1:3000
- This is the same as the risk of dying in a car crash in the UK in 15 years of driving



Sharing information

- We share your information with NHSBT and the transplant unit, both before and after your transplant
- This is for two reasons
 - To keep you on the transplant list and ensure a suitable transplant
 - To monitor the outcome of all people receiving a transplant

ANY QUESTIONS ??

