

Clinical Operating Procedure

A Clinical Operating Procedure is defined as:

A set of instructions that describe the method for carrying out clinical tasks or activities to ensure efficiency, consistency and safety.

Procedure Title:	Live Kidney Donor Follow-Up
Procedure Ref No:	COP 32
Expiry date:	June 2020
Version Number:	V4

Summary statement /scope of the procedure:
This procedure offers advice and guidance for the format and content of an appropriate policy to ensure safe practice and adherence to local and national guidelines. To also aid prompt initiation of any necessary medical treatment, providing a more holistic approach to individual patient care.
Recommendations for procedure content:
<i>Clinical operating procedures should detail clear and explicit recommendations for practice and behaviour specific instructions; what, who, when, where and how. This will increase the likelihood of adoption of the procedure.</i>

Definition:

This guideline offers advice and guidance for the format and content of an appropriate policy to ensure safe practice and adherence to local and national guidelines. To also aid prompt initiation of any necessary medical treatment, providing a more holistic approach to individual patient care.

Aim:

To provide continuing support to the live kidney donor. To ensure that donors make a good recovery, and that their renal function is adequate.

Indications:

Early follow up of the donor, within the first few weeks of surgery is essential to ensure that they are making a satisfactory recovery. Also to facilitate long term follow up whilst providing adequate emotional as well as physical support.

During their post operative stay the donor will be visited by a member of the transplant team who will discuss their continuing plan of care and give the patient a Patient Information Leaflet "Discharge Information following your nephrectomy."

Appointments are given for three weeks, six weeks and six months following their discharge, and telephone numbers for point of contact should they need it.

Once discharged, they are telephoned within two days to check on their progress, identify any problems.

If problems are apparent the donor may need to attend for an earlier assessment before the three week period has lapsed and Consultant advice is sought.

A three week follow up with a Transplant Nurse is booked and at the follow up the following are checked:

Bloods taken for U & E's, LFT, FBC, glucose.

Urine sample for culture and sensitivity.

Wound to be checked

Blood Pressure recorded.

Donor is reviewed 6 – 8 weeks post operatively by the surgeon. Previous blood tests repeated along with wound check and BP. Discharged if appropriate by transplant surgeon.

Six months follow up by Transplant nurse and the same assessment is carried out as three week follow up.

Out patient appointment made for yearly review by Renal Consultant.

Organ Donation and Transplantation require information on all donors post operatively and forms are sent to us after one year, two years five years, ten years fifteen and twenty years post donation. These are filled in and returned to Organ Donation and Transplantation.

Any results arising from any point of the donor follow up are to be reviewed by a consultant, and abnormalities acted on. Pathway and rationale as follows:

Procedure

Action		Rationale
<p>1. Second day post operatively the patient is given a discharge talk on the ward ,which includes :wound care advice sheet ,pain control. Not to drive for 4 to 6 weeks or until seen by a surgeon. Information about follow-up clinic's i.e. appointment times and dates. Transport arrangements to clinic can be booked up to 6 weeks post operatively. Relaxation advice given to patient. Importance of drinking plenty of fluids, general advice sheet which consist of do's and don'ts. Patient advised not to take anti-inflammatory medication and to make sure we have patient contact details and phone numbers. Contact names and numbers of the ward and transplant office are also given to the patient.</p> <p>All appointments are made by Transplant Donor Nurses and confirmed in the diary and letters sent to patient to confirm</p>		<p>To give patients time and opportunity to express any concerns they may have related to the actions or anything else they wish to discuss.</p> <p>Contact details given so patients are aware there is always a point of contact.</p> <p>All information which is given to the patient is backed-up with a full verbal and written explanation, so the patient is fully informed of the importance and the need to be followed-up. What to observe for and what action to take if a problem arose.</p> <p>Written documentation is kept on each patient so as to closely monitor patients' progress.</p> <p>To make sure patient is fully informed and understands all the information which has been given to them in order to alleviate any anxiety.</p>
<p>2. Second day after patient is discharged they are phoned at home to check on their progress.</p>		<p>The follow up call is to check on the patients' progress.</p> <p>Identify any problems early and to act on them appropriately.</p> <p>To give the patient reassurance and support.</p> <p>The opportunity to express any concerns and if required bring the patient back to clinic the following day for assessment depending on what the problem is, bearing in mind that the patient may need transport booking.</p>

Action		Rationale
<p>3. The patient is seen in clinic by the transplant donor nurse, 3 weeks post operatively.</p> <p>They will have a general talk</p> <p>Blood pressure</p> <p>Wound check</p> <p>Blood test</p> <p>Urea and Electrolytes</p> <p>Full Blood Count</p> <p>Liver function test</p> <p>Phosphate</p> <p>Glucose</p> <p>Cholesterol</p> <p>MSU</p> <p>Fluid balance</p>		<p>The patient will be given the time and the opportunity to express any concerns.</p> <p>The nurse can assess the physical and emotional status of the patient and to give reassurance and support where necessary.</p> <p>To monitor for hypertension.</p> <p>To check for any signs of infection ,hernias, swellings, pain or any other abnormalities</p> <p>To monitor renal function</p> <p>To monitor for anaemia and infection</p> <p>To monitor any liver Abnormalities</p> <p>To monitor for diabetes</p> <p>Cholesterol levels. Monitor and give advice and refer patient back to their G.P for further assessment.</p> <p>M.S.U. and urinalysis, to monitor for any infections/ proteinurea.</p> <p>Wound check to make sure wounds have healed. Check for infection and swellings ie hernias. Wounds are usually glued. Refer to surgeon if there are any concerns..</p> <p>Appetite :To make sure patient is eating adequately and there is no significant weight loss .If necessary refer to dietician</p> <p>Bowels: To check if these have return to normal, if not patient may need laxatives.</p> <p>Fluid balance: To monitor patient is taking adequate amount of fluids and passing urine well.</p> <p>Pain assessment: Check patients' pain score and make sure patient is on appropriate and adequate analgesics.</p> <p>Sleep assessment: Too make sure patient is getting adequate amount of sleep. Give advice on relaxation, positioning of pillows for comfort.</p> <p>All results are checked by the donor nurse as soon as they are available and if there are any abnormalities these are reported to the renal consultant to review and action will be taken accordingly .This may include bringing the patient back to clinic for review and further assessment by the renal team, or the surgeon.</p> <p>If the patient does not need an extra clinic visit, they will be seen at their 6 week follow up with the surgeon.</p> <p>All these assessments and tests are performed to assess the patients' emotional and physical well being. To monitor the patients' renal function and to highlight any surgical problems or concerns the patient may have.</p> <p>Documentation is kept on each patient with all their results and any communication.</p>

Action		Rationale
<p>4. Patients are seen 6/8 weeks post operatively by a surgeon, and the donor nurse. The following will be carried out:</p> <p>Blood test MSU, urinalysis Blood pressure check Wound check General chat Fluid balance All tests will be checked and acted upon accordingly and results will be filed and documentation updated in patients files.</p>		<p>The surgeon will see patient to check on their progress.</p> <p>Check their wound for any signs of infection, hernias, swellings and pain. At this stage the patient should be fit to drive.</p> <p>This assessment by the surgeon is carried out to assess there are no surgical complications and that the patient is fit to be discharged from the surgical clinic. The surgeons discharge letter will be filed in notes. If for any reason the surgeon wants to review the patient again the donor nurse will arrange this.</p>
<p>5. Patients are seen by the transplant nurse six months post donation. They will have a general chat and assessment, blood test and BP check All results will be checked and acted on accordingly. All communication is documented in patients file with results and any action taken.</p>		<p>This 6 month check up is carried out to assess the patients progress and to highlight any medical problems and giving the patient time and the opportunity to express any concerns they may have.</p>
<p>6. An annual appointment is made by the transplant administrator when instructed by the donor nurse, for all donors to be seen by the recipients renal physician. This annual appointment will be maintained for the rest of the patients life. The patient will make an appointment 2 weeks before they are due to see the renal physician, with the donor nurse to have their bloods, BP and urinalysis checked so the results will be available for the Dr in clinic.</p>		<p>The annual follow up by the renal physician is carried in order to identify any medical problems and to monitor the patients' general health and to review results.</p>
<p>7. Donors who live out of the area follow up care: At six weeks the patient will also be seen by a surgeon to review them surgically before discharging them from clinic. They will then return to their local hospital or G.P practice for follow up care. Their G.P will be informed by letter about the surgery and what follow up tests will be required and when. These patients have a choice of their annual appointment to be at their local hospital or to come back to UHCW NHS Trust. Patients are informed that they can always contact our centre if they need any advice or assistance.</p>		<p>To ensure that these patients are monitored and followed up according to protocol and are therefore not overlooked when they return home. Also to ensure that patients do not feel isolated and that they always have a point of contact.</p>

Action		Rationale
<p>List of most common problems and action taken; <u>Urinary tract infections:</u> Results will be reviewed by the physician and the patient informed. Allergies checked with patient and appropriate antibiotics prescribed. These can be picked up from the pharmacy UHCW, or from their GP. The GP surgery will be contacted to advise and the results faxed through. The patient will be advised to repeat another MSU 5 days post antibiotic therapy For mixed growth result ,the patient is recalled 1/2 weeks to repeat A persistent UTI would need further investigations i.e. USS, urodynamics.</p> <p><u>Abnormal blood results</u> Will be reviewed by the physician and repeat bloods in one weeks time.</p> <p><u>Wound infections:</u> Surgeon will review. Swab will be taken and sent for MCS. Appropriate antibiotics given. Re-dressed as necessary and tissue viability contacted for advice or wound review.</p> <p><u>Wound Pain/Swelling/Back pain:</u> The patient will be reviewed by a surgeon who may request an USS or CT scan or an MRI scan. Results to be followed up by surgeon, and referral to the pain team for pain control. If necessary</p> <p><u>Weight Loss:</u> Assess reason for the patients weight loss i.e. pain constipation, indigestion nausea or vomiting If symptoms are severe refer to surgeon as the patient may require investigations i.e. endoscopy. Otherwise give dietary advice and monitor weight if weight loss persists and refer to renal consultant and dietician.</p> <p><u>Vomiting/Abdominal pain:</u> The patient will be seen by the surgeon or renal consultant and bloods to be sent urgently. MSU and urinalysis to be performed.</p>		<p>To ensure that infection is eradicated</p> <p>To monitor and prevent symptoms from deteriorating.</p> <p>To monitor and depending on results may need further investigations.</p> <p>To treat, ,monitor and promote healing</p> <p>To discount any hernias or collections.</p> <p>To monitor weight and act on any symptoms to prevent further weight loss or malnutrition.</p> <p>To monitor assess and act on symptoms promptly to prevent further deterioration</p>

Does this Clinical Operating Procedure relate to a Clinical Guideline?	<i>No</i>
Author Name:	Nora Skinner/Patricia Hart
Author Job Title:	Staff Nurse/Transplant Co-ordinator
Author email address:	Nora.skinner@uhcw.nhs.uk pat.hart@uhcw.nhs.uk

If the Reviewer and Author is the same person please tick box ☒
 If the Reviewer and Author is not the same person please provide the Reviewer details below

Reviewer Name:	Jane Reid
Reviewer Job Title:	Transplant Co-ordinator
Reviewer email address:	Jane.reid@uhcw.nhs.uk

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Primary Specialty:	<i>Renal - Transplantation</i>
Secondary Specialty:	<i>To be allocated by Quality & Effectiveness Department upon receipt</i>
Other Specialty:	<i>To be allocated by Quality & Effectiveness Department upon receipt</i>

Are there any UHCW documents related to this topic area Yes ☒ No ☐

The Work Up of Live kidney Donors – COP 276

References

Provide full references for any literature utilised in the development of this clinical operating procedure, if applicable