Transplantation

Introduction
If you have end-stage renal disease (ESRD), kidney transplantation may be the treatment option that allows you to live much as you lived before your kidneys failed. It is not, however, a cure as it can only provide 50% of normal kidney function and requires you to take medicines for the rest of your life. Kidneys from deceased donors last, on average, 10–12 years and from living donors about 12–15 years.

What healthy kidneys do
Healthy kidneys clean your blood by removing waste products, excess salts and fluid (forming urine). They also make hormones that keep your bones strong and your blood healthy. When your kidneys fail, harmful wastes build up in your body, your blood pressure may rise, and your body may retain fluid leading to ankle swelling and shortness of breath (water in the lungs). When this happens you may need a transplant to replace the work of your failed kidneys.

How transplants work
Kidney transplantation is a procedure that places one healthy kidney from another person into your body to take over the work of your two failed kidneys.

It is inserted into your lower abdomen and connected to an artery and vein in your pelvis. Your blood flows through the new kidney, which makes urine and removes harmful waste products, just like your own kidneys did when they were healthy. Your own kidneys are usually left in place.

The transplant process
Transplant workup: First you will need an assessment to determine whether your body will accept an available kidney. This may require several visits over 4–6 months. You must be healthy enough for surgery and, although there is no age limit, few units will transplant patients over 70 years, unless they are very fit.

Waiting list: If you don’t have a living donor, you will be registered with UK Transplant (in Bristol) and put on a national waiting list to receive a kidney from a deceased donor. The average wait in the UK is three years, but it varies considerably.

Transplant operation: If you have a living donor, the operation is scheduled in advance at a time that suits you both.

If you’re on a waiting list for a deceased donor kidney, as soon as a kidney becomes available you must go to the hospital quickly where you will have an antibody 'cross-match' test. If you have a negative cross-match it means that your antibodies don’t react and the transplant can go ahead. The operation usually takes 3–4 hours.

Often the new kidney will start making urine as soon as your blood starts flowing through it, but you may need dialysis if this is delayed. If all works well you may get home two weeks after the operation.

To prevent your immune system from seeing your new kidney as foreign and rejecting it, you need to take drugs that suppress your immune response. Be sure that you understand the instructions for taking your medicines before you leave the hospital. Missing the tablets for 24 hours can cause rejection and you may lose the kidney.

Post-transplant care
Diet: Within reason, you can eat and drink what you want – a normal, healthy, balanced diet. Be careful not to gain weight too quickly and avoid salty foods that can lead to high blood pressure.

Rejection: This is normally silent (i.e. it causes no symptoms) hence the need for regular blood tests. If anything changes, get your bloods checked as soon as possible.

Unfortunately, even if you do everything you’re supposed to do, your body may still reject the new kidney, which might mean you need to go back on dialysis and on the waiting list for another kidney.