

Receiving a kidney

What to expect

Emotional and

practical support

This leaflet is for anyone who is hoping to receive a kidney from a relative, friend or via cadaveric donation (a kidney donated from a non-living donor).

It outlines the general investigations, procedures and checks before and after you receive your new kidney.

The content has been put together with the input and support of those who have already received a kidney.

Whilst it shouldn't replace valuable face-to-face meetings with members of your local transplant team, this leaflet offers practical step-by-step guidance. You can also use it to record progress on your journey.

Not all the stages will be the same for every kidney unit and they may happen in a different order.



Chest x-ray

A chest x-ray is undertaken to establish that the lungs are healthy and the size of the heart is normal. (You may also be given a lung function test.)

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Heart tests

It is very important to make sure that the heart is strong prior to surgery and transplantation, and the following tests may be undertaken:

Echocardiogram (ECHO)

Ultrasound images are used to examine the wellbeing of the heart – its size and pumping capacity.

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ECG (Heart tracing)

This test is used to check that the heart is working well by looking at electrical activity.

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A cardio-stress test

This test may also be undertaken to examine the heart when under stress e.g. on a treadmill.

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Coronary Angiogram

A flexible tube (catheter) and x-ray are used to check that the blood vessels in the heart are clear and working well.

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Leg and neck dopplers

These tests are undertaken in the ultrasound or radiology department and examine the veins and arteries.

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General medical checks

For patients with a predisposition to any blood disorders or genetic illnesses, further specific tests may be undertaken.

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Glucose tolerance test

This test checks whether patients have diabetes or risk of diabetes.

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Bladder investigations (cytoscopy/urodynamics)

If you have any symptoms/history relating to your bladder, it is important that this is assessed prior to transplantation.

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Other investigations

If you have any specific medical history not covered above this may have to be addressed prior to transplantation e.g. blood disorders.

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Talking to a counsellor

The counsellor's role is to explore concerns and anxieties, as well as talking about practical issues like family support, loss of earnings and possible childcare needs.

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Meeting the kidney doctor/consultant (nephrologist)

As a patient with kidney disease, you are likely to know your kidney doctor quite well. Your kidney doctor will review the results of your tests and refer you to the transplant surgeon if/when appropriate. Your donor will have a different kidney doctor, to avoid any conflict of interest.

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Meeting the transplant surgeon

The transplant surgeon will surgically review you and your test results and will explain the procedure and risks of surgery. It is at this point that you will join the transplant waiting list if suitable, or progress with the living donor programme if you have a living donor.

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Human Tissue Authority (for patients with living donors)

All donors and recipients need to see a local Independent Assessor (IA) who can recommend approval for the transplant operation to go ahead. They are independent of the healthcare team and ensure that both parties understand what is involved in giving and receiving an organ. Consent must be given freely and voluntarily.

In the case of a living donor, the relationship between the recipient and donor will be confirmed and various documents for this will be required e.g. passport, birth certificate, marriage certificate, photos etc.

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After surgery

Time in hospital

As a recipient of a new kidney you may need to spend between 5–7 days in hospital after the operation.

Occasionally dialysis will be continued for a short time until your new kidney is working. Once home, you may then need between 4–12 weeks off work, depending on the type of work you do.

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Drips and drains

A 'central line' may be inserted whilst you are under anaesthetic and this is used to help keep fluids in the body at the right level and to deliver drugs. If you do not have a central line you will have a drip into your arm to give you fluids and drugs. You may also have a drip giving you pain relief, a drain to drain from the wound and a urinary catheter to monitor your urine output. These are removed 24–48 hours after surgery.

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Kidney scans

Scans will be used to check the blood flow to the new kidney and ultrasonic sound waves are used to show how well the kidney is working.

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Transplant biopsy

All recipients may be required to have a kidney biopsy around three months after their transplant to check for underlying rejection or damage.

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Clinic visits

You will be expected to attend clinic approximately three times a week, reducing to twice a week and then once a week by the third month. If you are stable, visits will then be reduced to every 6–8 weeks and then to once or twice a year. You will need to get your blood test done at each visit and before you take your first anti-rejection drug of the day.

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Medication in hospital

You will be given medication which will include a number of drugs to prevent rejection of the kidney.

Always carry details of which drugs you are taking and NEVER stop taking any drugs without talking to your kidney care team.

After you leave hospital you must make sure that your GP is aware and ready to prescribe the drugs you have been issued by the hospital – these will change frequently in the first few weeks and your kidney doctor may prescribe for that period, depending on your GP.

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Sick note

If you are working, you can get a sick note from the hospital whilst in hospital and then from your GP once home.

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Driving

You will have to wait until the wound has healed and the doctor has given you permission before driving.

Check your insurance policy on their rules too.

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What to watch out for at home

When you leave hospital you will be given information for signs and symptoms to report. These include:

- raised temperature
- pain or swelling around the new kidney
- sudden increase in weight
- high blood pressure
- difficulty passing urine, cloudy or smelly urine, or pain when passing urine.

Dietitian

It is often helpful to see a dietitian at the hospital, who can help you by analysing your blood tests. Hopefully you will now be able to resume a normal diet, but there may be some foodstuffs which you might have to avoid or control.

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Recovery time

Everyone will recover at different rates and it may be a number of months before full recovery is felt.

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How to find out more

If you would like to talk about the procedure for transplantation or you have any other questions, always ask a member of your local transplant team. They will help you through your transplant and beyond.



You can also find out more about organ donation from NHS Blood and Transplant. Visit www.organdonation.nhs.uk



Kidney Care UK provides support, advice, counselling and financial help for kidney patients and their families.

We fund the improvement of renal equipment, services and specialist staff. We also invest in research and help to influence government and NHS policy. To access our full range of services, please use the contact details below.

Visit our website at www.kidneycareuk.org
Call us on **01420 541424**

Prepared by Kidney Care UK with support from renal transplant Coordinators at South West Thames Renal Unit as well as patients and their families.

Kidney Care UK 3 The Windmills,
St Mary's Close, Turk Street, Alton GU34 1EF
T: 01420 541424 | **F:** 01420 89438
info@kidneycareuk.org | kidneycareuk.org

Formerly

BRITISH KIDNEY
Patient ASSOCIATION
improving life for kidney patients

 KidneyCareUK  @KidneyCareUK