

## **Notes to the patients waiting for Kidney Transplantation**

Dialysis therapy is effective in maintaining life in end stage renal failure. However, renal transplantation is the most definitive treatment. The graft can be donated from a living person or a dead patient. The new kidney will be placed at the side of the lower abdomen. A successful transplant will rid the patient from dialysis and allow full rehabilitation.

### **Risk of Kidney Transplantation**

Renal transplantation may be associated with the following risks:

- Risk of general anaesthesia.
- Risk of the operative procedure.
- Surgical complications such as ureteric obstruction, vascular thrombosis, lymphocele etc.
- Medical complications such as:
  - a) Short term complications e.g. infections and rejection.
  - b) Long term complications e.g. cardiovascular disease and malignancies.
  - c) Exacerbation of Hepatitis B or C.
  - d) Side effects of long term immunosuppressive drugs.
- Psychological stress  
The post-operative course may be rough or fluctuating thus poses enormous psychological stress to the patients.

### **Information of the Donor**

It is essential to keep the donor information confidential. The doctor will thoroughly assess the donor to ensure suitability of the organs for transplant. However because of various reasons like asymptomatic disease, window period of infections or endured time required for tests, pre-transplant diagnosis of all occult diseases may not be feasible. But the recipients will be informed as soon as such diagnosis is known. For the risk of donation from living donor, please see the notes to the kidney donor.

## **Successful Rate**

The successfulness of the graft kidney in the recipient depends on many complex factors. The most important factor is the immune response of the recipient. Although matching will be done to select the most suitable, the normal immune response of the body will reject any foreign cell or organ. At the moment, the graft survival rate in 1 year is 95% and 5 years 85% for living kidneys and 1 year 90% and 5 years 75% for cadaveric kidneys. The half-life of the kidney graft is about 9-11 years.

## **Preparation and operation**

The exact procedure of preparation and arrangement of operation differs slightly in different hospitals. In general it will be as followed:

- Interview with the medical personnel for explanation, communication and preliminary consent. The medical personnel may include clinical psychologist or medical social worker.
- Confirm the relationship of the donor and the recipient for living donation.
- Pre-operative investigations.
- Maintain an optimal physical and psychological condition while waiting and keep the updated telephone number in the dialysis centre.
- The wish of the patient will be re-confirmed and a consent form for kidney transplantation signed when a suitable kidney is available.
- The patient can usually be discharged two weeks after the operation. The patient has to take life long immunosuppressive drugs. Follow up will be arranged for continuous care.

During preparation and waiting, the patient has the full right to withdraw consent and stop all the preparatory work or operation before transplantation.

There are videos and detailed pamphlets in all the dialysis centres. If there is any query, please contact the medical personnel.

This information pamphlet is intended to give a brief overview of the general procedures and risks of renal transplantation. The operations will carry risks to both the donor and the recipient and the results / complications may vary with each individual donor and recipient. The doctor will explain to each donor or recipient, the procedure and the risks involved.