

## KIDNEY TRANSPLANT



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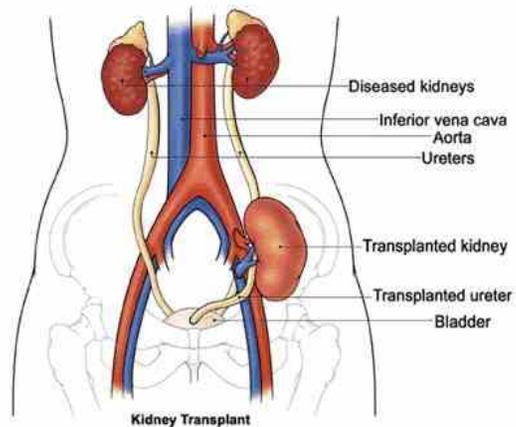
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 **Fortis Foundation**

# FREQUENTLY ASKED QUESTIONS

## 1 WHAT HAPPENS WHEN KIDNEYS FAIL?

Healthy kidneys clean your blood by removing excess fluid, minerals, and wastes. 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 excess fluid and not make enough red blood cells. When this happens, you need treatment to replace the work of your failed kidneys.



## 2 WHAT IS A KIDNEY TRANSPLANT?

Kidney transplantation is a procedure that places a healthy kidney from another person into your body. This one new kidney takes over the work of your two failed kidneys. There are two types of kidney transplants: those that come from living donors and those that come from non-living donors who have just died (cadaveric or diseased donors). A living donor may be someone in your immediate or extended family or your spouse.

## 3 CAN I GET A KIDNEY TRANSPLANT?

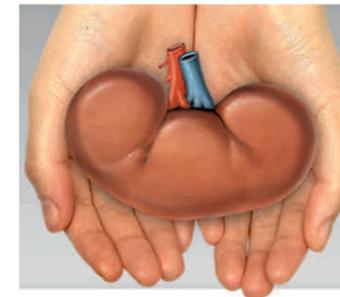
Transplantation isn't for everyone. Your doctor will want to see whether you're healthy enough for surgery. Cancer, a serious infection, or significant Cardiovascular disease would make transplantation dangerous or unlikely to succeed. In addition, the medical team will want to make sure that you can understand and follow the schedule for taking medicines.

## 4 WHO CAN DONATE A KIDNEY?

If a family member or a friend wants to donate a kidney, he or she will need to be evaluated for general health and to see whether the kidney is a good match.

Suitability is initially based on the following factors:

- Your blood type (A, B, AB, or O) must be compatible with the donor's blood type
- The donor should be non-diabetic, and preferably without high BP
- Should not have any communicable diseases



## 5 WHAT IF I DON'T HAVE A FAMILY MEMBER WHO CAN DONATE A KIDNEY?

If you don't have a family member who has a compatible blood group, you have one of these three options:

A paired kidney exchange, also known as a "kidney swap" occurs when a living kidney donor is incompatible with the recipient, and so exchanges kidneys with another donor/recipient pair. This kidney paired donation transplant enables two incompatible recipients to receive healthy, more compatible kidneys. All medically

eligible donor/recipient pairs may participate in the paired kidney exchange program.

You can also go for the ABO incompatible kidney transplantation. Usually one has naturally occurring antibodies against blood group antigens carried by the donor which lead to immediate graft failure once kidney from the ABO incompatible donor is placed in the patient's body. With improvement in the medical technology, it has become possible to remove and suppress production of these antibodies with plasma-filtration, a procedure similar to Haemodialysis, and do the transplantation once antibodies concentration is below a critical level. This involves blood testing, medications and treatments in addition to the standard kidney transplantation, and close follow-up after transplantation. This is done in many centres in India now and results are as good as the normal living donor kidney transplantation.

You can also get yourself registered on the Diseased Donor Transplant program's waiting list to receive a kidney from a non-living donor. While you're on the waiting list, notify the transplant centre of the changes in your health. Also, let the transplant centre know if you move or change telephone numbers. The centre will need to find you immediately when a kidney becomes available.

## WHAT DOES THE OPERATION INVOLVE?

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If you have a living donor, you'll schedule the operation in advance. You and your donor will be operated on at the same time, usually in side-by-side rooms. One team of surgeons will perform the Nephrectomy, i.e., the removal of the kidney from the donor, while another prepares the recipient for placement of the donated kidney. The operation is done by Laparoscopy wherein an incision is made into the person's side, the blood vessels to the kidney are tied off, and the ureter (tube from the kidney to the bladder) is tied off and the kidney is taken out. Typically patients recover from Laparoscopic surgery within a week and from the open surgery within a couple of weeks. You'll be given a general anaesthesia to make you sleep during the operation, which usually takes 3 or 4 hours. The surgeon places the new kidney inside your lower abdomen and connects the artery and vein of the new kidney to your artery and vein. The ureter from the new kidney will be connected to your bladder. Your blood flows through the new kidney, which makes urine, just like your own kidneys did when they were healthy. Unless they are causing infection or high blood pressure, your own kidneys are not removed.

Often, the new kidney will start making urine as soon as your blood starts flowing through it, but sometimes a few weeks pass before it starts working.

As after any major surgery, you'll probably feel some pain when you wake up. However, many transplant recipients report feeling much better immediately after surgery. Even if you wake up feeling great, you'll need to stay in the hospital for about a week to recover from surgery, and longer if you have any complications.

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## HOW DOES LIVING DONATION AFFECT THE DONOR?

There is a very small risk of serious injury related to the donation surgery itself (1 in 3 to 10,000). Patients who have donated a kidney may have pain for a period of time. We do Laparoscopy Surgery, which results in a shorter hospital stay, less pain in the post-operative period, and a better cosmetic appearance. The long-term risks to being a kidney donor are very small indeed.

## WHAT IS REJECTION?

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The most important complication that may occur after transplant is rejection of the kidney. The body's immune system guards against attack by all foreign matter, such as viruses and bacteria. This defense system may recognise transplanted kidney as "foreign" and act to combat this "foreign invader" and reject it. To keep your body from rejecting it, you'll have to take drugs that suppress your immune response. Most patients need to take three types of these immunosuppressant medicines. The major one is usually Cyclosporine A or Tacrolimus. In addition, you will most likely be taking a steroid and a third medication, such as Mycophenolate Mofetil, Azathioprine or Rapamycin. You may have to take more medications to treat other health problems. Your health care team will help you learn what each pill is for and when to take it. Be sure that you understand the instructions for taking your medicines before you leave the hospital. Regular checkups at your transplant centre will ensure early detection and treatment of rejection. You can help prevent rejection by taking your medicines regularly, but it is important to watch for signs of rejection - like fever or pain in the area of the new kidney or a change in the amount of urine you make. Report any such changes to your health care team. Additional treatment may be needed if a rejection episode occurs. With current treatment for kidney transplants, early rejection is now down to about 15 percent. Most of these people will not lose the kidney from rejection. In the longer term, what is called chronic rejection, can cause the loss of about half of kidneys during a patient's lifetime. Even if you do everything

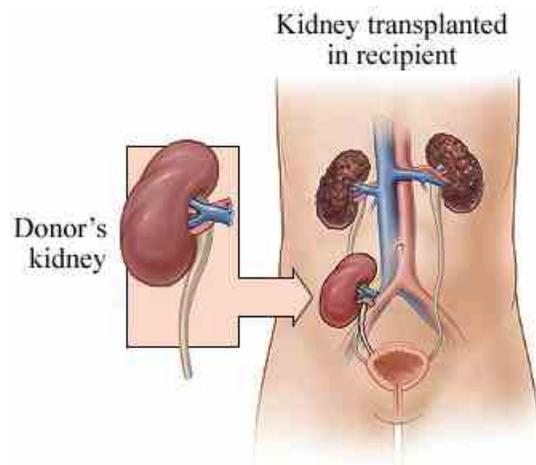
you're supposed to do, your body may still reject the new kidney and you may need to go back on Dialysis.

## 9 WHAT ARE THE SIDE EFFECTS OF THE ANTI-REJECTION MEDICATIONS?

Anti-rejection medications have a large number of possible side effects because the body's immune defenses are suppressed. If side effects do occur, changing the dose or type of the medications will usually take care of them. Some of the most common side effects include new onset of Diabetes, weight gain, cataracts, bone disease and a susceptibility to infections and tumours. You may also require additional medications to maintain blood pressure and prevent ulcers and infections.

## 10 WHAT ARE THE CHANCES THAT A TRANSPLANTED KIDNEY WILL CONTINUE TO FUNCTION NORMALLY?

Since the 1950s, when the first kidney transplants were performed, much has been learned about how to prevent rejection and minimise the side effects of medicines. Results of transplantation are improving steadily with research advances. On average, 50% kidney transplants last somewhere between 10 and 12 years. Some may fail shortly after transplant; some may go on for the life of the recipient. In the event that a transplanted kidney fails, a second transplant may be a good option for many patients.



## 11 WHAT ELSE CAN I DO?

Kidney transplantation is not a cure; it's an ongoing treatment that requires you to take medicines for the rest of your life. You should inform yourself fully by reading and talking to doctors, nurses and patients who already have kidney transplants. If you would like more information, please contact us.

## 12 WHAT ARE THE KIDNEY TRANSPLANT SERVICES OFFERED AT FORTIS MEMORIAL RESEARCH INSTITUTE?

- ABO Incompatible Transplants (unmatched blood group transplants)
- Minimally Invasive (Laparoscopic) Donor Surgery
- Specialised Paediatric Transplant Programme
- Comprehensive Dialysis Programme
- Specialised Post Transplant Procedures like Graft Kidney Biopsies
- Complete Post Transplant Care