

Sanar | International
Hospitals

+91-124-3528444

Golf Course Road, DLF Phase-5
Sector - 53, Haryana - 122002

www.sanarhospitals.com
info@sanarhospitals.com

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**KIDNEY
TRANSPLANT**



What is a Kidney Transplant?

Kidney Transplant is a surgery to transplant / transfer a healthy kidney from donor (live or cadaveric) to patient who has little or no kidney function. Kidney Transplant is the treatment of choice for patients with kidney failure/ ESRD (end stage renal disease).

Although dialysis can be used to make up for the loss of kidney function, it is inconvenient and time-consuming and the patient has to visit dialysis center 2-3 times a week thereby disturbing his personal and professional life.

Who can have a Kidney Transplant?

In order to have a kidney transplant:

- You must have long-term kidney disease.
- The transplant should have a good chance of success.
- You are able to take the recommended treatments after the transplant, including immunosuppressant medicines.

Most patients of ESRD are candidate for Kidney transplant. Only few patients with severe and other life threatening disease like uncontrolled malignancy, overall limited life expectancy because of old age or other co-morbidities are considered suitable for transplant.



Kidney Donations

Unlike many organs, it's possible to donate a kidney while you're alive because you only need one kidney to lead a healthy life. This is called a living donation.

People who want to be considered as kidney donors are tested to ensure they are suitable donors and are fit for the surgery needed to remove a kidney. Living donations are usually from a close relative who is more likely to share the same tissue type and blood group. This reduces the risk of the body rejecting the kidney.

Kidney donations are also possible from people who had brain death in hospital ICU. Pre-requisite of brain dead donation / cadaveric donation is that the other organs should be functioning normally and surgery to remove kidney and other organs should be done soon after declaration of brain death. This type of kidney donation has a slightly lower chance of long-term success than a living donation. People who need a kidney transplant but don't have a suitable living donor will have to wait until a suitable deceased donor's kidney becomes available.

The demand for kidney donations from recently deceased people is much greater than the number of kidneys available. There are strict guidelines about how donations are allocated. Children and young adults are generally given priority because they will



most likely gain long-term benefits from a transplant. For older adults, a scoring system is used to determine who should be given priority for a kidney transplant

The Transplant Procedure

If you receive a kidney from a living donor, this will be a carefully planned operation. If you're waiting for a deceased donor kidney, the transplant unit will contact you when a suitable kidney becomes available. Some final checks will be performed to make sure the transplant goes ahead.

The new kidney will be placed in the lower part of your abdomen. Your own kidneys will usually be left in place.

To avoid the risk of further complications, people who have had a kidney transplant require regular check-ups for the rest of their life.

Living with a Kidney Transplant

Having a healthy lifestyle after a kidney transplant goes a long way to minimise the risk of complications. Therefore, it's recommended that you:



- Eat a healthy and hygienic diet
- Maintain a healthy body weight
- Do regular exercise if possible
- Maintain personal hygiene
- Cut down on alcohol
- Stop smoking

You will need to take medicines (immunosuppressants) that keep your body from attacking and rejecting the transplanted kidney after the transplant. A combination of two or three different immunosuppressants is usually taken long-term.

Immunosuppressant medicines reduce your body's ability to fight infections. Therefore, you will need to reduce the risk of infections, e.g., by washing your hands frequently, maintaining hygienic lifestyle, getting enough rest, and drinking plenty of fluids. You should also avoid close contact with people who have infections

What are the possible complications after a Kidney Transplant ?

Although the risk of any serious complications has become much lower, complications can still occur. Most complications occur in the first few months after a transplant, but they may re-occur after many years.



Short-Term Complications

Infection:

- Minor infections, such as urinary tract infections (UTIs), cold, and flu, are common after kidney transplants
- Potentially more serious infections, such as pneumonia and cytomegalovirus (CMV), can also occur, but are less frequent

Blood Clots:

- Blood clots can develop rarely (0.5 to 2 %) in the arteries that have been connected to the donated kidney. In some cases, it may be possible to dissolve the blood clots by using medication. However, the donated kidney often has to be removed if the blood supply is blocked.

Narrowing of the artery connected to the donated kidney

- This can occur rarely (0.5 to 2 %) after a kidney transplant. In some cases, it can develop after months or even years of the transplant.
- The artery often needs to be stretched to widen it, and a small metal tube called a stent is placed inside the affected artery to stop it from narrowing again

Blocked ureter:

- The ureter is a tube that carries urine from the kidney to the bladder. It may get blocked soon after the transplant or may become blocked months or years later, usually due to scar tissue. It may be possible to unblock the ureter by draining it with a small tube passed into the ureter and above the blockage. Sometimes a surgery may be needed to unblock the ureter

Urine leakage:

- After surgery, urine may occasionally leak from where the ureter joins the bladder. This usually occurs during the first month after the transplant.
- A urine leak usually needs further surgery for repair.

Acute rejection:

- Acute rejection means your immune system suddenly begins to attack the donated kidney because it recognises it as foreign tissue. Despite the use of immunosuppressants, acute rejection is a common complication in the first year after a transplant, affecting up to 7- 10% people. In many cases, acute rejection does not cause any symptoms and is only detected by regular blood tests. If it does occur, it can often be successfully treated with a short course of more powerful immunosuppressant medicines

Long-Term Complications

Long-term complications are mainly due to the side effects of immunosuppressant medicines. Immunosuppressants can cause a wide range of side effects, including:

- An increased risk of infections, an increased risk of diabetes, high blood pressure, weight gain, Diarrhoea, extra hair growth or hair loss, swollen gums, easy bruising, thinning of the bones, acne, mood swings, an increased risk of certain types of cancer, particularly lymphoma or skin cancer
- If you develop any side effects, consult your doctor for appropriate intervention. You should never (suddenly) stop taking your immunosuppressant medication as it can lead to rejection of the transplanted kidney by your immune system.

How long do Kidney Transplants last?

Transplanted kidney usually works for 10-12 years. In some recipient, it may work longer, while in others it may work little less. How long a transplanted kidney lasts depends on a number of different factors. These include whether or not the kidney is received from a living donor, how well the kidney is matched in terms of blood group and tissue type, the age and overall health of the person receiving the kidney.