

Chapter 2: Benefits and Risks of Kidney Transplant

Kidney Transplant Benefits

A kidney transplant offers several benefits compared to dialysis. Some of these benefits may include:

- improved quality of life
- a life free from dialysis
- feeling better and having more energy
- no dialysis diet or fluid restrictions
- more time to do what you enjoy
- an easier time while travelling
- a greater chance for a longer life.

Kidney Transplant Risks

As with any procedure and medications, kidney transplant has risks. The evaluation will help determine if kidney transplant is a safe option for you.

Surgery complications (problems)

Any surgery has risks, such as:

- reaction to anesthesia
- bleeding or clotting
- infection
- problems with the surgical site incision.

Delayed graft function

Your kidney may not work right away after surgery. This is called delayed graft function. The new kidney goes through a shock during the removal from the donor and transplant into you. While the kidney is recovering from the shock it may not work at all or only work a little.

The delay can last days to months after surgery. Most transplanted kidney will eventually make urine and work well.

If your kidney is not working, you may need dialysis, a biopsy or both. A biopsy is the best way for your doctors to know what is happening with the new kidney.

Rejection

Your body's natural response to anything that is not you is to try to fight it. If your body tries to fight off the new kidney, it is known as rejection.

Most cases of rejection happen in the first few months after the transplant but rejection can happen at any time, even years after the transplant.

There are two main types of rejection:

- **acute:** This rejection occurs quickly. Symptoms can include fever, flu-like symptoms, pain or tenderness over the surgery site, changes in your urine, or retaining fluids. Many people do not have symptoms.

Your lab results are usually the first sign that rejection is happening. If found early, acute rejection can often be treated successfully.

- **chronic:** This rejection occurs more slowly over time. Chronic rejection does not respond to medication changes like acute rejection. Symptoms of chronic rejection are similar to symptoms of kidney failure.

If your nephrologist thinks you are having a rejection, you may need a biopsy. A kidney biopsy is a test that can help your nephrologist know why your kidney is not working or not working well.

Infection

The anti-rejection medications you will take to protect your new kidney will lower your body's ability to fight infections. Your greatest risk for infection is the first 6 months after your transplant or after being treated for rejection. This is the time your anti-rejection medications are at their highest doses.

There are many types of infections. After transplant, you will take medications to help prevent some common infections.

The transplant coordinator will teach you about:

- post-transplant infections
- medications used to prevent and treat infection
- monitoring signs and symptoms of infection
- what to do if you think you have an infection.

Signs of infection after a transplant include:

- fever higher than 100.4 F
- feeling like you have the flu (chills, aches, cough)
- nausea, vomiting, diarrhea
- sore throat
- pain or burning when you urinate
- feeling like you have to urinate often
- a wound that does not heal, is red, is warm to the touch, has drainage
- fatigue or feeling worn out
- muscle or body aches.

Cancer

Your risk of cancer after kidney transplant is increased because your immune system is unable to work as well as it should due to the anti-rejection medications.

You will receive education on how to lower your cancer risk and how to identify potential problems early. Some tips include:

- Use sunscreen and try to decrease the amount of time you are exposed to the sun.
- Get routine screens for cancer (such as mammogram, Pap or pelvic exam, prostate exam or colonoscopy).
- Get yearly dermatology (skin) checkups.
- Talk with your doctor about any changes in moles or your skin.
- Tell your doctor if you have any new or unusual symptoms.

Collection of lymph fluid (lymphocele)

A lymphocele is a collection of lymph fluid near your new kidney. It usually occurs within the first few months after transplant surgery.

If the lymphocele is small, your body will usually reabsorb the fluid and you won't need treatment. If it is large, presses on the kidney, causes pain or leaks from the incision, you may need a procedure to drain the fluid.

If a drainage tube is needed, it will be taken out when the drainage stops.

Clotting problems (deep vein thrombosis)

Blood clots can form in the deep veins in your legs after surgery. This is known as deep vein thrombosis (DVT). The clots form when you cannot exercise or be active. Symptoms are swelling, tenderness and warmth of the affected area.

To help prevent clots, you will:

- be encouraged to walk soon after surgery
- wear special wraps on your legs that will keep your blood moving
- receive heparin (a medication to keep your blood from clotting).

High blood pressure (hypertension)

High blood pressure (hypertension) is a common problem. Underlying high blood pressure may or may not improve with a kidney transplant.

You will need to check your blood pressure at home and bring your blood pressure log to your clinic visits. If your blood pressure is too high, it may cause damage to your new kidney. You may need to take medications or have doses adjusted to lower your blood pressure.

High blood glucose (hyperglycemia)

Some of the medications used in transplant can cause high blood glucose levels. This can happen if you do or do not have diabetes. There is a chance that if you did not have diabetes before surgery you could have it after surgery.

If your glucose level stays high, you may need to start a medication to lower it. If you have diabetes, your medication dose may need to be changed.

High blood fats (hyperlipidemia)

Hyperlipidemia is an increase in the amount of cholesterol and triglycerides (fats) in your blood. When the levels are too high, they can lead to heart disease and other problems.

There are no symptoms. The only way your doctor can tell if you have high levels is by doing a blood test. The test will measure your total cholesterol, HDL (“good”) cholesterol, LDL (“bad”) cholesterol and triglycerides.

You can manage the amount of fats in your blood by maintaining a healthy weight, getting regular exercise and taking medications as directed.

Kidney disease

Some types of kidney diseases can return after a transplant.

Some problems such as high blood pressure and diabetes can affect your new kidney even if they didn’t cause your native kidneys to fail. Good control of blood pressure and diabetes is important to your new kidney and overall health.

Death

Death is rare. Most people do well during and after transplant surgery but, once in a while, a serious complication can happen. You will have many tests to make sure that you are a candidate for a transplant and that your risk for serious complications is low.